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Wednesday 5th October | 15Hatfields, London

Agenda for today:

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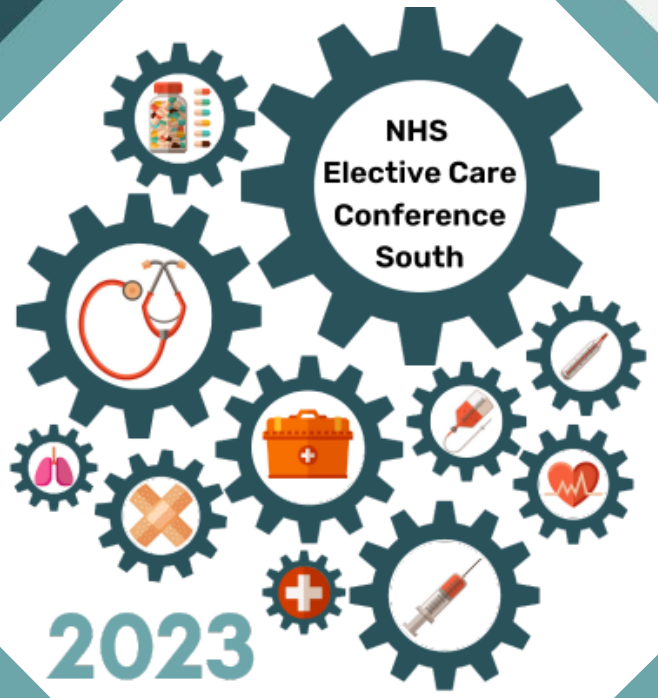
Welcome to the NHS Elective Care Conference South 2023!

5th October 2023
8am – 4pm
15Hatfields, London



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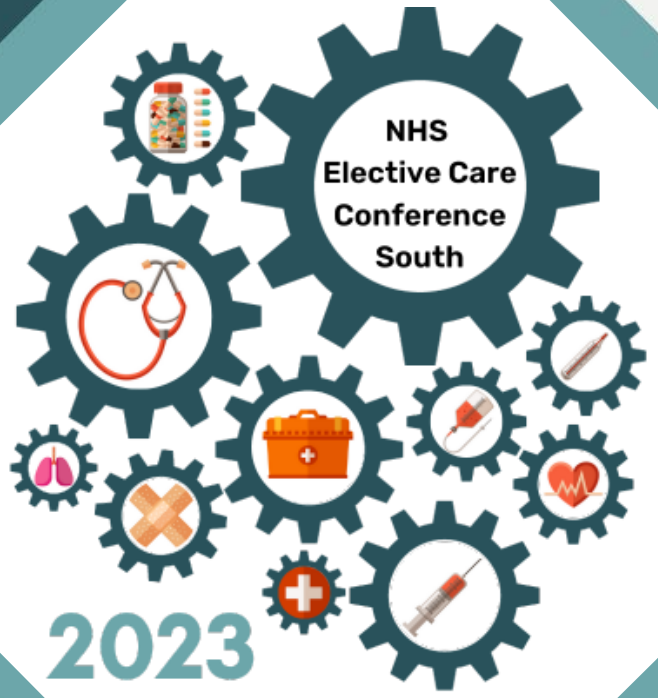

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Chair Opening Address

Mr Anil Vara
Director, Elective Care & Recovery - North Yorkshire and Humber ICB

NHS Elective Care Conference South

2023

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Speaking Now…

Miss Gemma Cowley
Head of Referral Management/Referral Management Centre - NHS, Midlands and Lancashire Commissioning Support Unit (MLCSU)

NHS
Midlands and Lancashire
Commissioning Support Unit

‘Enabling Patient Choice - Facilitating System Mutual Aid

Gemma Cowley
Head of Referral Management
5th October 2023

About NHS Midlands and Lancashire CSU

NHS
Midlands and Lancashire
Commissioning Support Unit

Customers and Systems

Lead CSU for 8 integrated care systems
Plus diverse clients from NHSE/I, ICSs and ICBs, trusts, primary care and local authorities.

With a total healthcare spend of **£14.9bn**

Of the NHS, for the NHS

"A valued strategic partner"
Lancashire and South Cumbria ICS

Customer satisfaction:
98% of customers 'satisfied' or higher

Finance

£108m
Annual turnover

£35m
Generated in new business

Workforce

1900+
Staff, including leaders in their field

28
established supply chain partners adding expertise

Towards Excellence
Level 3 Accredited

Innovation

Awards in 2021 **3** Won **8** Shortlisted

Leading digital transformation programmes for Digital First projects

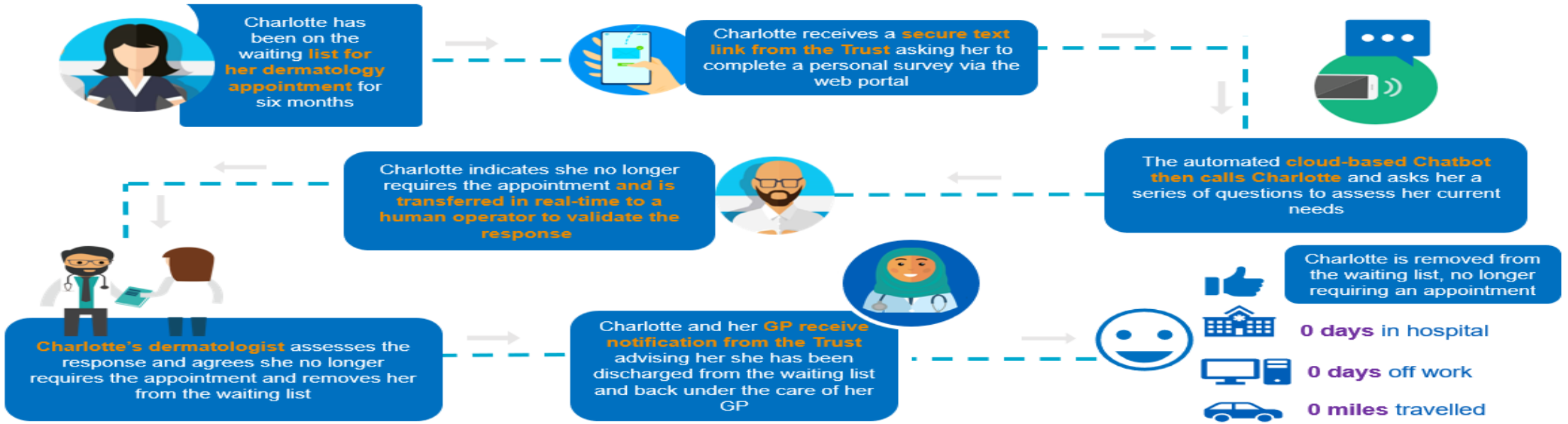
TALENTone, flexible resourcing providing skills and capacity

Mobilising a "Gold Command Room" to ease system pressure

MDL mobile app making it easy to stay up to date with MLCSU

Automated Patient Waiting List Management

Using Chatbot technology to improve the patient experience and reduce waiting lists



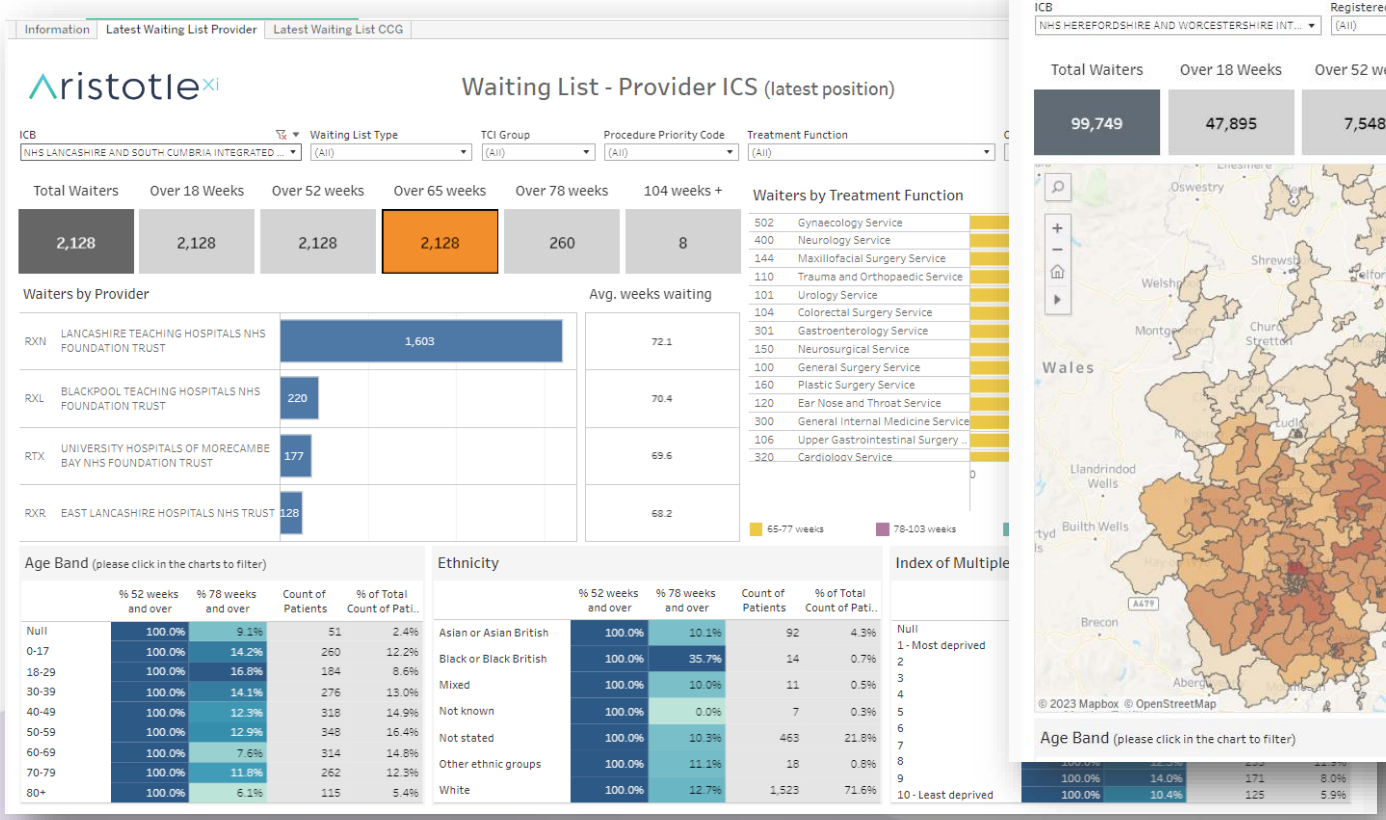
- **Work in partnership to assist with Patient Waiting List validation**
- **Contact centres and digital automation working together**
- **Robotic process automation (RPA) to import data back into your PAS**
- **Clinically approved scripts for web forms, chatbot and human calls with DCB0129 Compliance in place**

Single Patient Tracking List (PTL)

- **Single Patient Tracking List (PTL):** System level view providing insight and opportunity to prioritise patients on multiple pathways, detect unnecessary follow-ups, monitor DNAs/cancellations whilst identifying health inequalities within waiting lists

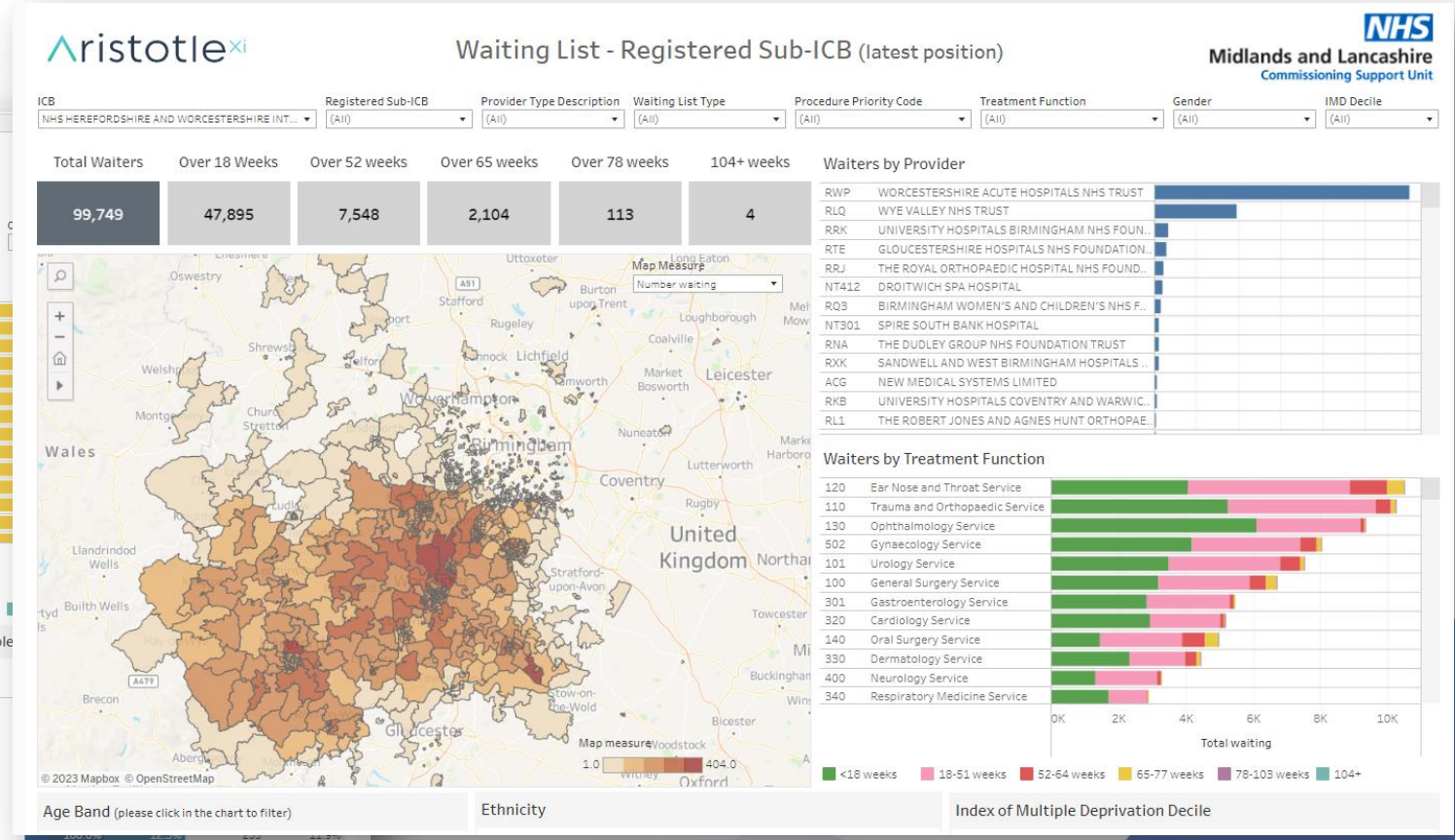
Provider view

(inc WL type, TF, procedure priority code, age/sex/ethnicity/IMD)

