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NCL Elective Recovery

JHOSC – November 2021

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Summary

During 2020 and 2021, the NHS has been put under unprecedented pressure, operating within a national level four or three incident, due to the pandemic. The health and care system in north central London (NCL) had to respond rapidly to this very challenging situation.

The second surge of the COVID-19 pandemic in winter 2020/21 was 25% higher than the first wave in April 2020 and, at its height, led to double the baseline number of critical care beds being used in North Central London (NCL). This again placed health and care services under significant pressure

For elective (planned) care has this meant that during some periods in the last eighteen months, we could only provide the most urgent elective care to patients. Throughout, we have worked collaboratively across NCL to ensure that we are providing elective care fairly and equitably, based upon clinical need and using available capacity as efficiently as possible.

As a result, we have experienced substantial increases to our waiting lists, with a large number of patients waiting more than 52 weeks for treatment. Robust plans are now in place support recovery of routine elective care across North Central London. Plans have been developed jointly by NCL's health and care organisations and we are using all available resources to reduce waiting times as quickly and as fairly as possible.

This report provides an overview of the approach employed by NCL system partners to recover elective care, explains how system partners worked together, developed innovative system solutions and key achievements that have been delivered as a result.

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Introduction

- Since the start of the Covid-19 pandemic, NCL like all other ICSs in England has faced considerable pressures on its elective services. At the time of writing this report, NCL acute and specialist providers have over 233,274 patients on their waiting lists, of which 11,938 patients have been waiting over 52 weeks and 416 over 104 weeks.
- The variability of covid hospitalisations coupled with other significant non-elective pressures and the efficiency loss from Infection, Prevention and Control (IPC) measures has meant that elective capacity has fluctuated from 40% to 95% of pre-pandemic levels.
- Under these challenging circumstances, NCL has still performed very well and has consistently been amongst the highest performing ICSs in London and nationally for elective performance. In addition, some other key successes from the past year have been:

North Central London
233,274 patient waits
416 104+ week waits
11,938 52+ week waits
28 weeks clearance time

The Royal Free
94,408 (40%) patient waits
335 (81%) 104+ week waits
8,931 (75%) 52+ week waits
76 weeks clearance time

UCLH
56,137 (24%) patient waits
63 (15%) 104+ week waits
1,969 (16%) 52+ week waits
23 weeks clearance time

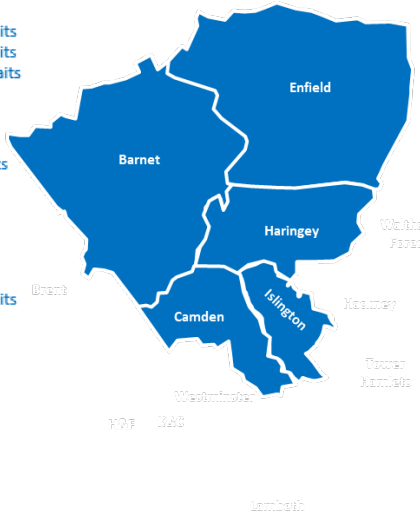
The Whittington
17,570 (8%) patient waits
0 (0%) 104+ week waits
576 (5%) 52+ week waits
17 weeks clearance time

NMUH
15,801 (7%) patient waits
8 (2%) 104+ week waits
77 (1%) 52+ week waits
16 weeks clearance time

Moorfields
35,723 (15%) patient waits
0 (0%) 104+ week waits
7 (0%) 52+ week waits
20 weeks clearance time

GOSH
7,069 (3%) patient waits
8 (2%) 104+ week waits
206 (2%) 52+ week waits
21 weeks clearance time

RNOH
6,566 (3%) patient waits
2 (0%) 104+ week waits
172 (1%) 52+ week waits
21 weeks clearance time



- Rapidly forming an effective governance structure to develop and oversee the elective recovery plan – allowing NCL to be the first ICS in London to restart all elective services following the first pandemic wave.
- Formulating six clinical networks for priority surgical specialities – with all six then implementing a consolidated surgical hub model for high volume / lower complexity procedures. Including opening of the new Grafton Way Building as a green elective site.
- Being nominated as one of the national 'Accelerator Systems' for elective recovery, bringing in significant investment to further bolster our recovery efforts.
- Development of a 'One System' patient tracking list (PTL) to allow a joined up view from across our system on the size, shape and characteristics of our waiting list – allowing better management of patients.

As we approach the end of H1, it is now the optimal time to consolidate our learning from the last year (both through the recovery programme and initial accelerator phase) to inform our medium to longer term elective recovery and transformation strategy.

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Our elective recovery mission and aims

Our mission is to treat as many patients in need of elective care, in the most expeditious time, safely, working together across our system adopting innovative models of care.

- We will achieve this mission through five inter-linking aims:

1	Support elective referrals to return to an 'optimised' level following significant suppression during the pandemic
2	Reduce the hidden level of clinical risk, inequality and inequity in our waiting lists
3	Maximise and optimise capacity to ensure cumulative backlogs for cancer, admitted/non-admitted cases and diagnostics decline
4	Reverse the trend in the number of 52 week / long waiters
5	Empowering Clinical Networks to drive change and allocate specialty accountability across the system

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Planning horizons for our strategy

- Our elective recovery and transformation strategy can be broken down into three planning horizons:

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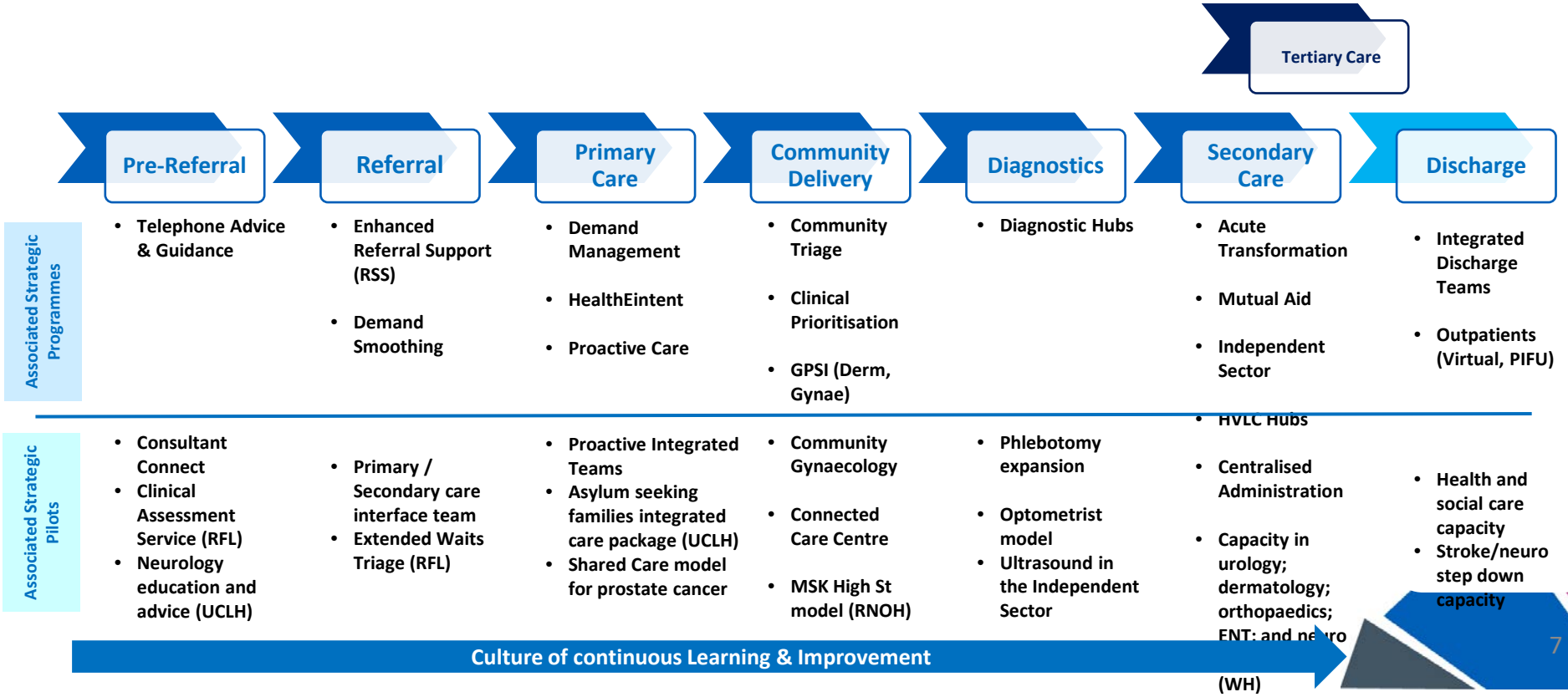
Strategic Pathway Mapping

The following diagram demonstrates how each stage of the patient pathway has a strategic programme or initiative aligned to deliver elective recovery supported by a continuous culture of learning and improvement;



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Strategic Recovery Programme Alignment

1. Support elective referrals to return to an 'optimised' level following significant suppression during the pandemic

- Telephone Advice & Guidance
- Enhanced Referral Support (RSS)
- Demand Smoothing
- Primary / Secondary care interface team
- Demand Management

2. Reduce the hidden level of clinical risk, inequality and inequity in our waiting lists

- HealthEintent
- Proactive Care
- Triage
- Prioritisation
- GPSI (Gynae, Derm)
- Community Gynaecology
- Connected Care Centre
- MSK High St model (RNOH)

3. Maximise and optimise capacity to ensure cumulative backlogs for cancer, admitted/non-admitted cases and diagnostics decline

- Diagnostic Hubs
- Phlebotomy expansion
- Ophthalmology referrals
- Mutual Aid
- Independent Sector
- Outpatients (Virtual, PIFU)

4. Reverse the trend in the number of 52 week / long waiters

- Acute Transformation
- HVLC Hubs
- Accelerator Pilot Programmes
- Centralised Administration Team

5. Empowering Clinical Networks to drive change and allocate specialty accountability across the system

- Additional Administration support
- Chief Exec Leadership
- OD Programme Development
- Integrated Discharge Teams

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System working and governance

In NCL we rapidly forming an effective governance structure to develop and oversee the elective recovery plan – allowing NCL to be the first ICS in London to restart all elective services following the first pandemic wave.
established cross system governance structures and ways of working that have allowed us to respond to changing demands and ensure we are able to recover as much elective capacity as possible.

Collaborative groups with representation across NCL's health and care system include:

- Senior leadership provided by **Clinical Advisory Group** (CAG) and **Operational Implementation Group** with representation from all acute NHS providers, both reporting into **NCL System Recovery Executive**
- **Clinical Prioritisation Group** – working to ensure prioritisation is fair and equal across NCL so that those with the most urgent needs are seen first
- Formulating **six clinical networks** for priority surgical specialities – ophthalmology, general surgery, urology, gynaecology, dermatology and Ear, Nose, Throat – with all six looking to implement a consolidated surgical hub model for high volume, lower complexity procedures.
- **NCL Cancer Alliance** – working to ensure urgent cancer treatments are prioritised fairly and equitably
- **Independent Sector oversight** – to maximise capacity within the independent sector
- **Elective Strategy Group** – established in summer 2021 to ensure a plan for short, medium and longer term elective recovery in NCL.

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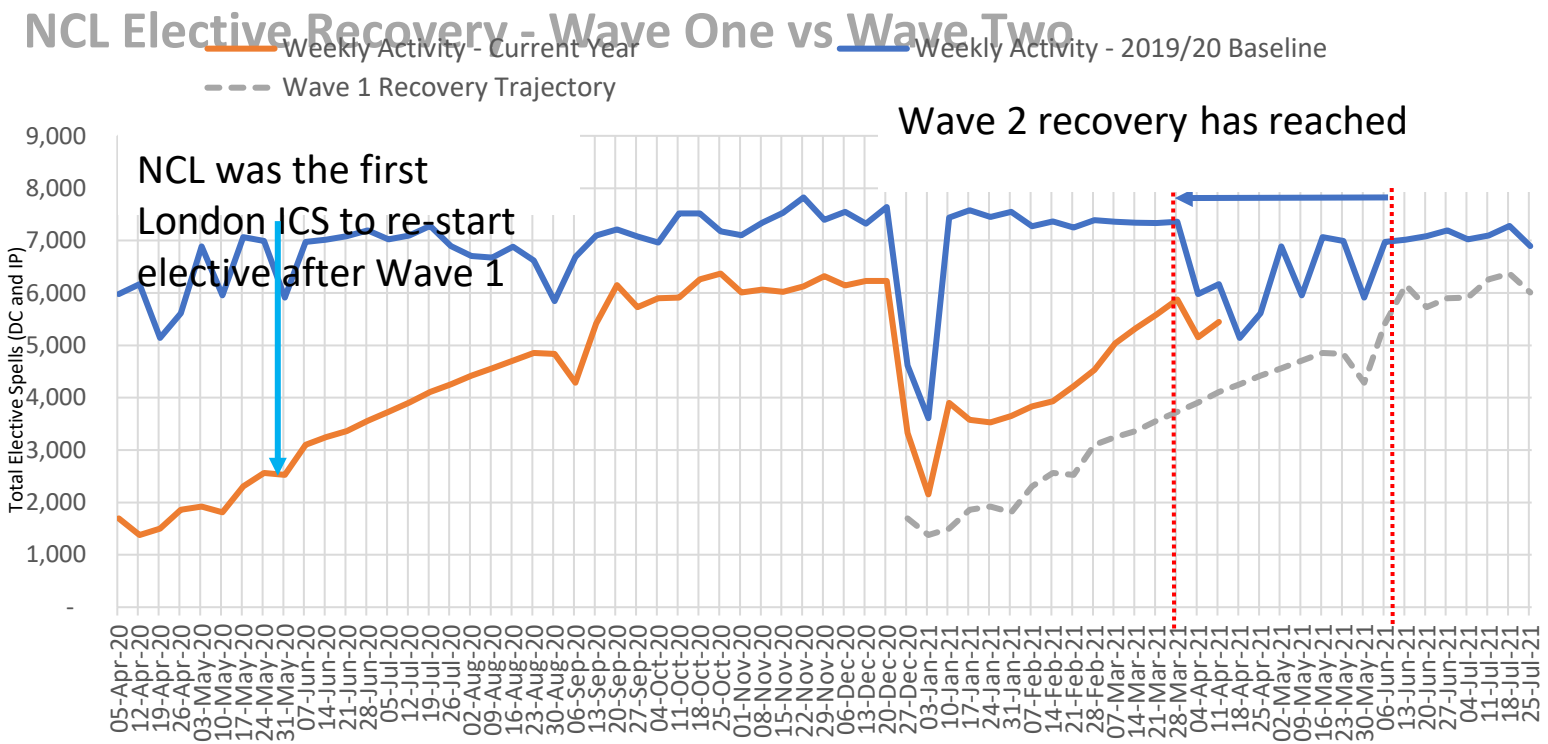
Recovery progress to date



During the first wave of this pandemic, NCL proactively and rapidly set up an elective recovery programme built on the **principles of system wide collaboration, data driven decision making and addressing variation in care**.