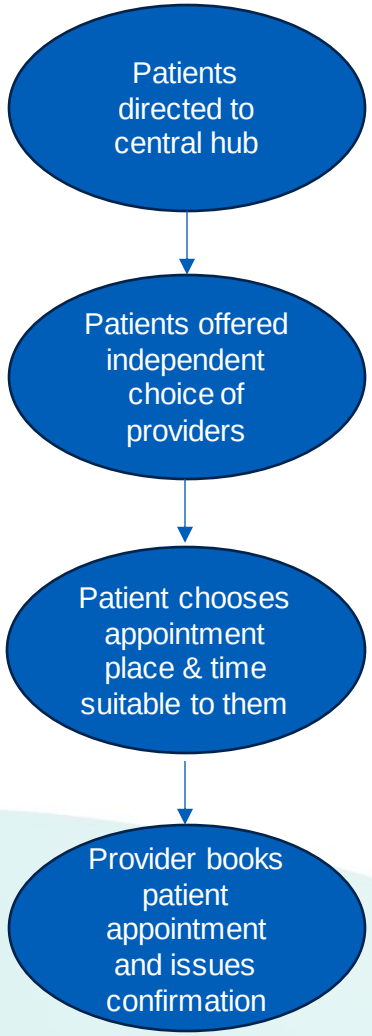


Registered population (ICB & sub-ICB view)

(inc provider view characteristics, plus Lower Super Output Area)



Patient Choice – Provider Accreditation Support

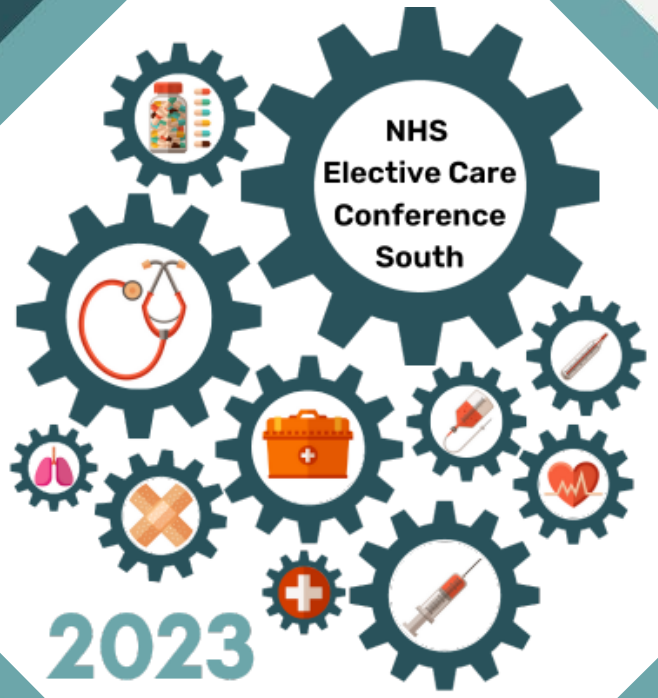


Patients offered appropriate and independent choices of where to go for care or diagnostic tests in line with NHS standards.

Both NHS and Independent Sector providers are shortlisted to maximise dates and locations available

Assurance on independent choice informing dynamic system capacity management and strategic planning for service delivery.

Supporting systems to navigate future PSR requirements and support accrediting entrants into the healthcare service market



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Speaking Now…

Natalie Hughes
Senior Transformation Manager for Children & Young People - NHS England – South East Region

Natasha Abraham
Assistant Director for Elective Recovery and Transformation - NHS England

Aga Wojciechowska
Assistant Director – Children and Young People's Transformation Programme - NHS England

Elective recovery – accelerating progress for children and young people to close the gap

5 October 2023

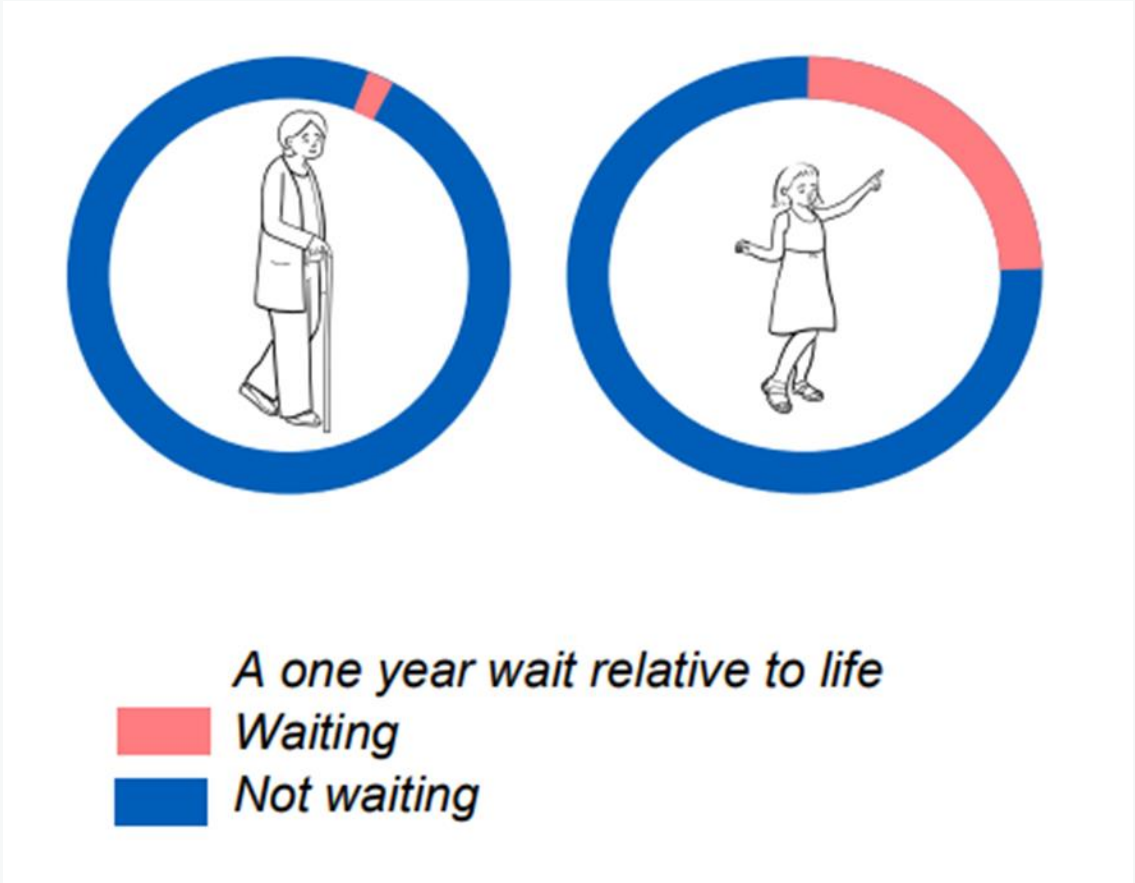
Natasha Abraham AD for Elective Recovery & Transformation
Aga Wojciechowska AD CYP Programme
Nat Hughes Senior Transformation Manager CYP

Context

- One of the main challenges facing children currently are significant backlogs in paediatric elective care.
- While children represent a smaller proportion of the overall waiting list relative to adults, long waits before accessing planned care can have life-long consequences on the development of children and young people.
- Long waits impact the child's access to education, their longer-term health outcomes, life chances, and as a result directly impact on the future health of the population.
- The Delivery Plan for Tackling the COVID-19 Backlog of Elective Care (February 2022) referenced the impact that long waits for planned care can have on the development of children and young people (CYP) and their ability to access education and lead full and active lives.
- Local systems and providers have made huge efforts to restore paediatric elective services, however, data indicates that the pace of recovery of paediatric services has not kept up with the level of recovery of adult elective care and remains below pre-pandemic levels.
- Whilst there has been substantial decreases in the longest waits, waiting lists for CYP in some systems are increasing at a significantly faster rate than adult waiting lists, with significant regional variation.

Working together to tackle backlogs in paediatric services

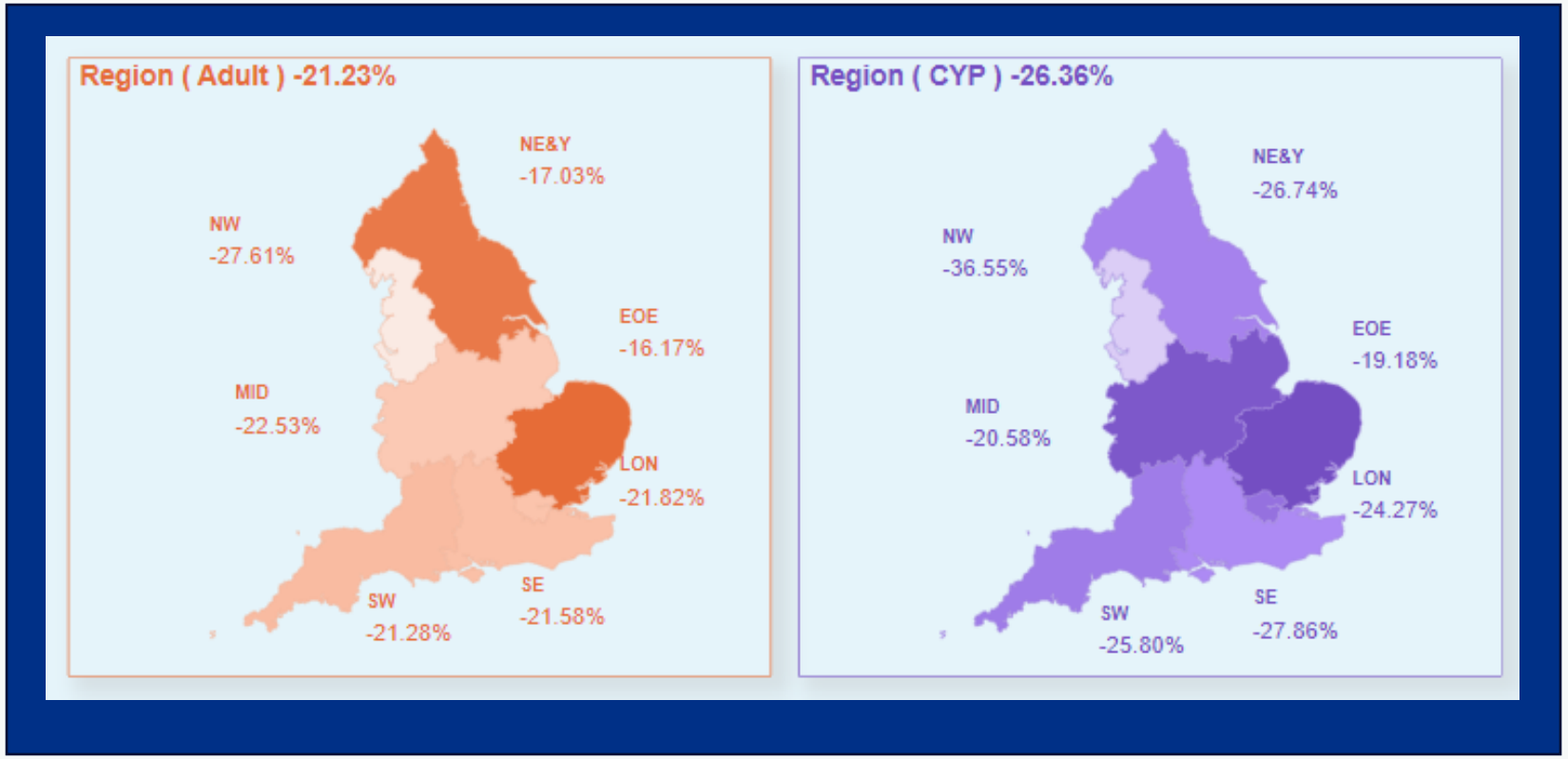
- A deep dive on CYP elective recovery took place in June 2022 to understand the data and trends in more detail and identify key challenges around elective recovery for CYP. It evidenced that the pace of paediatric elective recovery has been - and continues to be – behind adult recovery, with lower levels of activity compared to adults and CYP waiting lists increasing at a significantly faster rate than adult waiting lists.
- Following the deep dive, the NHSE National Elective Recovery Programme, Children and Young People's Transformation Programme, and Getting it Right First Time Programme teams have been working closely together to accelerate recovery of children's services (please see slide 8 for actions in place).
- The Elective Care 23/24 priorities letter states:
    - The recovery of elective services should be inclusive and equitable.
    - A collective effort is needed to continue to address the recovery of paediatric services. Provider, system and regional-level elective recovery plans should set out actions that will be put in place to accelerate CYP recovery and ensure that the elective activity gap between CYP and adults is eliminated.



Data trends – CYP vs adult elective recovery

Waiting lists for children and young people are increasing at double the rate of adult waiting lists, with significant regional variation. This may be due to:

- smaller numbers of CYP on waiting lists relative to adults, potentially masking the scale of the issue at a population level
- a targets focused approach, with a focus on longest waits
- limited visibility of CYP specific elective recovery data
- some District General Hospital providers not restarting their elective paediatric surgery as rapidly as adult elective activity
- inpatient capacity challenges, industrial action and winter pressures resulting in elective activity cancellations



Waiting lists for children and young people, particularly in the over 52ww cohort, are increasing at a significantly higher rate than adult waiting lists, with significant regional variation

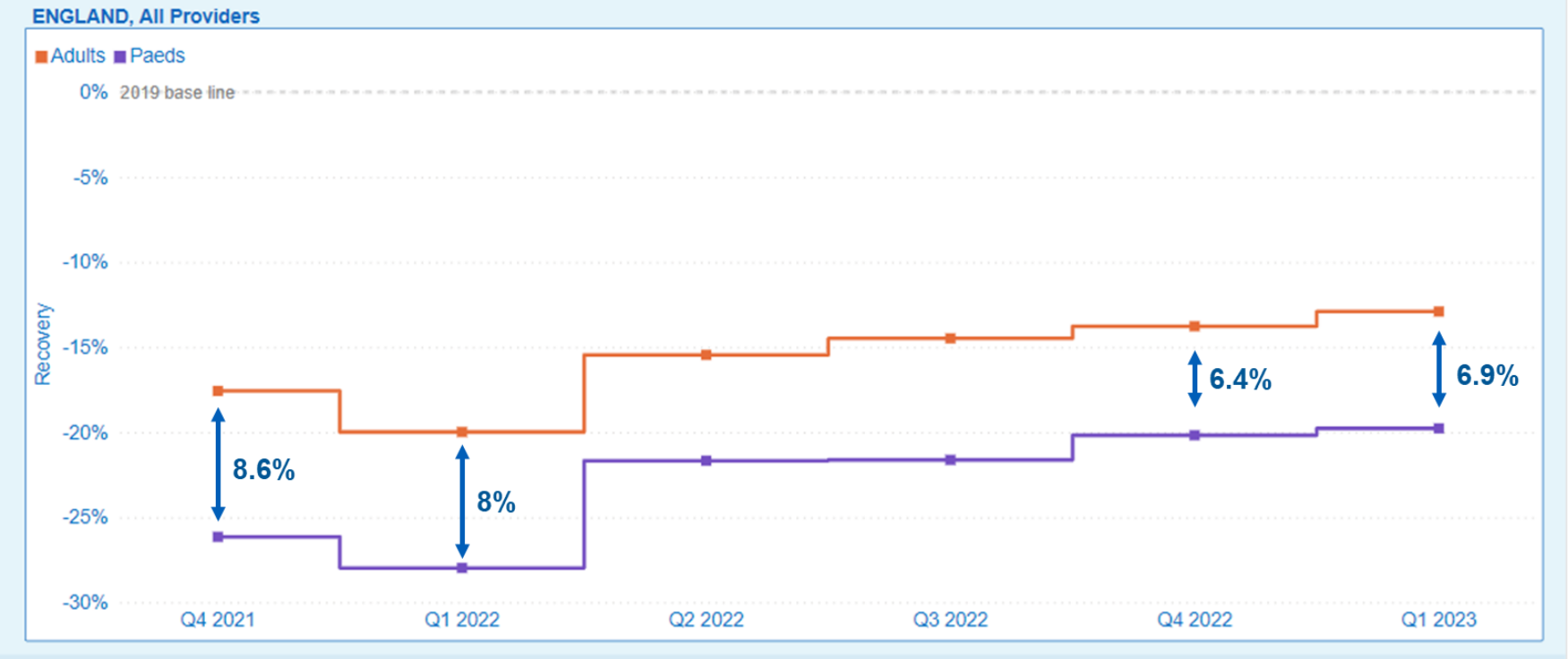
The number of children and young people on admitted pathways (IRTT) waiting more than 52 weeks increased by 18%, while adult waiting list reduced by 9%, a variance of 27%

The number of children and young people on non-admitted pathways (ORTT) increased by 138% in comparison to an increase of 57% for adults

Elective recovery – CYP and adult quarterly activity trend (focus group specialties*, admissions with procedure)

Aggregated quarterly data (focus group specialties only) indicates that while the gap between CYP and adults narrowed in Q2 2022, it increased in Q1 2023.