Our robust and thorough planning led to NCL being approved as the **first London ICS to restart elective work**.

Through our recovery programme and **mantra of continuous improvement** we applied a number of learnings from wave 1 recovery to our current recovery plan leading to a **10 weeks improvement in recovery pace**.

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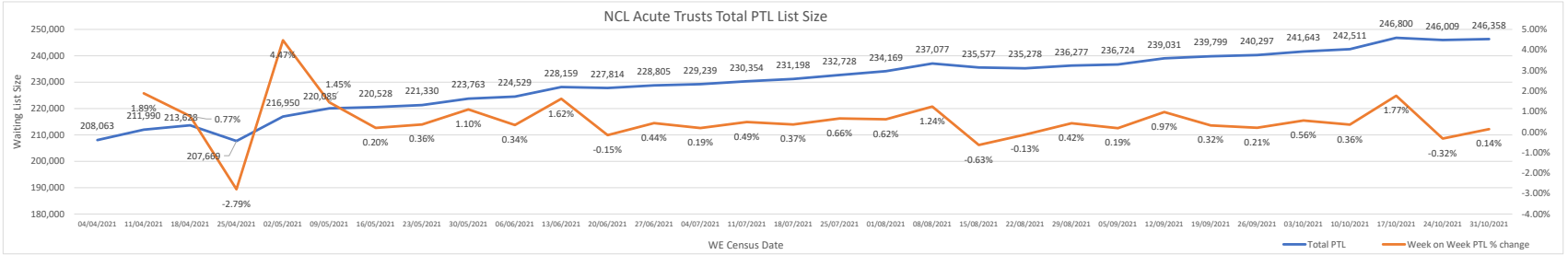
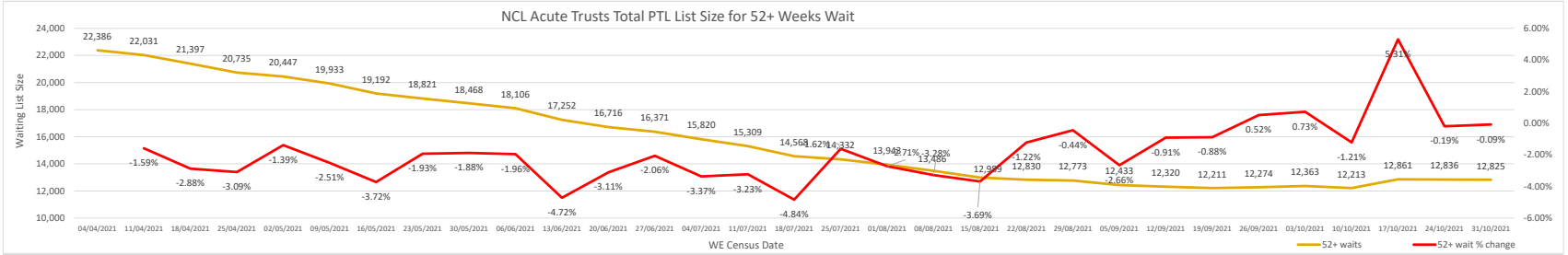
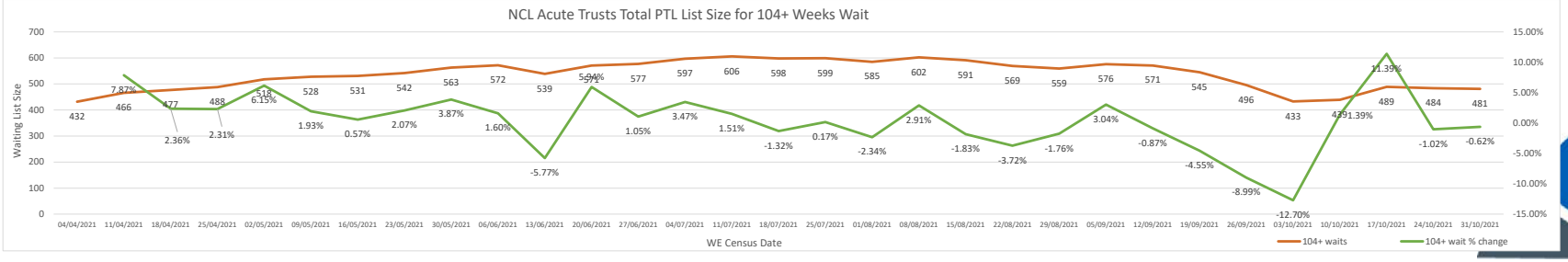
NCL RTT Waiting List Long Waits Trend







- Data is taken from the NCL RTT dataset as a weekly unvalidated snapshot and is subject to change.

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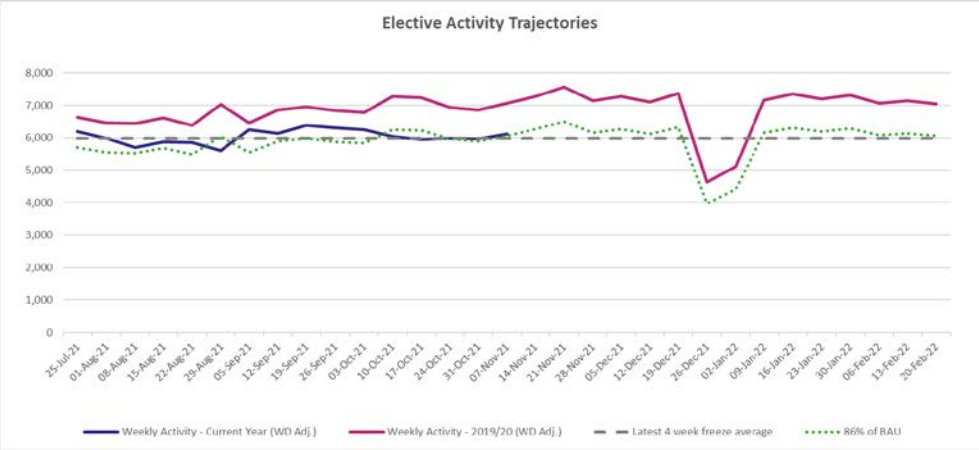
Recovery Trajectory – Elective inpatients

- Total Elective Inpatients

W/E	25-Jul-21	01-Aug-21	08-Aug-21	15-Aug-21	22-Aug-21	29-Aug-21	05-Sep-21	12-Sep-21	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	*flex* 07-Nov-21
Week No.	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45
Weekly Activity - Current Year (WD Adj.)	6,200	5,979	5,698	5,880	5,847	5,601	6,253	6,144	6,378	6,305	6,250	6,039	5,946	5,991	5,976	6,117
Weekly Activity - 2019/20 (WD Adj.)	6,627	6,459	6,440	6,618	6,382	7,020	6,456	6,859	6,952	6,836	6,774	7,275	7,238	6,941	6,855	7,059
% of Baseline Year (2019/20)	**94%**	**93%**	**88%**	**89%**	**92%**	**80%**	**97%**	**90%**	**92%**	**92%**	**92%**	**83%**	**82%**	**86%**	**87%**	**87%**



- Elective activity recovered to an average of ***87%*** in the latest 4 weeks excluding the current flex position.
- The latest flex position shows a recovery of ***87%.***
- The latest freeze position, week 42, also is at ***87%*** of BAU.

*Public holidays have been adjusted for so that activity levels are more comparative for the current and baseline year 2019/20.
*RFL, no submission for the last 6 weeks, due to PAS/EPR upgrade. Assumptions applied from Weeks 40 onwards

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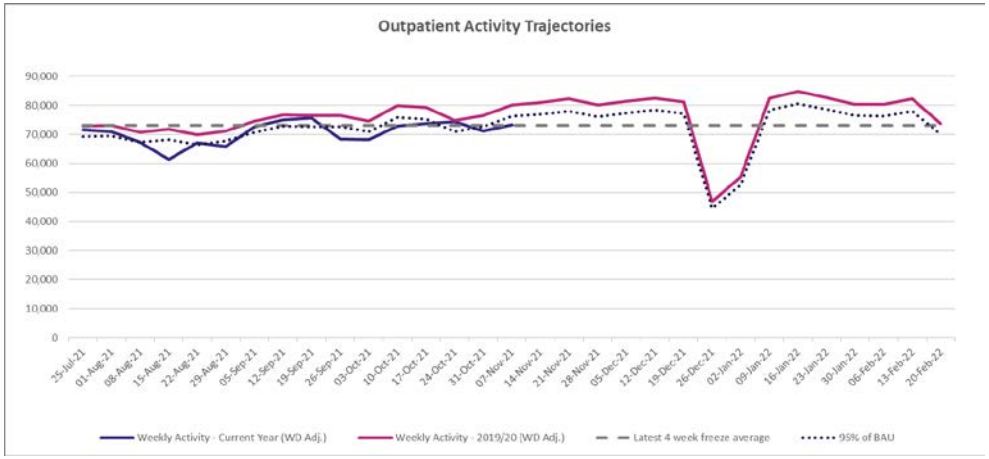
Recovery Trajectory – Outpatients

- Total Outpatients

W/E	25-Jul-21	01-Aug-21	08-Aug-21	15-Aug-21	22-Aug-21	29-Aug-21	05-Sep-21	12-Sep-21	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	*flex* 07-Nov-21
Week No.	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45
Weekly Activity - Current Year (WD Adj.)	71,592	70,908	67,392	61,308	67,148	65,879	72,623	75,022	75,693	68,430	68,242	72,957	73,687	74,406	71,172	73,404
Weekly Activity - 2019/20 (WD Adj.)	72,797	73,196	70,838	71,843	69,914	71,240	74,570	76,758	76,527	76,515	74,645	79,860	79,255	74,762	76,527	80,219
% of Baseline Year (2019/20)	**98%**	**97%**	**95%**	**85%**	**96%**	**92%**	**97%**	**98%**	**99%**	**89%**	**91%**	**91%**	**93%**	**100%**	**93%**	**92%**



- Outpatient activity recovered to an average of ***94%*** in the latest 4 freeze weeks.
- The latest flex position shows a recovery of ***92%***.
- The latest freeze position, which is at ***93%***, is ***3% above*** the 4 week average activity levels.

*Public holidays have been adjusted for so that activity levels are more comparative for the current and baseline year 2019/20.

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Total Weekly Activity by Provider

Elective	25-Jul-21	01-Aug-21	08-Aug-21	15-Aug-21	22-Aug-21	29-Aug-21	05-Sep-21	12-Sep-21	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	*flex* 07-Nov-21	Vol as % of baseline year (2019/20) (4wks rolling excl. flex)		
Provider	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Current Week	Prior Week	Change
GOSH	673	718	654	685	726	734	584	663	723	686	639	733	698	659	757	735	95%	93%	▲
MEH	633	604	524	562	527	576	460	649	619	667	636	612	635	675	695	677	89%	88%	▲
NMUH	496	500	485	425	478	469	479	578	646	624	684	674	599	611	611	638	84%	86%	▼
RFL	1,438	1,410	1,310	1,352	1,253	1,140	1,025	1,359	1,371	1,073	1,073	1,073	1,073	1,073	1,073	1,025	66%	65%	▲
RNOH	254	246	263	221	228	200	208	241	271	234	236	243	222	194	248	236	73%	71%	▲
UCLH	2,265	2,090	1,997	2,192	2,198	2,037	1,879	2,198	2,300	2,593	2,542	2,276	2,289	2,330	2,172	2,457	92%	98%	▼
WH	441	411	465	443	437	445	367	456	448	428	440	428	430	449	420	349	94%	94%	▼
Grand Total	**6,200**	**5,979**	**5,698**	**5,880**	**5,847**	**5,601**	**5,002**	**6,144**	**6,378**	**6,305**	**6,250**	**6,039**	**5,946**	**5,991**	**5,976**	**6,117**	**85%**	**86%**	▼

Outpatient	25-Jul-21	01-Aug-21	08-Aug-21	15-Aug-21	22-Aug-21	29-Aug-21	05-Sep-21	12-Sep-21	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	*flex* 07-Nov-21	Vol as % of baseline year (2019/20) (4wks rolling excl. flex)		
Provider	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	Current Week	Prior Week	Change
GOSH	3,559	3,182	3,350	3,208	3,201	3,313	2,808	3,650	3,834	3,637	3,564	3,871	4,101	3,506	3,626	3,807	112%	112%	▲
MEH	10,783	10,660	9,651	10,311	9,823	9,970	8,459	10,939	11,143	11,265	11,010	11,028	11,245	11,483	11,707	11,649	91%	91%	▲
NMUH	7,495	8,111	7,914	6,554	7,041	7,427	6,568	8,572	8,931	8,480	8,578	8,549	7,479	8,260	7,229	8,408	107%	111%	▼
RFL	17,329	16,605	16,086	16,525	15,962	15,022	13,380	17,735	17,910	15,498	15,498	15,498	15,498	15,498	15,498	14,808	73%	73%	▲
RNOH	1,814	1,819	1,674	1,822	1,729	1,619	1,549	1,914	1,687	1,946	1,772	2,000	1,934	1,829	1,762	1,539	85%	88%	▼
UCLH	25,537	25,176	23,709	17,472	24,187	23,489	20,874	26,409	26,131	22,001	21,759	25,952	27,997	27,788	25,495	27,929	108%	106%	▲
WH	5,075	5,355	5,008	5,416	5,205	5,039	4,460	5,803	6,057	5,603	6,061	6,059	5,433	6,042	5,855	5,264	93%	93%	▼
Grand Total	**71,592**	**70,908**	**67,392**	**61,308**	**67,148**	**65,879**	**58,098**	**75,022**	**75,693**	**68,430**	**68,242**	**72,957**	**73,687**	**74,406**	**71,172**	**73,404**	**94%**	**94%**	▲

- Total elective activity has ***decreased*** by ***1%*** in the current 4 week rolling average compared to the previous 4 weeks .
- Elective 4 week rolling average ***decreased*** by ***5%*** at UCLH and by ***2%*** at NMUH in the current week.
- Total outpatient activity 4 week rolling average ***increased*** by ***0.4%***.
- UCLH outpatient activity increased ***2.5%,*** NMUH decreased ***4.8%*** and RNOH also decreased ***2.8%*** against the previous 4 weeks.