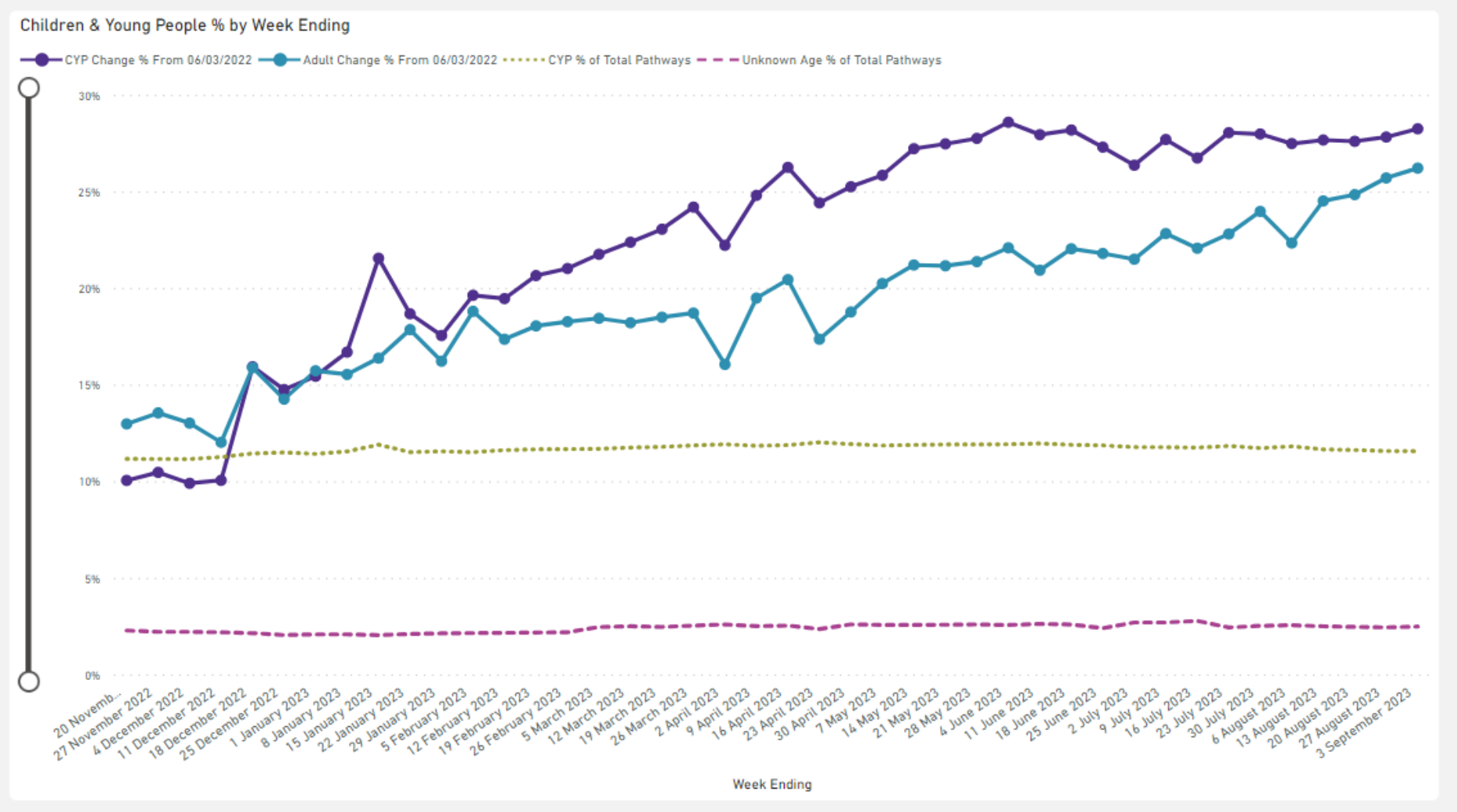
CYP elective recovery (focus specialties only) was 6.9% behind adult recovery in Q1 2023/24 and 6.4% in Q4 2022/23. This is down from 8.6% and 8% reported in Q4 2021/22 and Q1 2022/23 respectively.



*Focus group includes - ENT, dental, cardiac, ophthalmology, plastic surgery, rheumatology, surgery, T&O, and urology

Source: CYP dashboard

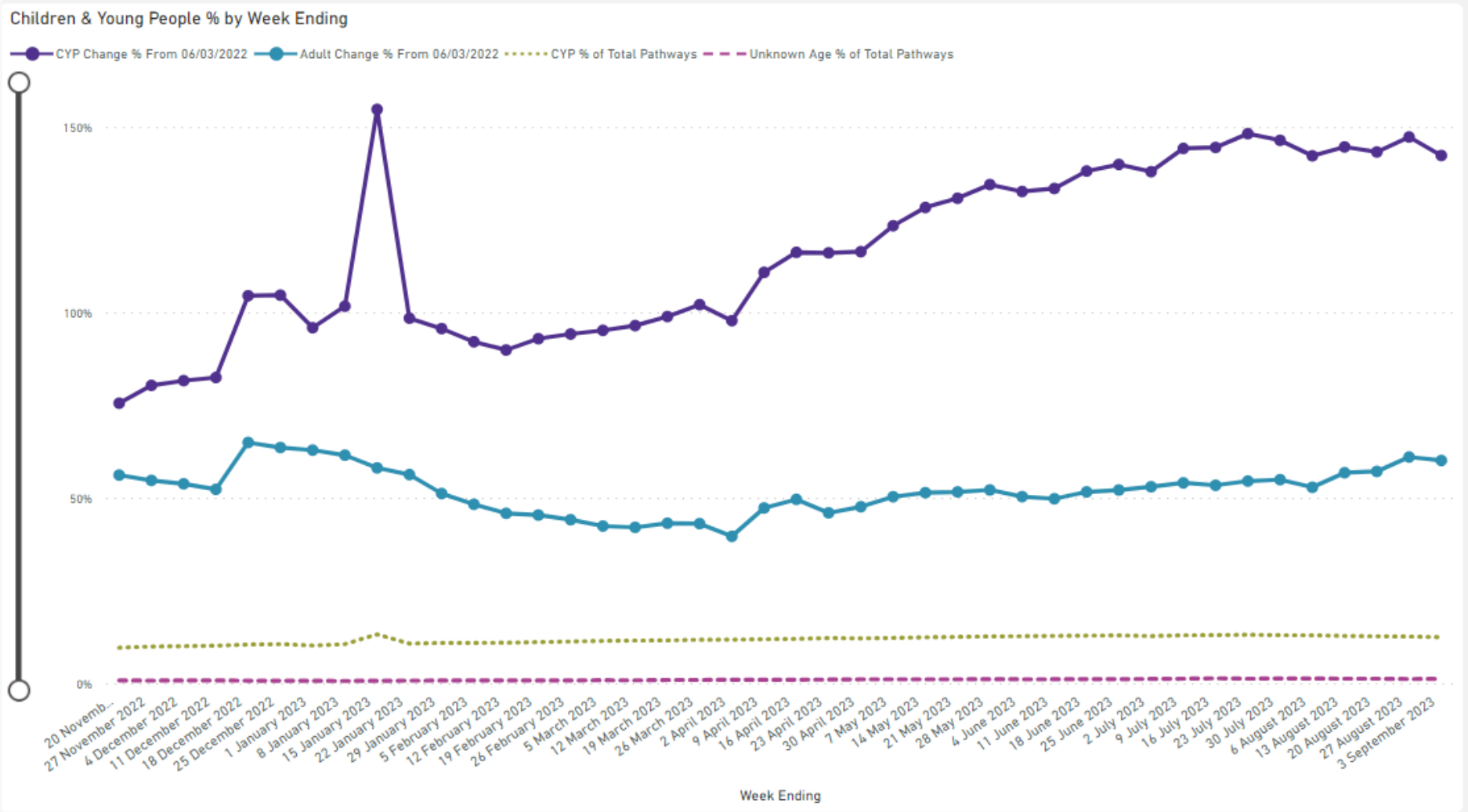
Waiting list % change from 6th March 2022 – split by adult and CYP



The national waiting list dashboard (RAIDR) now includes a CYP-specific section, showcasing that waiting lists are growing faster for children and young people, relative to adults.

Source: RAIDR dashboard

Outpatient 52+ weeks waiting list % change – split by adult and CYP



The national waiting list dashboard (RAIDR) now includes a CYP-specific section, showcasing that 52+ weeks outpatient waiting lists are growing significantly faster for children and young people, relative to adults.

Source: RAIDR dashboard

Working together to drive CYP elective recovery – actions in place

Oversight

- **Established a national CYP Elective Recovery Delivery Group** to drive elective recovery for children and young people, develop medium- and longer-term plans, and oversee progress against CYP backlog reduction expectations
- Worked with regional partners to **establish similar governance arrangements across all regions**
- **National mandate** to prioritise CYP recovery to address the gap between children and adults, set out in the **2023/24 priorities letter**

Good practice

- **Developed and published a national CYP Elective Recovery toolkit** to share existing positive practice and **set out minimum expectations** (please see slide 9 and 10) for providers, systems and regions to close the gap between CYP and adult elective recovery
- **A national CYP Elective Recovery drive started in June 2023**, including dedicated webinars and roundtables on CYP recovery to share and spread positive practice (with focus on dental, ENT, outpatient pathways, waiting list validation and prioritisation, data, EBI and theatre productivity) and work collectively to close the gap between CYP and adults

Data

- **Deep dive focused on CYP took place in June 2022** to understand the data and challenges specifically around elective recovery for children and young people, following a presentation from the NHSE CYP Programme at the national NHSE Elective Recovery Programme Board in May 2022
- Developed a CYP elective recovery dashboard; SPaedIT tool with provider-level data; worked with RAIDR to develop a CYP-specific section of the national waiting list dashboard - to strengthen reporting arrangements and support regions, ICSs and providers
- **CYP ER data packs** have been provided to all providers through regional colleagues to explore the metrics, where there may be possible opportunities to reduce the disparity between adults
- Held a provider roundtable as part of the CYP elective recovery drive to **support local teams in using data to drive CYP recovery**

Increasing activity

- Maximise existing opportunities and funded schemes to quantify and **increase paediatric activity**
- **Drive productivity/activity** through mutual aid, increased weekend capacity and ringfenced elective capacity for CYP
- **Continued efforts to embed and explicitly focus on children and young people across the elective recovery programme**, e.g. focus on CYP data as part of Tier 1 / Tier 2 provider support, specific programme of work focused on paediatric pre-operative assessment, etc.

Toolkit – checklist (1/2)

- **Governance and oversight:** All regions are asked to set up a dedicated CYP elective recovery oversight group, reporting directly to a regional elective recovery board, or, ensure CYP features as a standing agenda item at existing regional elective recovery boards. Disaggregated data on CYP elective recovery should be reported at all levels of elective recovery governance, and as part of wider NHS performance reporting arrangements. CYP activity should be correlated back to tiered trusts, as part of the long waits work, where applicable.
- **Using CYP data:** Data and local intelligence should be used to understand key challenges across paediatric specialties and pathways, and to agree actions required to increase paediatric elective activity and reduce CYP waiting times.
- **Increase paediatric activity through new schemes:** Local responses to nationally funded schemes (such as surgical hubs) should be designed to benefit children as well as adults. For all such nationally funded schemes, ICBs should quantify the impact on paediatric activity and maximise benefits for CYP.
- **Ensure robust management, validation and prioritisation of CYP waiting lists:** Validate CYP waiting lists in line with the validation toolkit and guidance, taking into consideration clinical risk, age, impact of waits on development and education, potential harm or long-term consequences and how/if digital technology or virtual care would best be suited to the patient.
- **Address CYP health inequalities:** Systems need to continue to embed measures to improve health and reduce CYP health inequalities and put in place actions to support improvements and deliver against strategic priorities for tackling health inequalities.
- **Ensure compliance with Evidence Based Interventions (EBI) standards:** The EBI programme provides guidance on when it is and is not appropriate to carry out specific interventions. There are currently EBIs which apply exclusively to under 18s: 1G: Grommets for glue ear in children, 2D: Removal of adenoids for treatment of glue ear, 3: Penile circumcision. There is also one EBI which applies exclusively to under 1s: 2Z: Helmet therapy for treatment of positional plagiocephaly/brachycephaly in children.
- **Utilise existing examples of best practice:** Utilise learnings from CYP case studies included within the toolkit and review and implement Getting it Right First Time (GIRFT) recommendations in relation to:
    - Paediatric General Surgery and Urology
    - Clinically-led Specialty Outpatient Guidance
- **Embed paediatric mutual aid principles:** A mutual aid framework has been developed to support the recovery of CYP elective services. This will ensure a collective and coordinated effort across providers, systems and regions. It is intended to help ensure the right conversations take place at the right time to support mutual aid and optimise solutions.