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Total weekly elective and day case activity by specialty

	25-Jul-21	01-Aug-21	08-Aug-21	15-Aug-21	22-Aug-21	29-Aug-21	05-Sep-21	12-Sep-21	19-Sep-21	26-Sep-21	03-Oct-21	10-Oct-21	17-Oct-21	24-Oct-21	31-Oct-21	*flex* 07-Nov-21	Vol as % of baseline year (2019/20) (4wks rolling excl. flex)		
Specialty	Wk_30	Wk_31	Wk_32	Wk_33	Wk_34	Wk_35	Wk_36	Wk_37	Wk_38	Wk_39	Wk_40	Wk_41	Wk_42	Wk_43	Wk_44	Wk_45	**Current Week**	**Prior Week**	**Change**
ENT	114	100	102	115	100	93	60	112	80	96	103	108	115	108	98	96	80%	81%	▼
General Surgery	104	126	102	100	96	84	81	96	106	88	90	96	91	96	84	66	64%	65%	▼
Gynaecology	162	130	102	119	125	110	96	131	152	97	103	107	103	101	104	91	69%	67%	▲
Ophthalmology	791	722	668	711	672	716	551	783	772	823	766	770	770	811	855	828	85%	83%	▲
Trauma & Orthopaedics	407	360	377	340	353	318	343	397	437	362	401	380	384	329	368	370	89%	89%	▼
Urology	284	267	233	273	265	232	200	288	324	326	329	295	320	325	323	273	97%	94%	▲
Cardiology	78	79	57	59	56	50	61	83	88	74	82	75	101	75	76	82	119%	130%	▼
Clinical Haematology	647	635	675	659	675	630	557	669	667	789	742	632	686	691	665	729	91%	93%	▼
Clinical Oncology	114	127	109	116	139	129	130	141	163	148	136	149	142	139	150	143	91%	90%	▲
Colorectal Surgery	182	175	185	177	152	155	115	184	181	123	119	125	121	119	120	113	54%	57%	▼
Gastroenterology	708	734	718	755	703	686	683	748	813	754	753	721	732	689	647	707	80%	83%	▼
General Medicine	11	7	13	10	10	7	6	11	12	4	4	4	3	3	4	3	58%	54%	▲
Medical Oncology	423	368	411	399	375	357	328	389	403	455	428	434	370	431	405	355	124%	123%	▲
Neurology	280	209	183	243	293	245	245	305	303	312	267	262	235	258	202	331	120%	122%	▼
Neurosurgery	36	26	32	20	35	23	28	18	41	36	49	36	40	32	37	47	95%	103%	▼
All Paediatric TFCs	171	174	159	147	157	133	136	166	165	143	176	179	142	165	174	180	73%	75%	▼
All Other	1,688	1,740	1,572	1,637	1,641	1,633	1,382	1,623	1,671	1,675	1,702	1,666	1,591	1,619	1,664	1,703	77%	80%	▼
HVLC Total	***1,862***	***1,705***	***1,584***	***1,658***	***1,611***	***1,553***	***1,331***	***1,807***	***1,871***	***1,792***	***1,792***	***1,756***	***1,783***	***1,770***	***1,832***	***1,724***	*85%*	*83%*	▲
Grand Total	**6,200**	**5,979**	**5,698**	**5,880**	**5,847**	**5,601**	**5,002**	**6,144**	**6,378**	**6,305**	**6,250**	**6,039**	**5,946**	**5,991**	**5,976**	**6,117**	**85%**	**86%**	▼

- Majority of the specialties have decreased in elective activity on the 4 week rolling averages.
- Cardiology **decreased** by ***11%***.
- Neurosurgery decreased by ***7%.***
- Paediatric TFCs ***decreased*** by a total of ***1.4%***.
- HVLC specialities as a whole ***increased*** outpatient activity by ***1%***.

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Strategic Pilots – Accelerator Schemes

- NCL launched the Accelerated Elective Recovery (AER) Programme in June 2021. £20m was available to fund schemes that could increase the volume and efficiency of elective activity in NCL. 46 bids were approved and aligned to the key aims of elective recovery. Highlights include:

Consultant Connect: Expanding the telephone advice and guidance service for GPs to cover all of NCL. Initial activity in Barnet and Enfield led to a 60% reduction in referrals or admissions. Latest data showing similar levels of outcomes.

Community Gynae: 3 community gynae providers in NCL triaging non-admitted gynae patients, communicating with patients and transferring care where appropriate.

Day Case Hub: This has been developed in Whittington Hospital and supporting capacity across NCL. In 8 weeks it has improved theatre utilisation by 6% and increased overall elective activity to 104% of baseline.

Interface Programme: 7 workstreams developed to tackle interface issues between primary and secondary care including secondary care links to community pharmacy; developing the NCL Referral Support Service; and regular communication on changes.

Phlebotomy Expansion: Over 13k bleeds/week were being delivered through increased community provision of phlebotomy services before the blood bottle shortage.

Waiting List Dashboard: Creation of a public facing dashboard incorporating a range of waiting time metrics to enable patients to make informed choices.

Triage Bids: 3 programmes being piloted to review non-admitted patients: Extended Waits will review 6000 ENT patients at RFL; Connected Care will provide a dedicated 'one team' multidisciplinary personalised initial management centre; Proactive Integration Teams will offer MDT support in the community

Transforming Admin: RFL and NHS SBS developing a centre of excellence model for admin, from referral to outcome. Creating a 20% improvement in capacity through decreased first to follow up; reducing DNAs; reducing cancellations and improving clinic utilisation.

IDT Capacity: Additional capacity for the collaborative approach to discharge delivering a sustained reduction in overall Length of Stay and Stranded Patients at hospital. Currently delivering 52% same day discharges.