Toolkit – checklist (2/2)

- **Review day case vs. surgery rates**: The Paediatric General Surgery and Urology report sets out actions that trusts can take to improve day case surgery for low-complexity cases. It was found if all trusts were to achieve a 98% day case rate in elective surgery, 700 overnight admissions per year could be saved. Non-complex elective activity should be carried out in non-specialist centres where capacity allows, with day case rates a minimum of 95% with a top level target of 98%. Providers should adopt right procedure, right place (RPRP) principles to maximise day case rates and manage procedures that can be carried out in an age-appropriate setting outside of theatre.
- **Ensure robust theatre lists booking and scheduling practice**
    - Aim to ensure 85% theatre utilisation for all elective procedures.
    - Align to national theatre programme booking & scheduling processes.
    - Adopt HVLC principles – cases per list.
    - Robust 6-4-2 theatre scheduling processes with schedulers closely linked to pre-op assessment teams ensuring good booking practice.
    - Review day of admission processes and journey to theatre to ensure this is both child friendly and efficient to cases per list (admission close to theatre suite).
    - Review theatre schedules to ensure CYP have appropriate access to volume of wait list/resource needed.
- **Develop processes for keeping in touch on a regular basis with parents and carers of children and young people:** Check if they still need the surgery and if there have been any changes to the health of the child or young person.
- **Implement key outpatient deliverables within CYP**
    - Continue to translate the GIRFT outpatient guidance where possible to CYP.
    - Review non-admitted pathways to understand the impact on admitted lists.
    - Review outpatient management, using PIFU where appropriate.

Closing the gap

- Getting It Right First Time (GIRFT) has supported NHS England's drive for CYP elective recovery by developing concise guidance – Closing the gap: Actions to reduce waiting times for children and young people – offering ten actions which can help reduce waiting times for children, as well as quick links to data, resources and best practice case studies.
- These compliment the NHSE national toolkit for elective recovery for children and young people and other resources provided on the CYP transformation programme workspace.
- The ten actions address how to improve theatre capacity, increase theatre utilisation and streamline pathways of care, and include practical measure such as adding extra sessions or 'super events' for children's surgery, avoiding procedures of limited medical benefit by using clinical decision tools, and staggering children's admission times.
- The guidance links to a series of case studies demonstrating how teams across England have taken innovative measures to address their waiting times. For example, in Bath, north-east Somerset, Swindon and Wiltshire, a collaboration across the Integrated Care System saw waiting lists for paediatric tooth extractions reduced because of focused 'super weekends'.

Actions to close the gap

Increase theatre capacity – from page 4

1	Run dedicated paediatric lists or operating days
2	Add extra sessions or 'super-days' for children's surgery
3	Share capacity across systems, including elective surgical hubs

Metrics: Change to waiting lists, clock stops, activity volumes, day case rates, activity	Case studies: CYP super sessions or dedicated days, system approach to tooth extractions. Resource: SOP for Paediatric super days

Increase theatre utilisation – from page 5

4	Book the recommended number of cases per list
5	Increase efficiency of flow with safe expedited discharge protocols
6	Stagger children's admission times for surgery

Metrics: Theatre utilisation and cases per list section in SPAEDIT	Case studies: Day case theatre flow, exclusion criteria for dental pathway, reducing length of stay for day case tonsillectomy

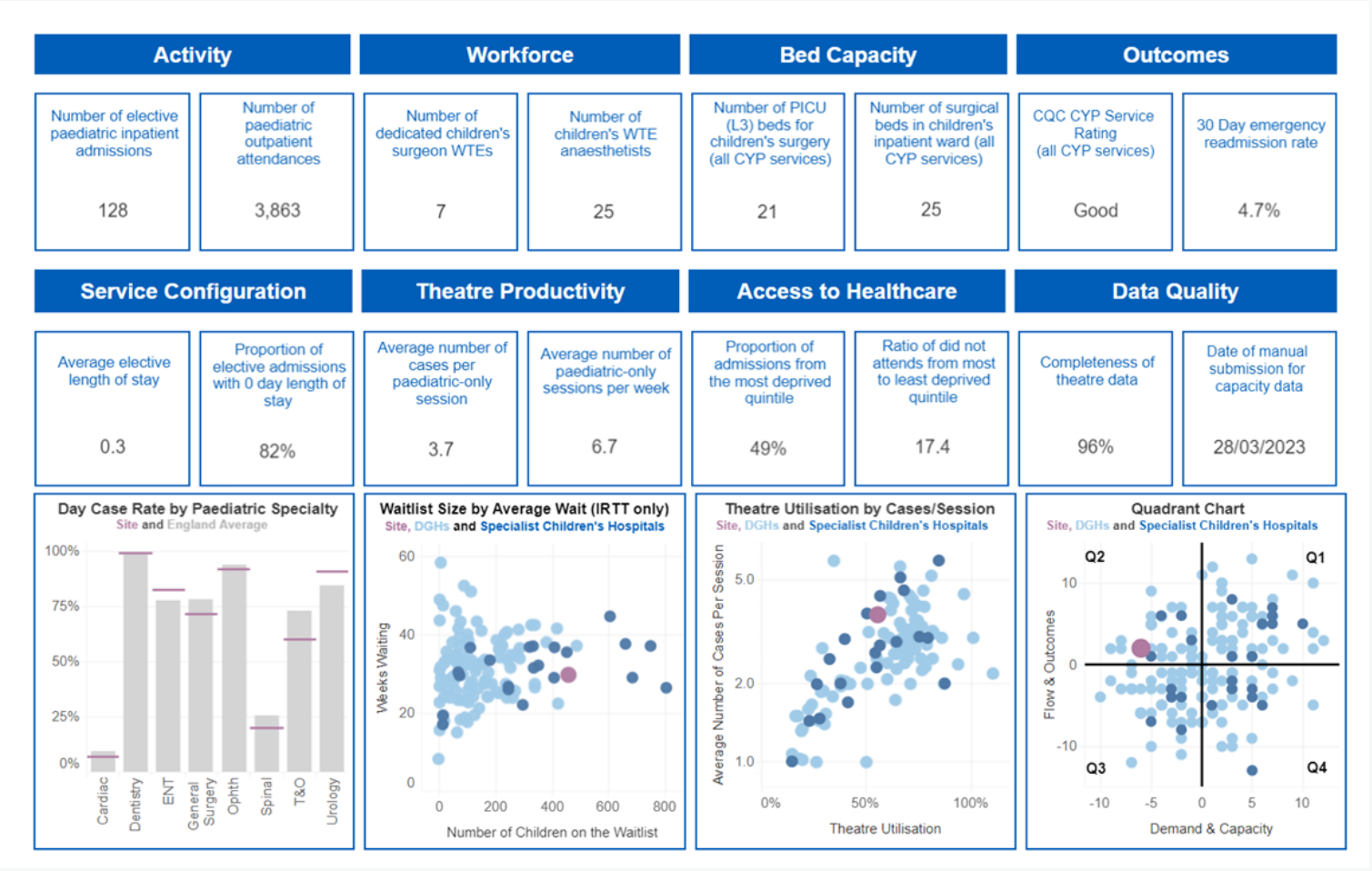
Streamline pathways of care - from page 6

7	Avoid procedures of limited medical benefit, such as circumcision, using clinical decision tools
8	Ensure all children go through preoperative assessment
9	Use holistic prioritisation tools
10	Provide 'waiting well' or self-care resources to children and parents

Metrics: Data on elective circumcisions, cancellation data	Resource: waiting well resources, 4skin-health website, Children's Hospital Alliance Risk Tool

SPaedIT – Summary Paediatric Indicator Table

- GIRFT and NHS England's CYP Transformation team recently launched the Summary Paediatric Indicator Table (SPaedIT), a new data tool helping providers to accelerate elective recovery for children and young people (CYP).
- The tool brings together provider-level data summarising demand, capacity, flow and outcomes, all in one place in an easily-accessible dashboard, enabling clinicians and managers to evaluate their performance, understand where they can improve and target the causes accordingly.
- A webinar was held in July 2023 to demonstrate the tool and outline its uses and benefits. Watch the recording.



Children and young people's elective recovery drive

Launch webinar - Tuesday 13th June 2023 1-3pm, which included:

- Key updates from National Elective Recovery Programme and Children and Young People's Transformation Programme Leads
- Examples of regional and system level approaches to tackling paediatric waiting lists to accelerate CYP recovery
- Examples of provider-led initiatives to increase paediatric activity

The campaign also included a series of virtual provider/system focused roundtables:

- Dental - Wednesday 21st June 10-12pm
- ENT - Monday 26th June 1-3pm
- CYP outpatient pathways - Tuesday 11th July 2.30-4.30pm
- CYP waiting list validation - Wednesday 26th July 10-12pm
- Using data to drive CYP elective recovery – Monday 31st July 1-3pm
- Evidence Based Interventions (EBI) - Friday 8th September 10.30-12.30pm
- Maximising theatre utilisation - Friday 8th September 2-4pm

Join the CYP Elective Recovery Futures platform, a repository for recorded webinars, Q&As, slides