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Communication on elective recovery

- Developing communications materials with clinical networks to reassure patients on waiting list. For example all orthopaedic patients on waiting lists across NCL sent a letter apologising for wait, explaining what patients can do in the meantime to manage their condition, signposting helpful resources and providing a contact should they need to talk to their surgical team
- We have provided information for referrers (GPs and other health and care professionals), including information on indicative waiting times for first appointments, so that they can have informed conversations with patients both when making a referral and when a patient has questions about their care
- When we offer patients the option of attending a different location to receive care to reduce waiting times, patients are either contacted by letter or by phone. A standard telephone script is used when contacting patients, and this provides information and explains why a different location may be offered. The aim is to provide as much information as possible so that patients can make an informed decision about their care
- We provide regular information on elective recovery with our senior stakeholders through NCL's system update. We have also shared information via NCL's residents' newsletter which goes to a large list of voluntary and community sector organisations to share with their contacts.
- We have worked with trusts to share some proactive media stories – The Times (September), The Guardian (September), BBC News (September)

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Single waiting list – using Healtheintent to assess equity and equal access

All analysis is either for NCL's 'responsible population' (patients who are GP registered in NCL) or the whole Patient Treatment List (PTL - patients on NCL providers waiting lists)

Are people receiving equal access to care for equal need once they are on the waiting list?	**Is there equal access to elective care in the first place (NCL only)?**
Population denominator = people on the PTL / open pathways	Population denominator = NCL GP registered population

Median waiting times (days)
% of pathways 18+, 52+, 78+ weeks
By gender, age, deprivation, ethnicity
Also serious mental health illness, learning disabilities, dementia and long term conditions

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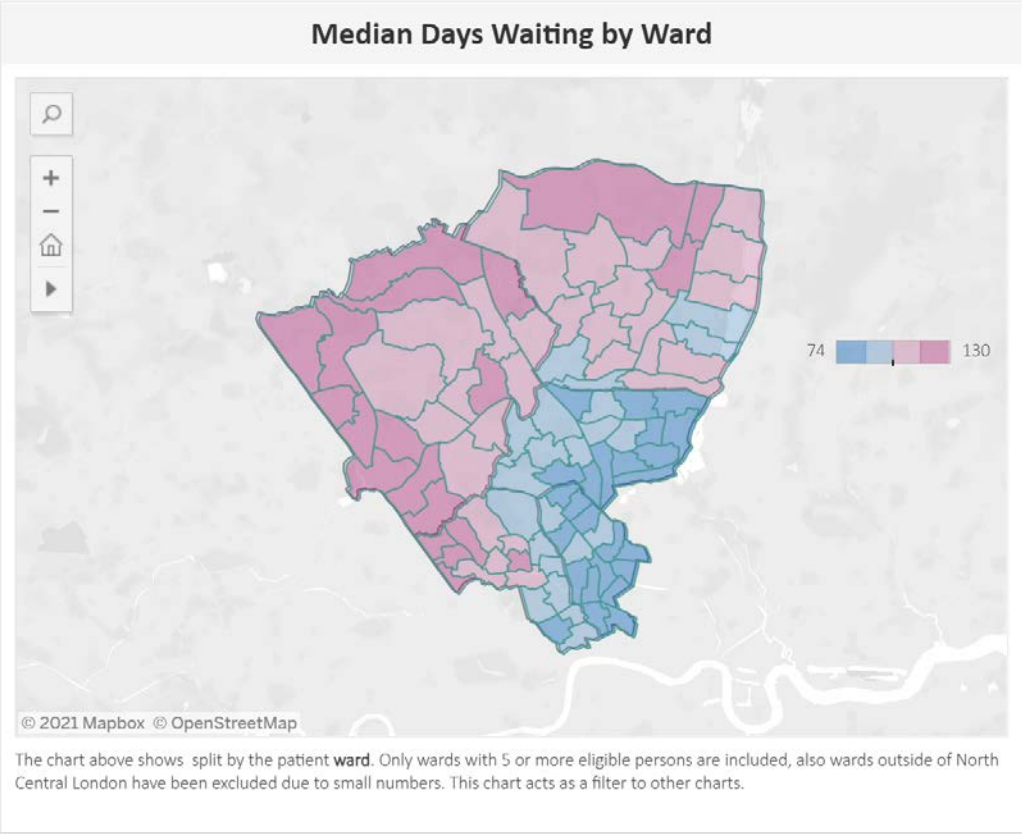
ON THE PTL (NCL pop'n): there are differences by deprivation in waiting times: those living in the *least* deprived areas wait 15 days longer on average for care



More people from most deprived communities on the PTL (22,000 vs. 10,000 least deprived).

Median wait
Most deprived = 99 days
Least deprived = 114 days

At ward level there is 50 day difference, on average, in waiting times between some areas.

Royal Free longer waiting times will be skewing the gradient – longer waits (133 days) compared to providers who have more deprived populations (North Mids 71 days), and because 55% of waiting list (NCL pop'n, 42% whole PTL) at RF.

People with SMI – average wait is 110 days
People with LD – average wait is 104 days

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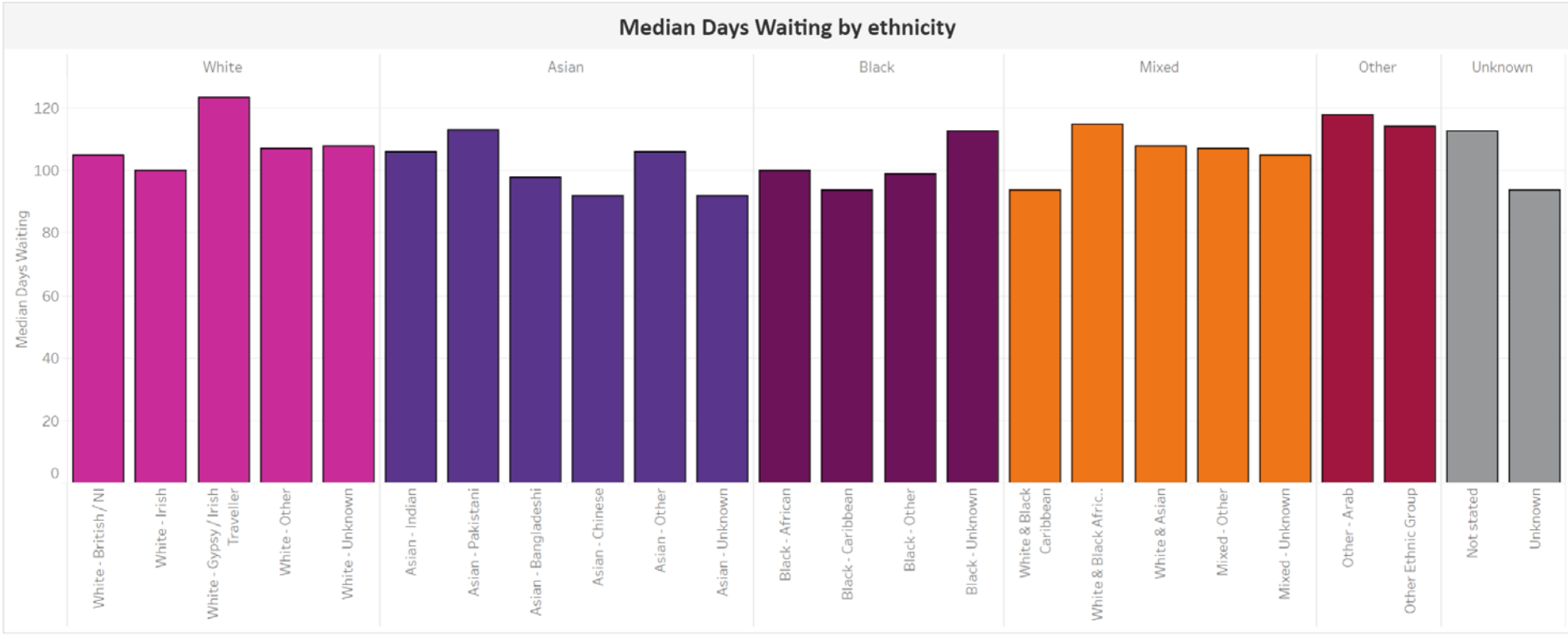
ON THE PTL (whole PTL): there is no difference in the length of time that Black, Asian or minority ethnic groups (101 days) wait compared to the average (101 days). The White Gypsy, Irish Traveller community consistently waits longer, but numbers are small.