Regional perspective – NHSE South East

ODNs

GIRFT reports

PIFU/Standardised Discharge

Soft Intelligence

ICS CYP Teams

Support

Guidance

Signposting

Pilots ·

MSK Pathways

System Infrastructure

WIWO

Surgical Hubs

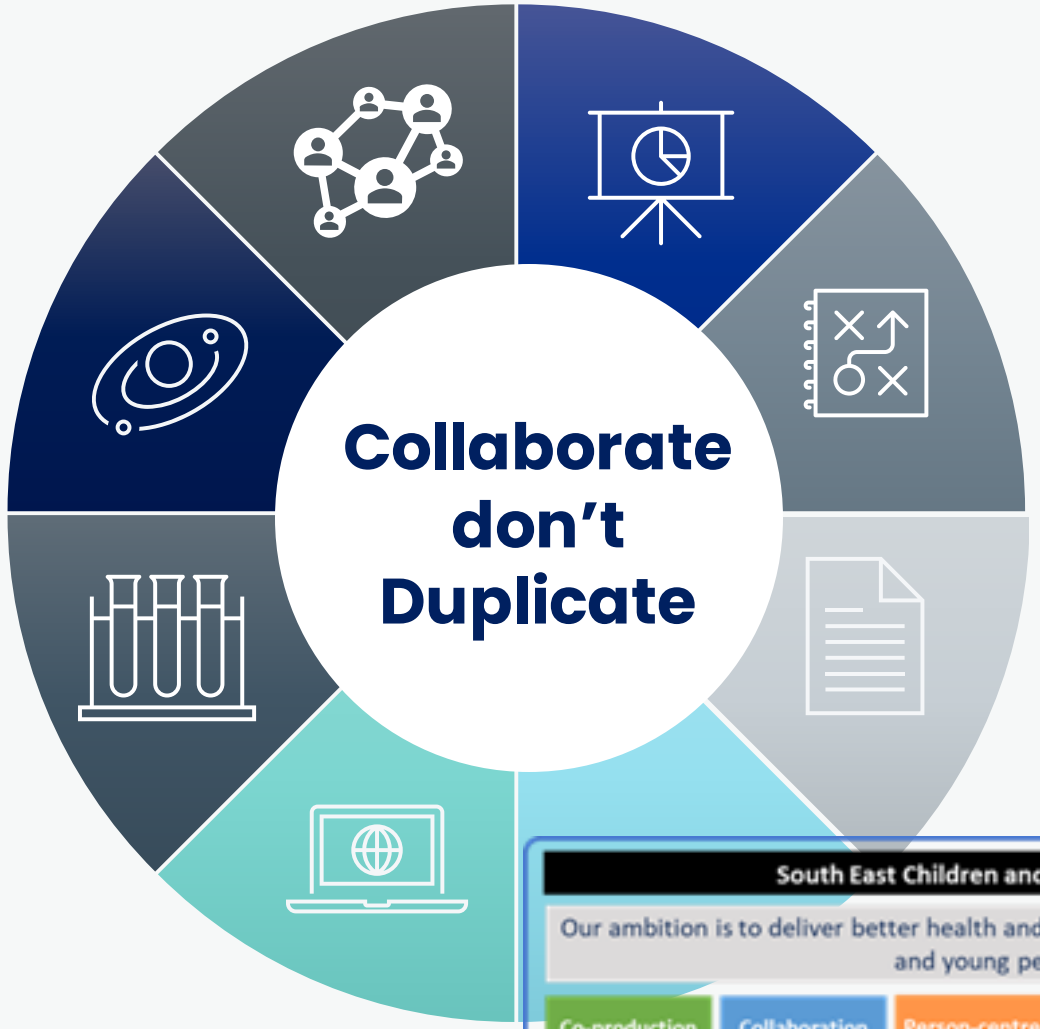
Futures

All info in one place

Links to all other sites

Shares ideas

Utilise others ideas



Data

Creation of bespoke dashboard

Visible Data

Regular System Data Packs

Planned Care

Joined up working

Attend system meetings with regional team

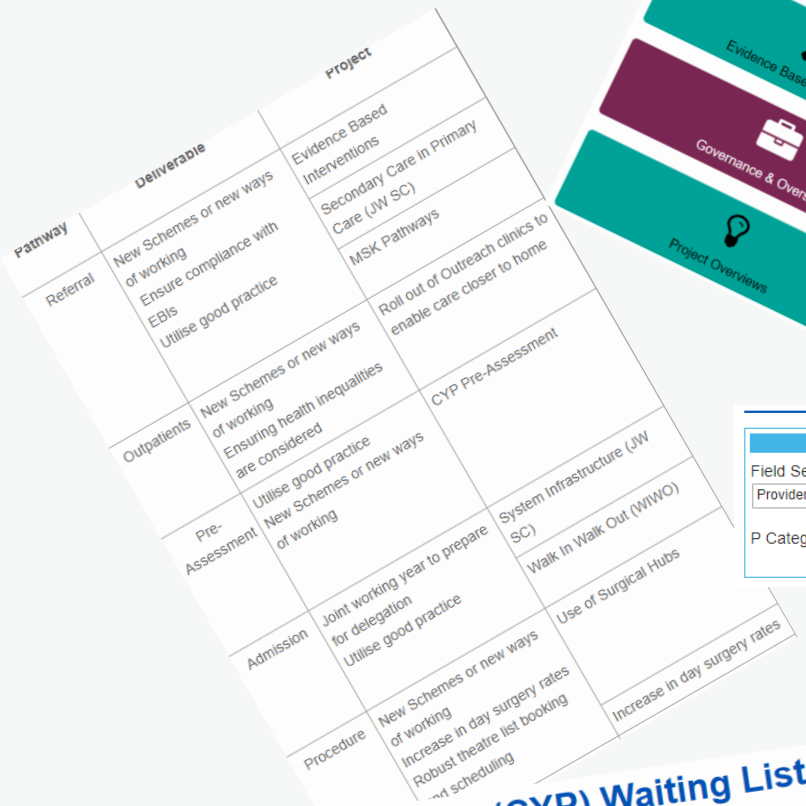
Reporting

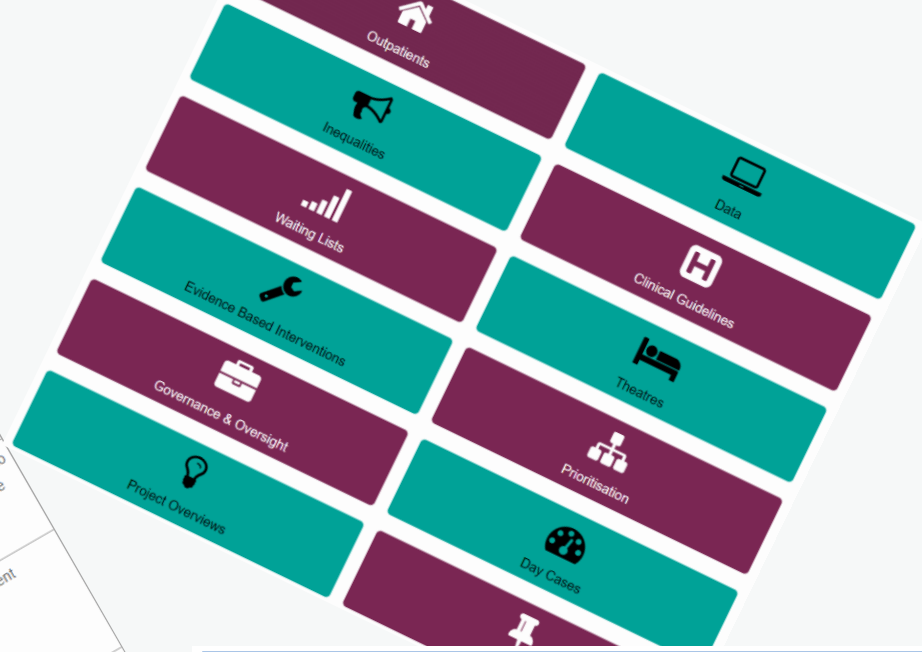
Defined Governance

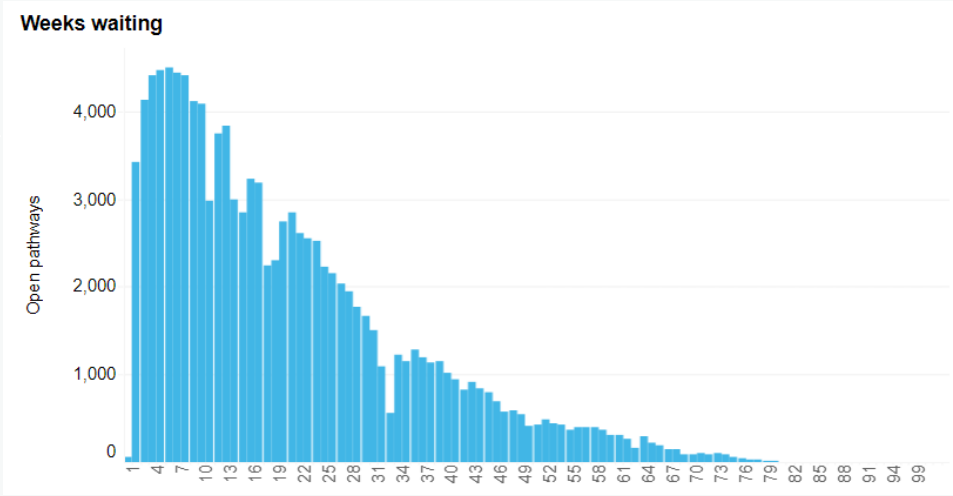
Regular reporting

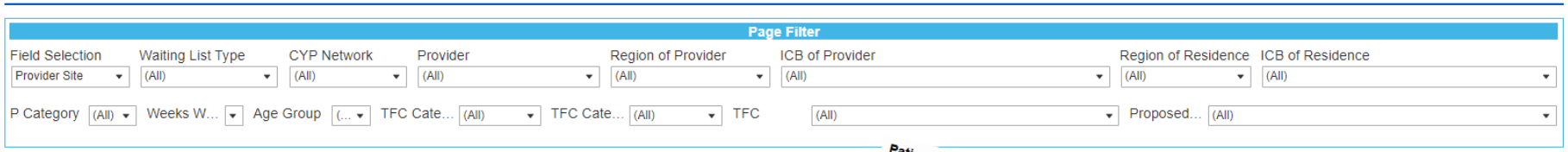
Exec buy in

Examples









Children and Young People (CYP) Waiting List Dashboard - Cover Page

Version 1.0

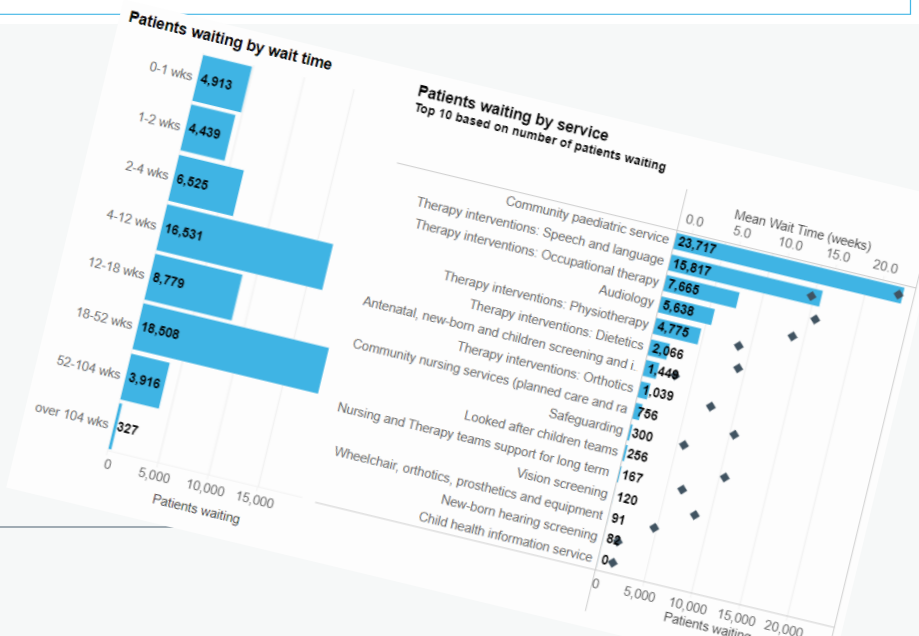
IN DEVELOPMENT

A dashboard showing waiting list and elective recovery information for patients aged 18 and under.

Waiting List Minimum Dataset (WLMDS): data shows counts of open pathways for providers located within the South East or London; or patients resident in the South East.

Community Health Service (CHS): data is for providers located within the South East or London. Where data is aggregated to a higher level that Provider, Service and Period the mean value will be calculated as Mean *divided by* Number of records

CYP Nursing Data (ESR): data shows WTE and Headcount for South East providers.



Resources and useful links

To support providers, systems and regions, a CYP elective recovery toolkit has been published, which sets out key actions in the form of a minimum delivery expectations checklist that regions, systems and providers should take to accelerate CYP recovery.

There is a clear national mandate to prioritise CYP recovery to address the gap between children and adults, set out in the 2023/24 priorities letter.

Data sources:

- **RAIDR** national waiting list dashboard
- **CYP elective recovery dashboard**
- **SPaedIT Tool - Summary Paediatric Indicator Table**

This has been produced by GIRFT at provider level. It brings together provider-level data summarising demand, capacity, flow and outcomes, all in one place in an easily-accessible dashboard. Refreshed monthly, the data is available across eight key paediatric surgical specialties and more than 35 metrics.

Other resources:

- CYP Elective Recovery Futures platform: Repository for recorded webinars, Q&A, slides, etc
- GIRFT have produced Closing the Gap guidance to support providers and systems with actions to reduce waiting times for children, with links to quick essential data, resources and case studies.

Next steps

Conduct an evaluation of the campaign

Track key metrics and performance over time

Thank You

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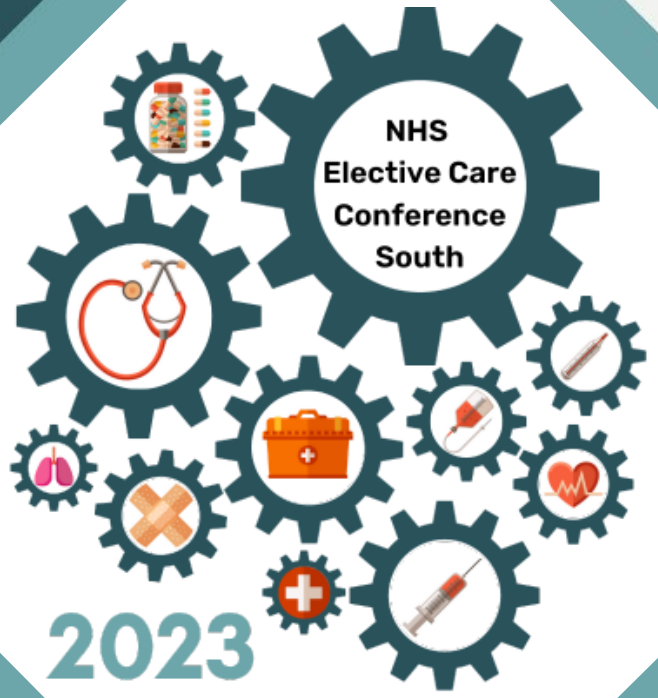
Q&A Panel

Morning Break

Chair Morning Reflection

Mr Anil Vara
Director, Elective Care & Recovery -
North Yorkshire and Humber ICB



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Up Next…

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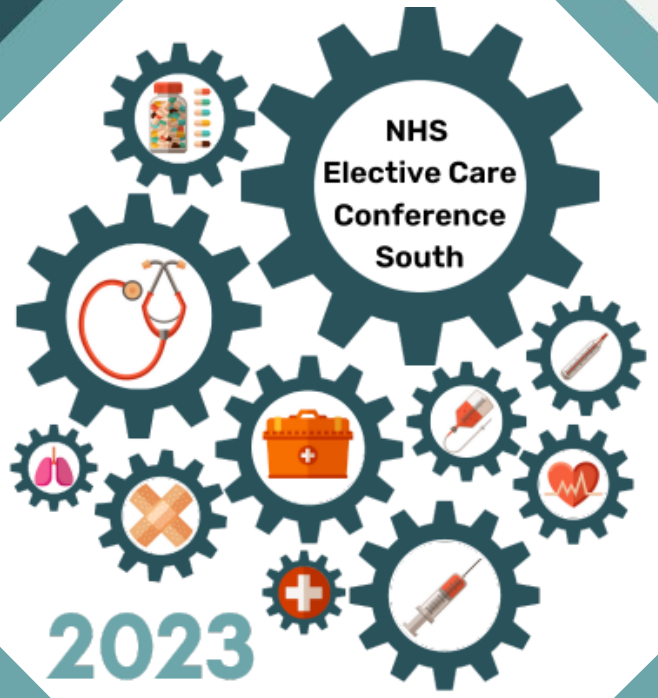
United Kingdom



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2023

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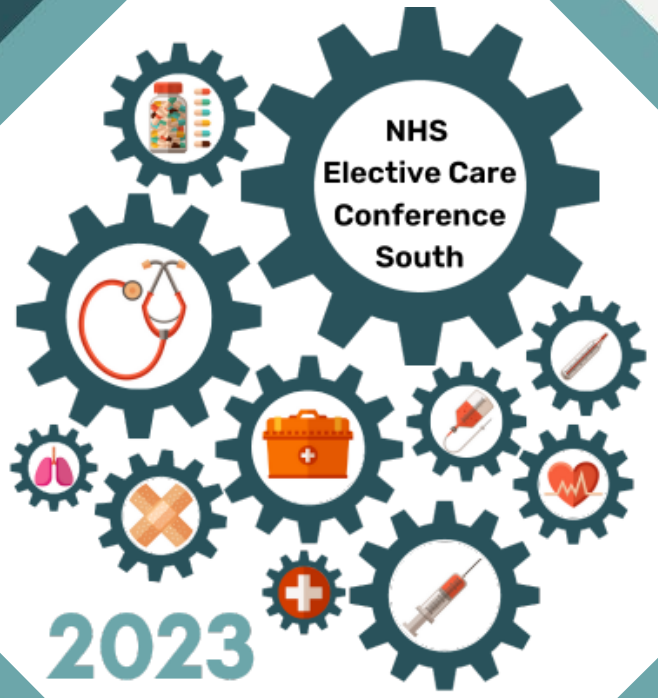
Speaking Now…

Lisa Riley

Deputy CEO & Vice President of Strategy and Sales - VitalHub UK



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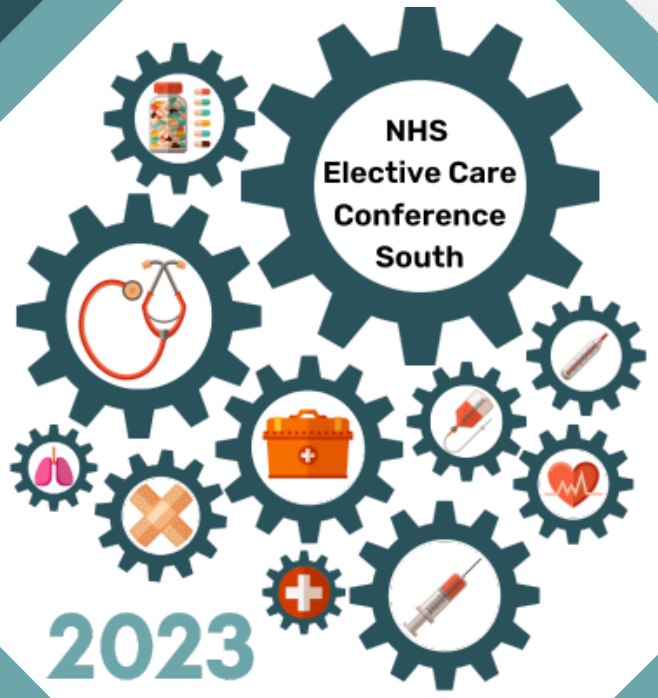
Up Next…

sword



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Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

NHS Elective Care Conference South

2023

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Speaking Now…

Fernando Correia, MD PhD

Founding Team & SVP Clinical Affairs - Sword Health

NHS Elective Care Conference South

2023

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Speaking Now…

Prof. Jugdeep Dhesi

Consultant in Geriatric Medicine -
Guys and St Thomas, CPOC and BGS

NHS Elective Care Conference South

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Speaking Now…

Aimee Robson

Deputy Director of Personalised Care (clinical, workforce & quality) - NHS England & Improvement

Supporting elective recovery- the pivotal role of personalised care

Aimee Robson, MSc MCSP

Deputy Director of Personalised Care, NHS England

@AimeeRobson4

Oct 2023

AIMEE ROBSON

Q&A Panel

Lunch & Networking

NHS Elective Care Conference South

2023

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Chair Afternoon Address

Mr Anil Vara

Director, Elective Care & Recovery - North Yorkshire and Humber ICB

NHS Elective Care Conference South

2023

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Speaking Now…

Mr Anil Vara

Director, Elective Care & Recovery - North Yorkshire and Humber ICB

Humber and North Yorkshire
Collaboration of Acute Providers

Demand tools/techniques for demand management and ongoing care for the patient

Mr. Anil Vara

Director, Elective Care & Recovery

North Yorkshire and Humber ICB

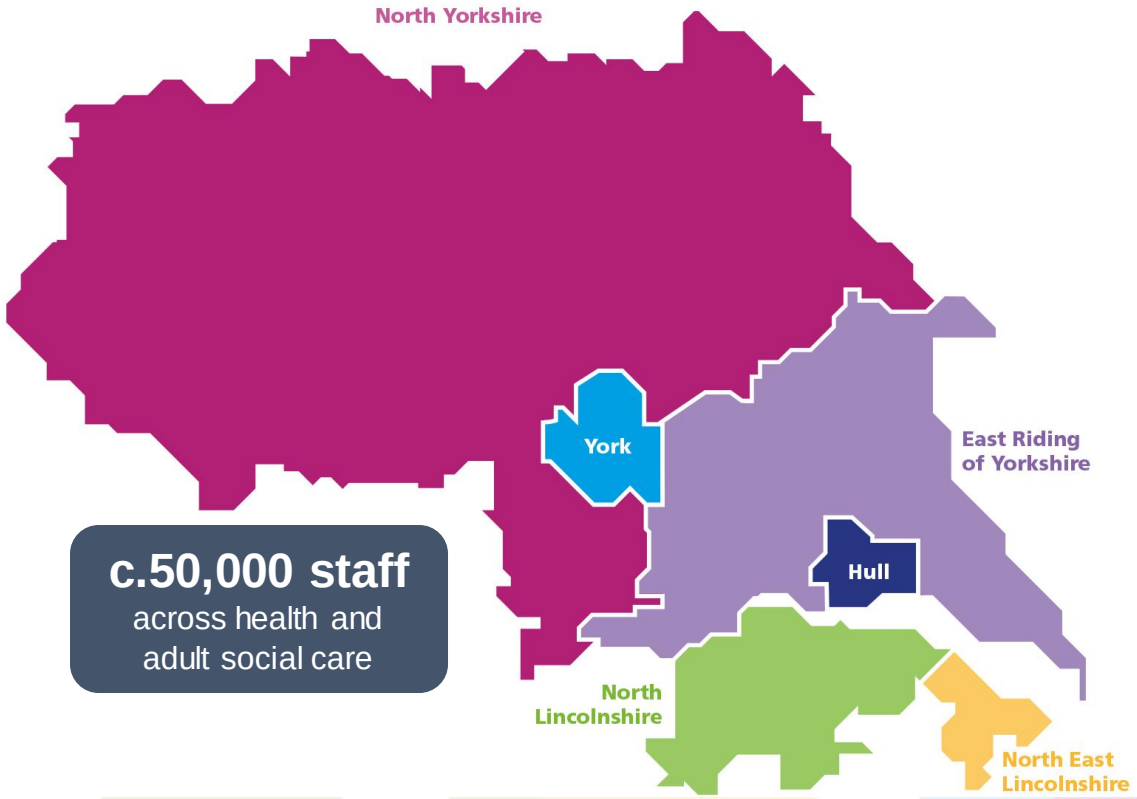
Humber and North Yorkshire
Collaboration of Acute Providers

Overview of our Partnership

NHS

1.7 million people

We are second largest Integrated Care Board in England by land size with a population of 1.7million



42 Primary Care Networks
(181 GP Practices)

4 acute hospital trusts
(operating across 9 sites)

3 mental health trusts

4 community / not for profit providers

2 ambulance trusts

6 Local Authorities
(upper tier and unitary authorities)

550 care homes

180 home care companies

10 hospices

1000s of voluntary and community sector organisations

c.50,000 staff
across health and adult social care

Total budget of approx. £3.5bn

Collaborative of Acute Providers (CAP)

Trust Boards

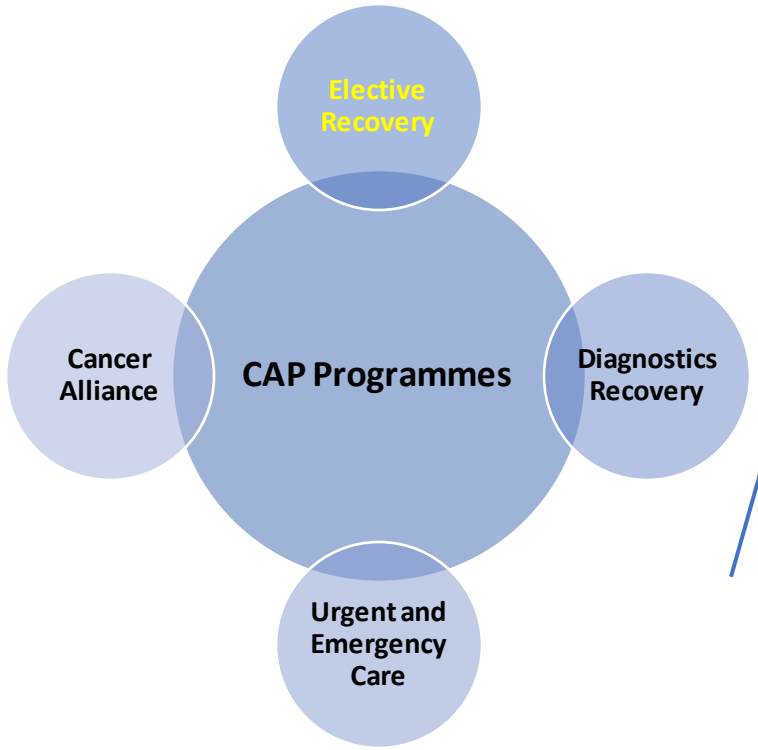
H&NY CAP Board

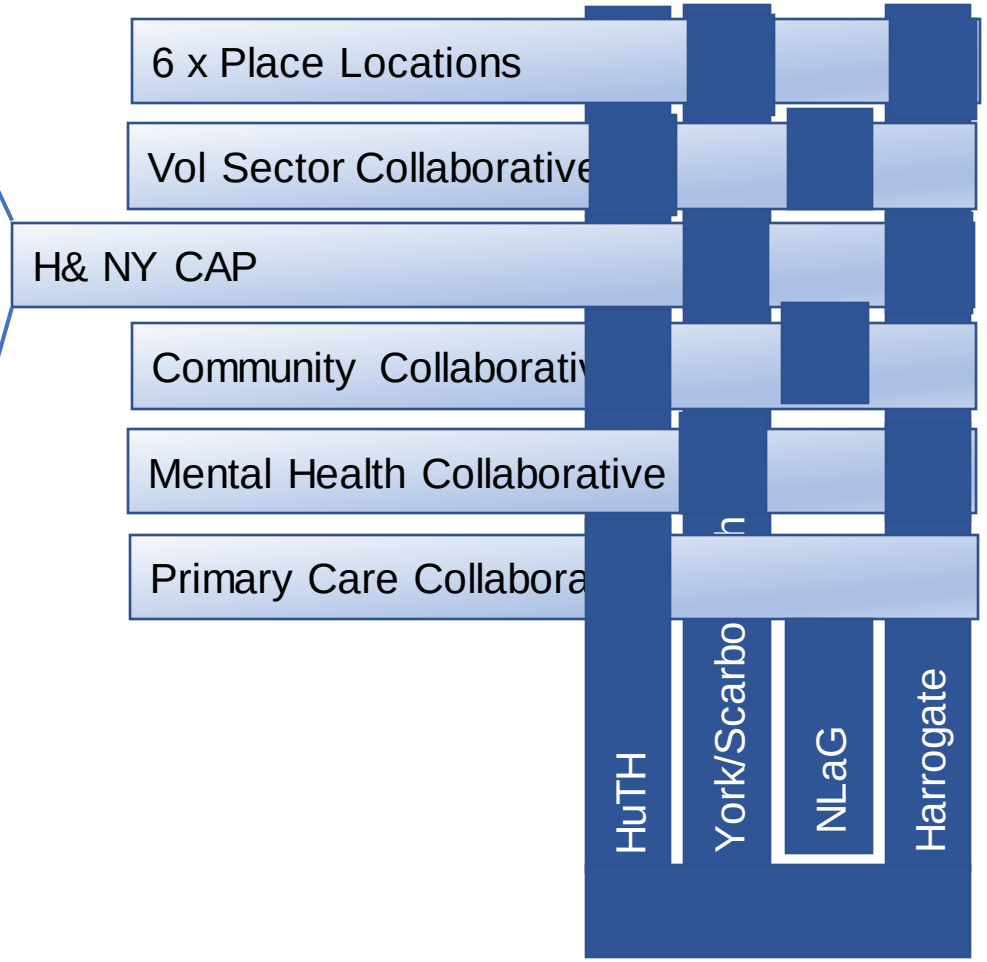
CAP Executive Group

H&NY Integrated Care Board

CAP brings providers together to achieve the benefits of working at scale across multiple places to improve quality, efficiency and outcomes. CAP will do this by:

- Being bold and ambitious in the standards of care we want for our population and delivering those standard consistently
- Tackling health inequalities in outcomes, experience and access
- Investing and developing our current and future workforce
- Great partnership to work across health, care and voluntary sector
- Using NHS resources effectively and efficiently
- Patients have access to the right treatment at the right time





Humber and North Yorkshire Collaboration of Acute Providers

Why is Demand Management Important?

NHS

In July there were **7,679,851** patients waiting for treatment in England

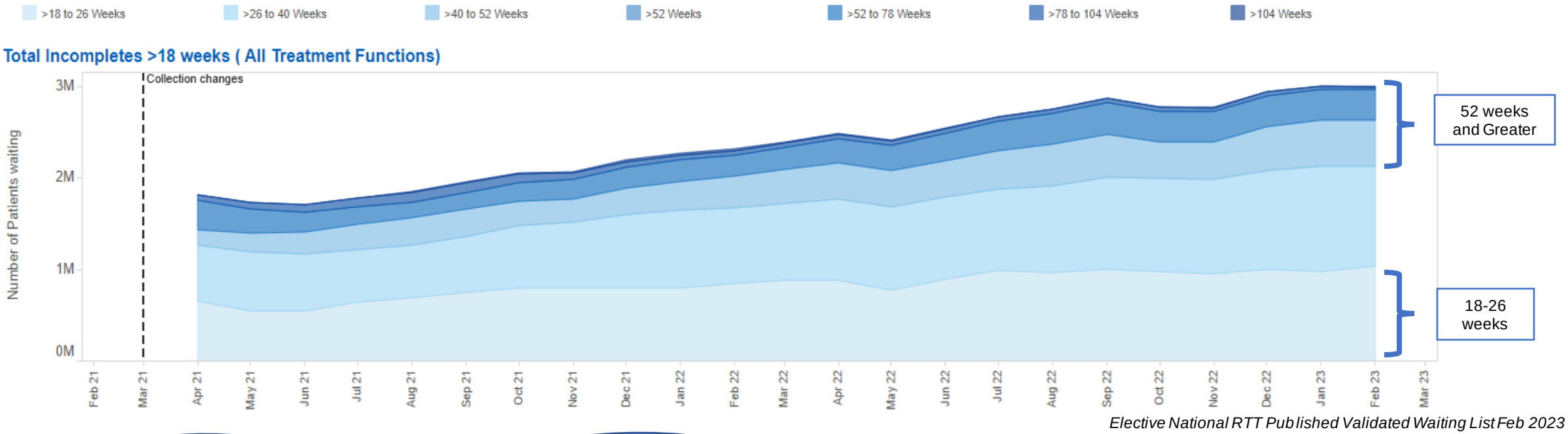
BMJWL Analysis

Increasing Referrals to Secondary care results in increasing **Waiting List Size**

Increasing Waiting list size results in **Increasing Waiting Times**

Increasing Waiting List Times results in growth in **Long Waiting Patients**

RISK TO 52 Weeks by March 2025



Elective National RTT Published Validated Waiting List Feb 2023

The bulk of the evidence focused on initiatives to reduce waiting times rather than waiting lists – as waiting times are deemed to be the more reliable measure of the size of excess demand in relation to the available supply *(Siciliani 2008) – Kings fund*

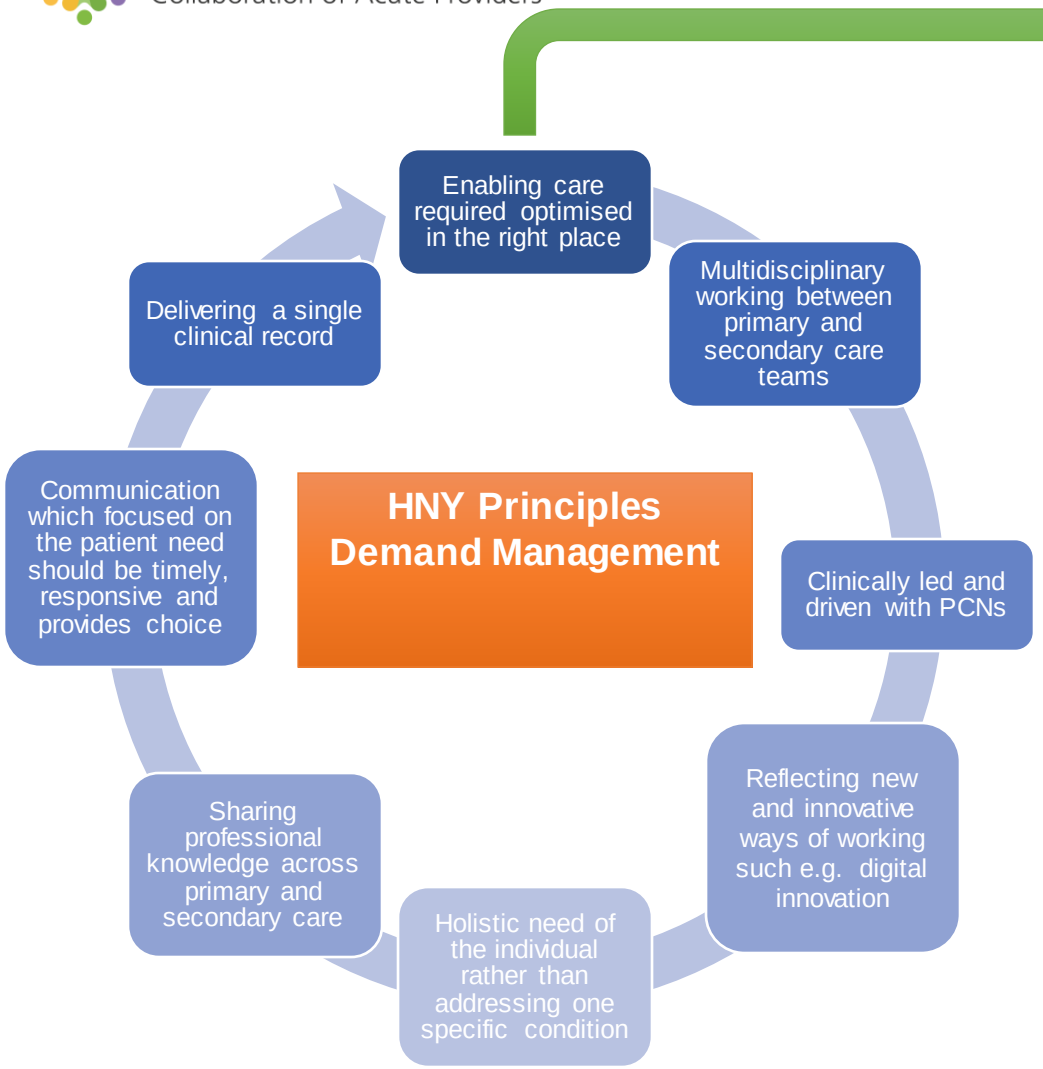
…..managing referrals by using triage and prioritisation of surgical patients is likely to reduce the waiting times for elective surgeries, by avoiding the overcrowding of surgical clinics with non-surgical referrals. *Clarke, M., Rathnayake, D. BMC Health service research 2021.*