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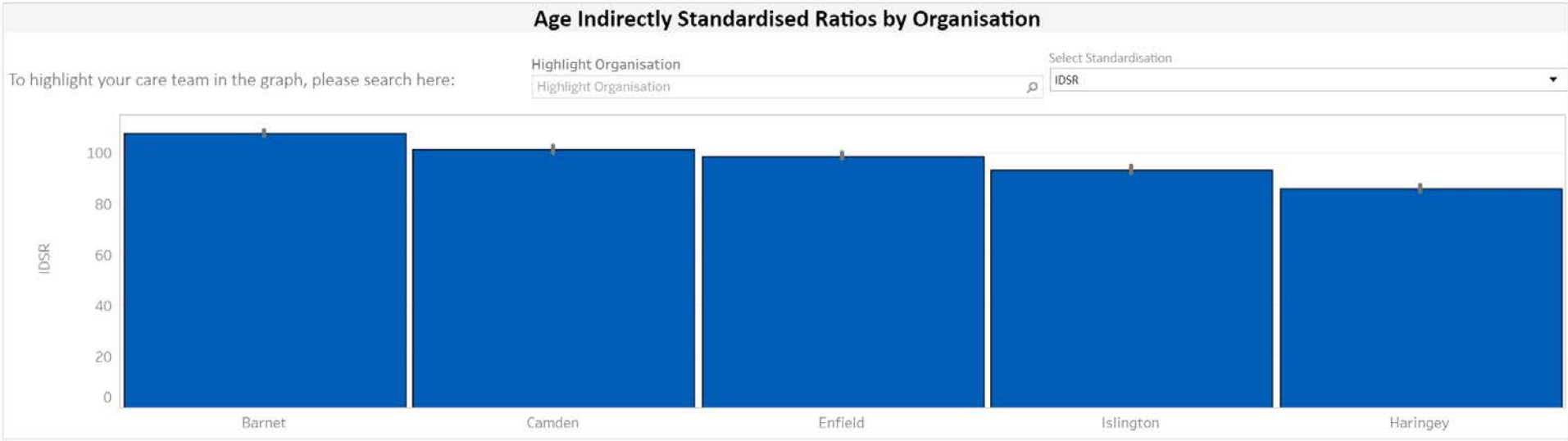
GETTING ON TO THE PTL: there are fewer patients than expected on the PTL from the more deprived boroughs in NCL, and more from Barnet. Needs to be interpreted alongside emergency care too.

% more people on the PTL than expected:
Barnet: +8%, Camden no difference, Enfield -1%, Islington -7%, Haringey -14%



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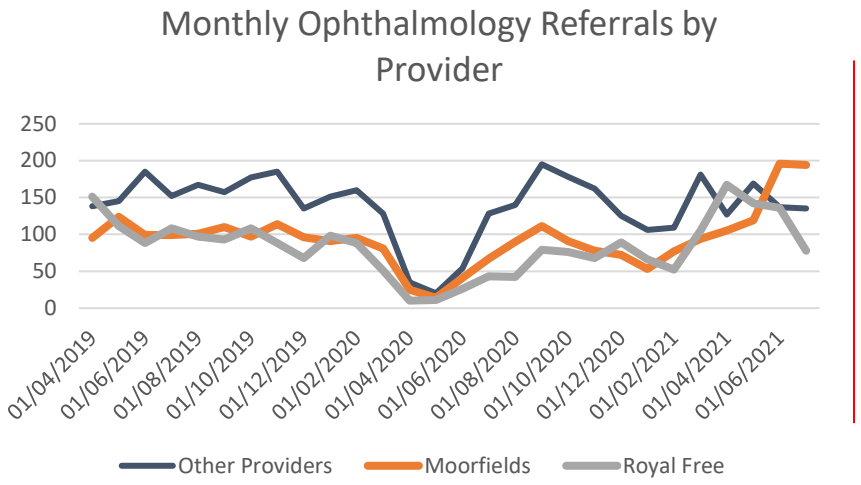
Single waiting list – findings

- At a system level, on average and aside from the differences in waits by provider, the median day wait on waiting lists appear to be reasonably equitable (i.e. equal access for equal need). There are no clear patterns in waits by ethnicity or deprivation by specialty, provider or borough that are not explainable by underlying populations and patient complexity. Any differences in medians are relatively small – are they materially different?
- All analysis is impacted by the longer waits and larger numbers of people at Royal Free.
- As providers work to reducing waiting times, inequities by ethnicity and deprivation may arise so NCL will monitor trends in HealtheIntent.
- There may be some inequities in who gets onto the waiting list in the first place with the most deprived boroughs having a lower than expected percentage of patients on the waiting list. This will be impacted by the Royal Free. Understanding whether there are issues with access to elective care needs to be done within a wider context of demographics, burden of ill health, primary and community care, and emergency care within different communities.
- **It is difficult to make any clear recommendations for action on equity by ethnicity and deprivation on the waiting list in NCL. Inequities in other parts of the health and care system and associated outcomes are far larger, and NCL is already focussing on or building up programmes of work to reduce these.**

What have we achieved to date?

Ophthalmology

- We first introduced a demand smoothing for Ophthalmology in May 21; as well as starting a mutual aid programme between RFL and Moorfields for 500 cataract patients. We also supported RFL in putting on more capacity at its Edgware HVLC hub.
- These interventions have had a significant impact with the RFL admitted clearance time almost halving over the summer and coming into line with the sector average.
- However we are now looking to go further with the non-admitted backlog given the recent rise in overall referrals – and are looking at ways MEH can support the sector to work through the backlog faster.
- From when demand smoothing went live we have seen RFL referrals halve and Moorfields referrals almost double which has supported the balancing of waiting lists across our sector.



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What have we achieved to date?

Gynecology

- **Community gynae service –** now mobilised to work through acute non-admitted backlog with a target reduction of 25% of our gynae P4s across the sector. Looking to embed this as more substantive part of gynae provision across NCL

- **High volumne, low complexity hub piloted**– first pilot session run successfully on 18 September at Chase Farm and saw around 80 patients – now looking to regularly schedule lists in and improve throughput. Patient feedback largely positive:

"what a fantastic team and wonderful patient centred care I received. I was so nervous but each person put me at ease"

"I really loved everyone I met today, they were all angels. Frankly I was worried but with all the care I just forgot about it, thank you"

"care was v good and professional, everyone was caring and attentive. Very happy" "really lovely care by friendly staff"

"too far from where I live but I am happy that I could have the procedure"

"thank you for a very good experience, and that all my medical concerns were listened to which is so important as a patient"

"the location was a bit far for me but all very good. The staff were caring and looked after me so well"

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What have we achieved to date?