….waiting lists and waiting times are a product of the fluctuations in and disparities between the demand for, and available supply of, health care services *(van Ginneken et al 2022; Ballini et al 2015; Kreindler 2008; Silvester et al 2004) - Kings Fund*

Humber and North Yorkshire
Collaboration of Acute Providers

Demand Management Principles

NHS



Patient

- Team working together for their benefit
- One team to contact – avoid multiple calls
- Reassurance of timely Specialist input
- More healthcare delivered closer to home
- Care delivered in a way that suits clinical and digital needs/preferences

Secondary Care

- Only see those patients who need to be seen by specialist
- A+G supports primary care to deal with more in the community
- Tests and data gathering done prior to review when appropriate
- Better relationships with primary care, both working together for the patient
- Improved education to primary care and standard of referrals
- Free up time to spend more time with complex patients by diverting simpler/lower risk patients to the community

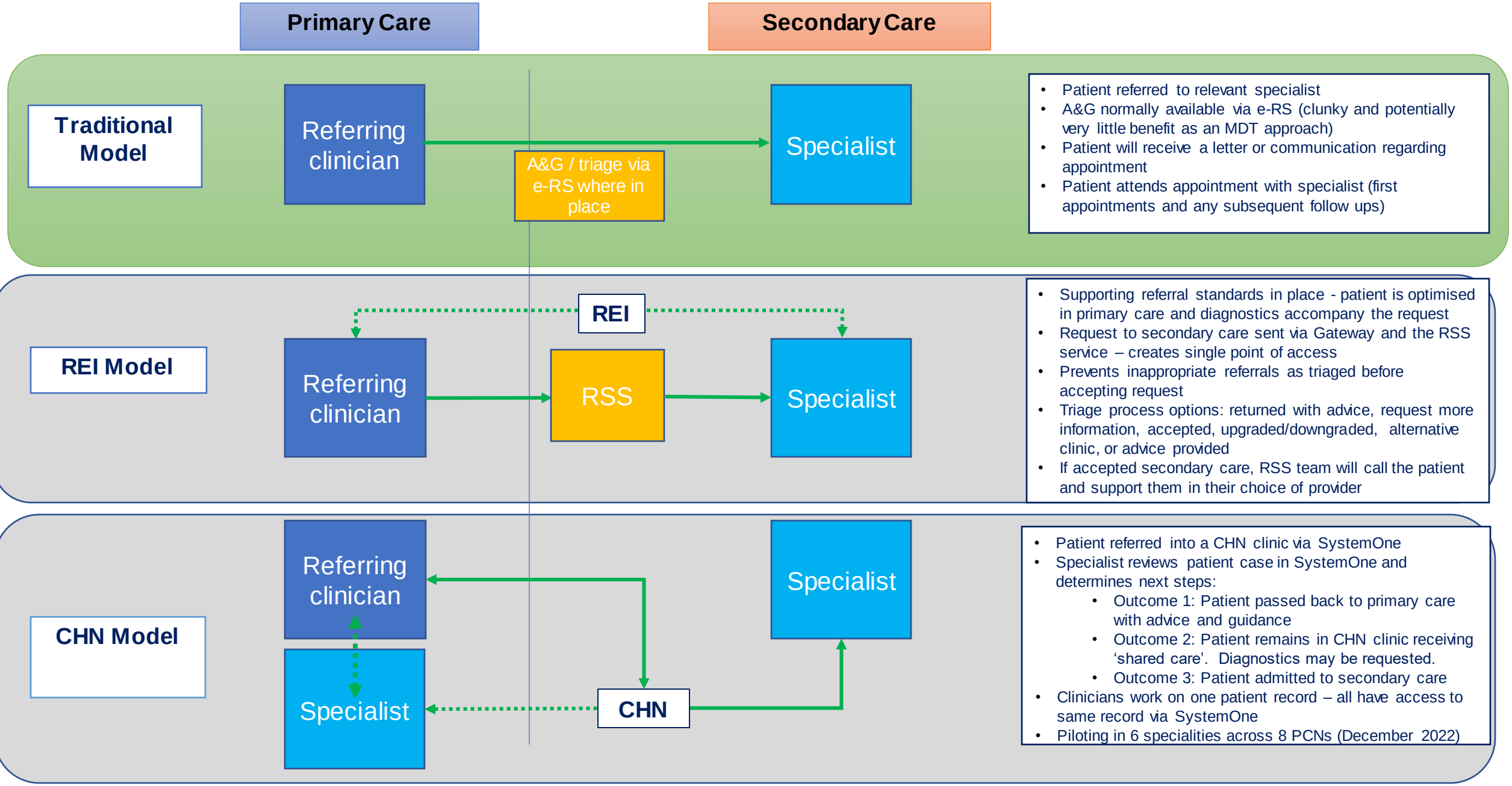
Primary Care

- Better relationships with secondary care, working together to meet needs of patient
- Better resourced to meet the needs of patient with speciality support
- More timely, meaningful access to speciality advice
- End of GPs as a secondary care house officer
- Improve job satisfaction, recruitment and retention in primary care

Elective Recovery and Innovation

HNY New Models of Care Pilots

Humber and North Yorkshire Health and Care Partnership



Connected for Health (CHN)

What is it

The Connected Health Network (CHN) model represents a transformative break from the traditional model of patients being referred by primary care into secondary care

The model is based around the patient and operates across traditional boundaries, seeing GPs working in partnership with specialists to provide ongoing care to patients when they need it

The system helps to Improve turnaround times for referral guidance whilst reducing the burden on administration

Video explaining the CHN model is available at: https://www.youtube.com/watch?v=eVR232lpbwM

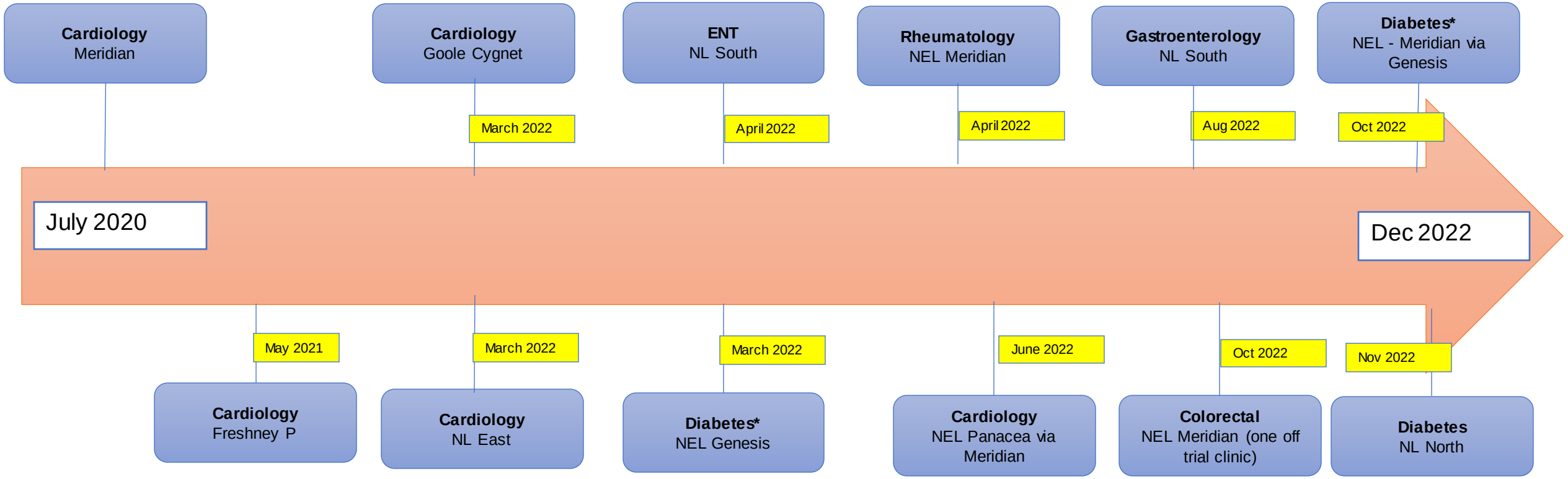
What are the Benefits

- GPs can access specialist advice for patients and vice versa
- Allows specialists to have direct access to GPs primary care information system which reduces the risk of duplication
- Model minimises 'in person' clinical attendances for patients and encourages / supports patients to make use of digital communication
- Model facilitates education and understanding between both GPs and the specialists and encourages the management of patients in a primary care setting
- Waiting Well Programme could benefit from CHN providing opportunities to support risk stratification and clinical optimisation

CHN Is….	CHN Is Not…
Long term solution envisaged by clinicians in primary and secondary care	Quick fix to the waiting list problems caused by the traditional way of working
Way to provide rapid timely specialist support for patients within primary care	An outreach clinic
Single interface for advice & guidance, and agreeing / arranging a plan (whether the required input is in primary or secondary care)	Referral into secondary care. (The CHN model is based within primary care)
An opportunity for mutual learning between collaborating clinicians and to make use of the wealth of primary care patient information	Specialists giving GPs their work to do
An opportunity to make use of modern communication technologies	One model fits all (Communication needs to be tailored to patient need).

Connected for Heath (CHN)

Pilots PCNS's and Specialities have been running across 6 specialities with 8 PCN's since July 2020



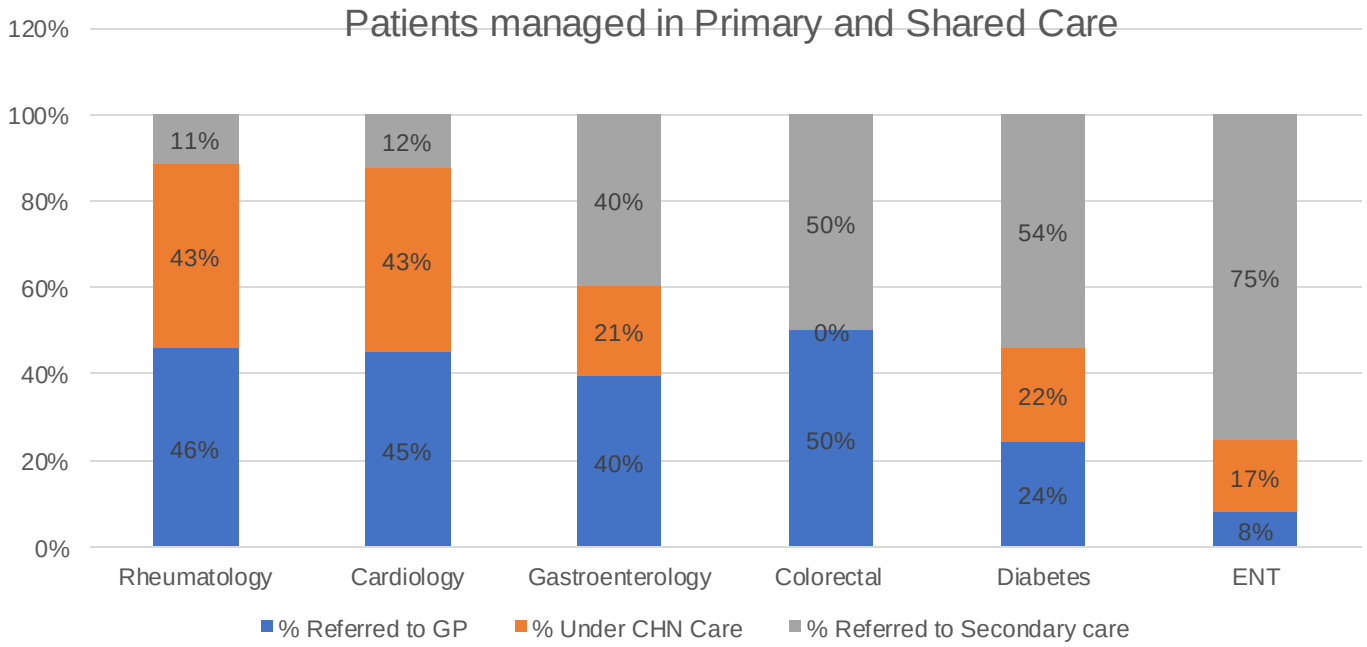
currently on hold due to consultant capacity

Humber and North Yorkshire
Collaboration of Acute Providers

Connected for Heath (CHN)