Orthopaedics

- Mutual aid from RFL sending ~100 hand and wrist referrals of patients that have not yet been seen to UCLH/Whittington Health
- Capacity alert to be implemented on foot and ankle services highlighting long waits given volume of patients +52 weeks
- Re-direction of some of hip and knee referrals that have not yet been seen to other providers in the sector
- Implement capacity alert highlighting long wait times for RFL shoulder and elbow service
- Capacity alert placed on RFL paediatric service directing patients towards RNOH
- Opening of the new Grafton Way Building as a green elective site with more orthopaedic capacity

Ear, Nose Throat

- **Insourcing**: RFL and WH started July (>150 per week); UCLH to start September; review fortnightly via ops sub group
- **Outsourcing:** Oral Surgery to Wellington allows ENT parallel lists in GWB; General ENT @ Wellington too
- **Staffing**: Four new staff at RFL; UCLH recruiting a further 4 Consultants and 4 ENT Doctors (ERF); staff to be flexed across NCL, and utilise sessions @ Wellington
- **Mutual Aid:** GOSH to support Paediatric patients
- **Community & Primary Care**: tele-otology up and running in Enfield; RFL to work with Barnet (Oct/Nov start); other boroughs to follow
- **Triaging:** RFL working with Islington GP federation on establishing a local service to review >1000 ENT referrals

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What have we achieved to date?

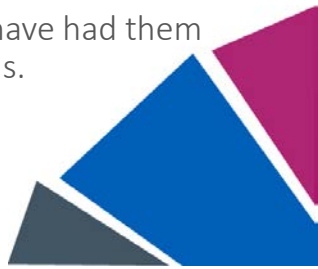
Community Diagnostic Centres

Additional diagnostic capacity has been established at Finchley Memorial Hospital, hosted by Royal Free London, as one of London's flagship Community Diagnostic Centres. Additional facilities are also planned at Wood Green Shopping Centre, hosted by Whittington Health NHS Trust, and due to open in Spring 2022.

The new centres will be available for all residents in north central London, and aim to:

- contribute to improvements in population health outcomes
- increase overall diagnostic capacity
- improve productivity and efficiency, whilst helping to relieve pressure on outpatient referrals and attendances at acute hospitals
- contribute to reducing health inequalities
- support easier access closer to home for residents and a better, more personalised patient experience
- support integration of care across primary, community and secondary care

For some patients this may mean diagnostic tests may be delivered in different places to where they may have had them before. Where this is the case we will ensure that invite letters contain clear information and contact details.



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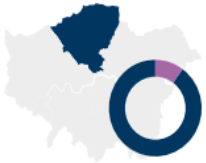
North Central London's Accelerated Elective Recovery Programme

Learning summary, October 2021

Background

In early 2021, North Central London (NCL) Integrated Care System (ICS) was appointed as one of the national Accelerator Systems for elective recovery, which aims to address the backlog of patients on the waitlist as a result of services closed or reduced in the early waves of the COVID-19 pandemic.



In May 2021 there were 211,756 patients waiting for elective care in NCL.

20,259 had waited more than 52 weeks.

The ICS set an ambitious trajectory to increase capacity 110% of baseline delivery by the end of July 2021, through the delivery of 5 interventions:

1. **Extended hours**
2. **Outsourcing within the NHS**
3. **Use of the Independent Sector**
4. **Demand management capabilities**
5. **One system Patient Tracking List (PTL)**

UCLPartners worked as a learning partner to the NCL team, adopting a learning health system methodology. Activities included:

Site visits | **Interviews** | **Data analysis**

UCLPartners

Findings

Patient perspectives

Reflections on the impact of the programme on patient experience.

- Efforts were made to support patients to make **informed decisions** around their treatment options, such as alternative treatment centres, independent sector, or delaying care
- There was **hesitancy to change** hospital provider once patients were on the secondary care pathway
- **Continuity of care** is an important consideration

Staff perspectives

Reflections on staff experience, the benefits and challenges of new ways of working.

- Aligning around a **common goal** created commitment
- Staff exhaustion is highly prevalent in certain staff groups, managers are attempting to **prioritise staff wellbeing**
- There was increased **burden on administrative staff**

New ways of working

Reflections on processes and pathways put in place or adapted to support the programme.

- **Collaboration within and between organisations**
- The **complexity of cases and patient choice** impacted the utilisation of the independent sector
- The **tight timescale** of the programme added pressure to the system and staff

Recommendations

- **Continuity of care** – Consider the wider impact on patients of moving between providers on pathway of care
- **Communications strategy** – Increase the consistency of communication content and channels used
- **Embed patient feedback** – Collect more data on patient experience, directly from patients and their families, through multiple channels
- **Staff wellbeing** – How to address sustainability and **burn out concerns**, informed by embedded insights from staff and job plan review
- **Administrative support** – Potential solutions highlighted include: a centralised administration team within the ICS, digital solutions to streamline processes, development of common tools and approaches
- **Communications strategy** – To widen awareness of the programme, increase engagement and levels of buy in for the different interventions
- **Whole system response** – Ensure organisations are willing and able to ask for help, automate thresholds at which demand smoothing or mutual aid will be required and actioned
- **Best use of data** – Develop a clear plan for different stakeholders' use of the data (PTL) platform, use whole system metrics to reinforce common goals
- **Service consolidation** – Identify opportunities for service consolidation where centralising on one site can bring operational and outcomes benefit
- **Independent Sector utilisation** – Understand where they can have greatest value

Wider Refelections

How should the programme best mitigate widening **inequalities** of access and in post referral management?

Implementation within the context of the **whole pathway** – What impact does increasing capacity have on follow ups, rehabilitation and follow on care?

Produced in collaboration with: North London Partners • Great Ormond Street Hospital for Children NHS Foundation Trust • Highgate Hospital • Moorfields eye Hospital NHS Foundation Trust • North Middlesex University Hospital NHS Trust • Royal Free London NHS Foundation Trust • Royal National Orthopaedic Hospital NHS Trust University College London Hospitals NHS Foundation Trust • Whittington Health NHS Trust. • UCLPartners

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Findings - internal audit on recovery, Nov 21

Positive Controls were found in:

- NHSE Planning Guidance alignment
- Setting out a Spring Elective Recovery Plan
- Process for clinical prioritisation of waits
- Process for clinical harm reviews
- Ensuring Equality as part of Waiting Lists
- Oversight and Assurance of Waiting Lists
- Undertaking Provider waiting list validations
- Transformation to services and implementing long-term change
- Implementing good practice

Two management actions were recommended:

- A comms and engagement plan will be developed to manage the anxiety of patients on the elective waiting list who may convert into urgent care attendances and communicate progress to wider stakeholders.
- The CCG will increase awareness of the HealtheIntent system and promote the system capabilities across NCL to help with data sharing.

In response NCL has set plans bi-weekly meetings have been initiated with NCL communication leads to develop and communicate key messages on elective recovery. The CCG is starting to publish waiting time data on the GP Website to support GPs with their referral discussions with patients. An NCL Accelerator bid is developing real time data on elective waiting times on a public facing website to manage expectations and help with comms and engagement.