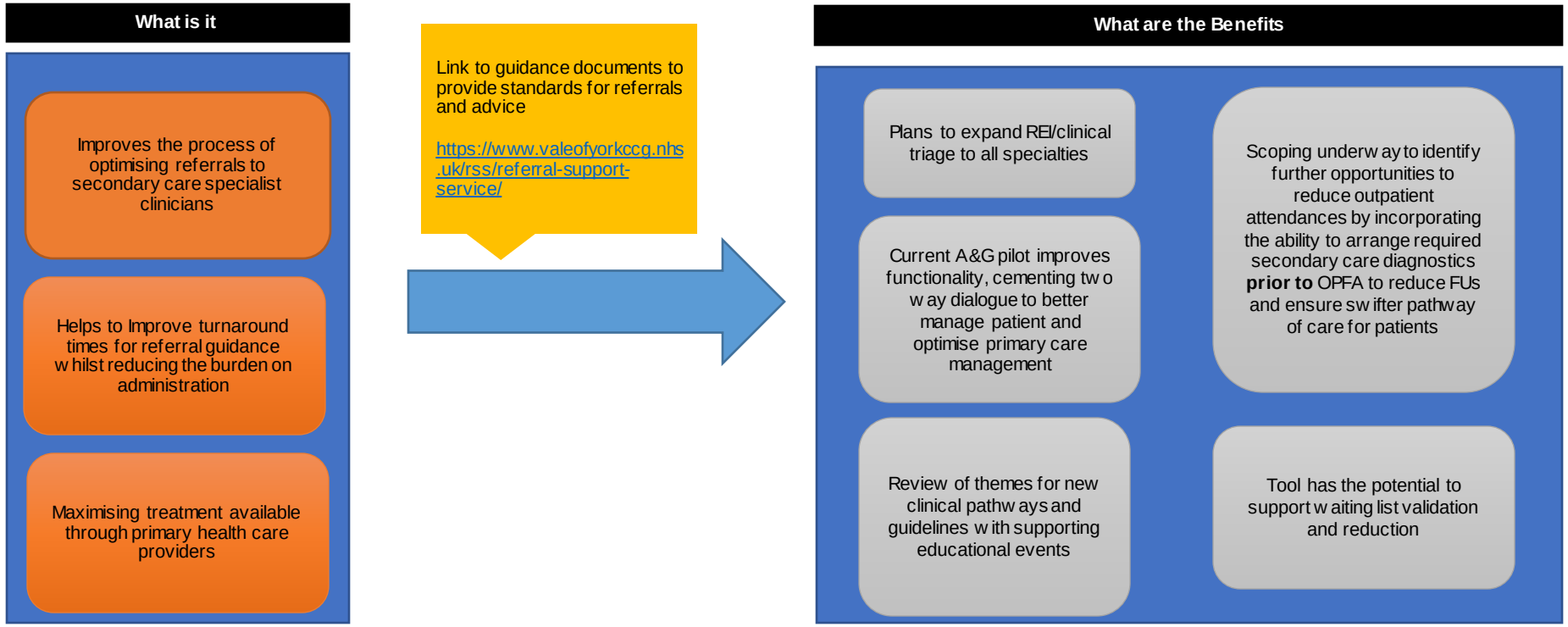
NHS

Speciality	New Patients Seen	Follow Up Patients Seen	Total Patients Seen	Total Discharged to Primary Care / CHN
Rheumatology	150	88	238	211
Cardiology	697	584	1281	1124
Gastroenterology	88	18	106	64
Colorectal	0	14	14	7
Diabetes	29	110	139	64
ENT	229	86	315	78
TOTAL	**1193**	**900**	**2093**	**1548**



- Through the combination of using A&G and shared care with primary care c.74% of patients have avoided being referred into a secondary care setting
- The Tool allows the best decision for new referrals through advice or support through shared care as opposed to referring directly to Acute Trusts
- Largest benefits seen in Rheum and Cardiology where c.45% referrals managed through shared care – both these specialties are within the Top 5 largest non RTT PTL at NLAG
- Colorectal - only one pilot clinic performed on follow ups
- Diabetes and ENT – Benefits for supporting follow ups

Rapid Expert Input (REI)

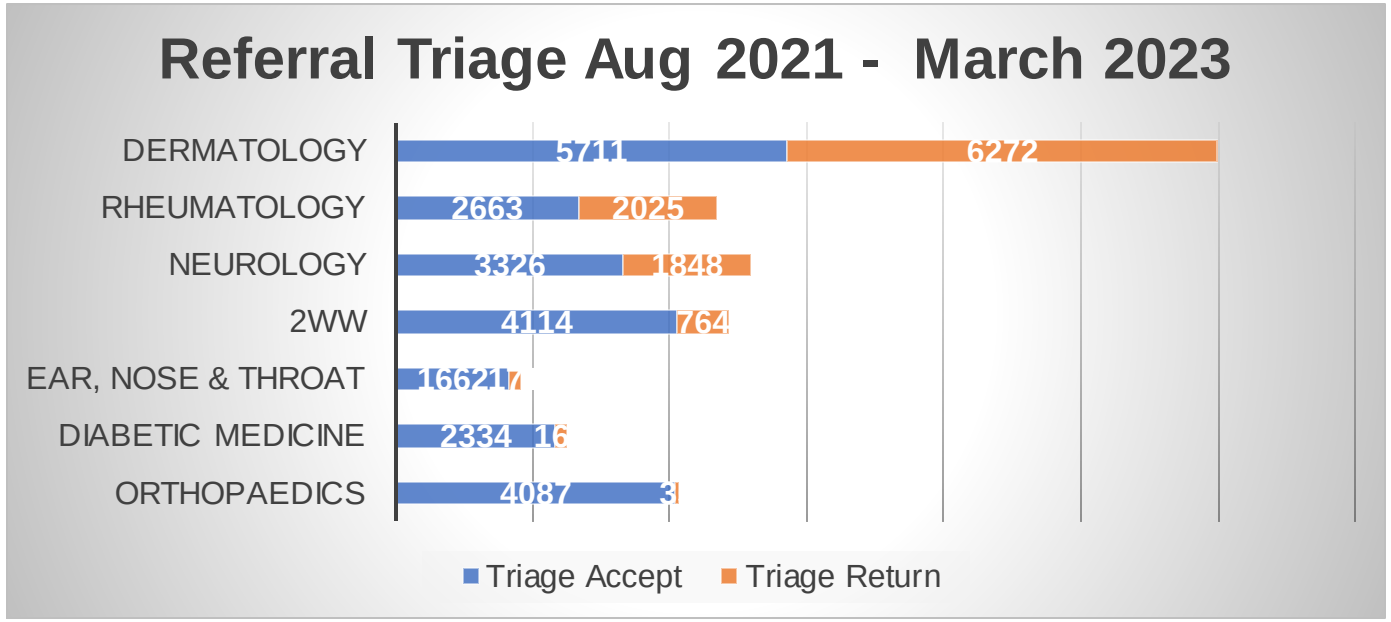


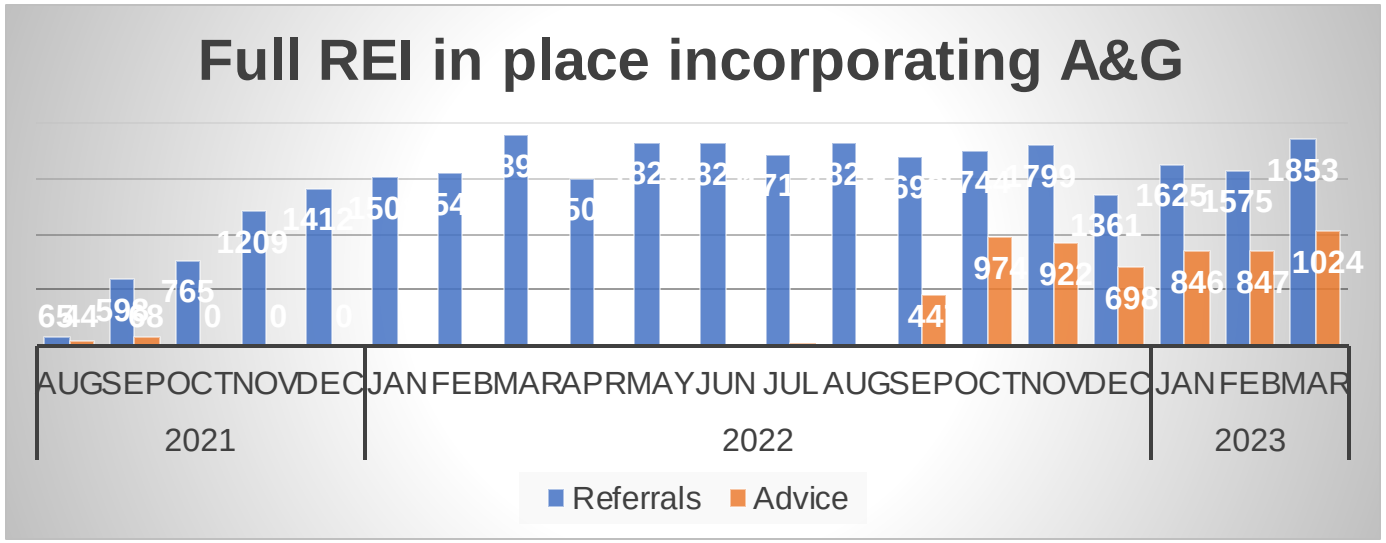
Advantages of REI	Disadvantages of REI
• Overall reduced waiting times for those needed to be seen • Rapid advice to GPs either alone or in conjunction with referral acceptance e.g. system allows both to accept a referral, but also to give management advice whilst waiting to be seen • Single point of access for A+G / referral • Electronic system avoids manual up and downloads locally • Primary care records with focused information that helps triage effectively • Consistency of acceptance against either service specs or specialty thresholds • Pts appointed to most appropriate clinic first time	• Time consuming i.e. requires job planned time • Lowers threshold bar for referral or A+G request e.g. since available, primary care will request advice when previously not available • Could impact on New to FU ratios as fewer patients discharged after first assessment i.e. already triaged out • Potential perception of shifting workload or refusing to see patients • Potential risk of not seeing some patients as triage dependent on information provided

Humber and North Yorkshire
Collaboration of Acute Providers

Rapid Expert Input (REI)

NHS



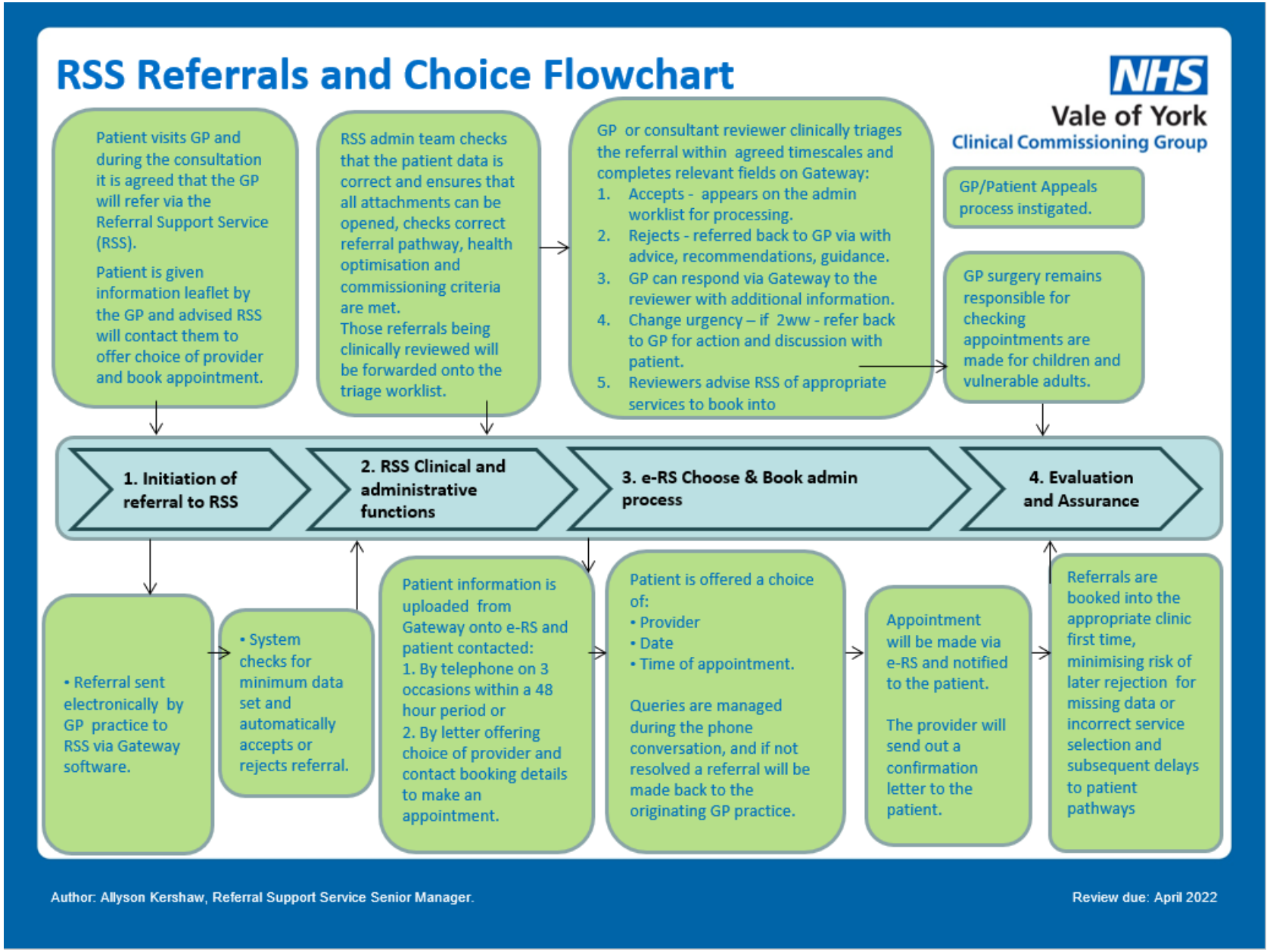


Full REI has provided between 30-50% diversion rate of referrals away from the hospitals across 3 specialties

Full REI operating in Neurology, Rheumatology and Dermatology incorporating A&G

Very positive initial feedback from primary and secondary care (both clinical and administrative)

Equity of Access- Referral Support Service and choice process (RSS)



RSS has been operating since 2013/14 integrating with primary care clinical systems and e-RS, transferring referrals from primary to secondary Care

RSS patient interaction, supporting patients to make informed choice at an alternative provider

Supporting REI, RSS service will check all referrals (not incl. A&G) to be triaged and reviewed by hospital consultants prior to any potential onward referral, with their clinical advice going back to primary care when that is appropriate

RSS currently operates across York and some practices across Scarborough. Potential to scale up the methodology across the ICB and develop AI in certain processes (**Mutual aid being offered at the beginning of the pathway**)

Outpatients Transformation Programme

Humber and North Yorkshire
Collaboration of Acute Providers

NHS

Overall Programme objective:

- To achieve a 25% reduction in follow ups
- To support in achieving 52 weeks in March 2025

CAP Board

Strategic Elective Board

Clinical & Professional Group

HNY Tactical Operations Group

Outpatients Transformation Steering Group

Clinical networks

To facilitate clinical delivery of the programme

Provider Delivery

- **New models of care** – to have undertaken an evaluation of each model and explored the opportunities for possible expansion through proof of concept in other specialities and conditions and other areas of HNY
- **Data analysis** - define what we mean by follow up (counting and coding)
- **Equitable access** across the system – to reduce variation in waiting times and link with work already started to support optimisation/management of referrals and increase productivity across the system
- **Waiting list data validation** of follow ups at a technical, admin and clinical level

Task & Finish Groups to support delivery

System Delivery

To be led by System Leads (SROs at a clinical and managerial level).

To achieve the 25% reduction through the implementation of various enablers, such as (but not limited to):

- Adopting **GIRFT** guidance
- **Reducing missed appointments**
- Implementation of **PIFU** - ? by default
- **Shared care/defined pathways** of care
- **Specialist advice** (pre and post referral)
- **Improved discharge**
- **Patient self-care**

Delivery / Project plans

Existing provider / system outpatient transformation programme


Humber and North Yorkshire
Collaboration of Acute Providers
Thank You

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Thank you for attending the NHS Elective Care Conference South 2023!