Briefing Paper: Elective Recovery Plan

Key documents
NHS England Delivery Plan for Tackling the COVID-19 Backlog of Care – original document

Related documents
NHS England & NHS Improvement 2022/23 priorities and operational planning guidance - link

Neurological Alliance Briefing Paper: 2022/23 priorities and operational planning guidance - link

Introduction
The Delivery Plan for Tackling the COVID-19 Backlog of Care (referred to going forward as 'the plan') sets out how the NHS in England intends to tackle the backlog of elective care that has been compounded by the COVID-19 pandemic. The plan includes targets, ambitions and approaches to reduce and ultimately eliminate waits of over 1 year for NHS appointments. It also includes guidance for local health systems around improving communication with and support for people while they are waiting.

The numbers highlighted below and throughout this briefing represent people, including with suspected or diagnosed neurological conditions. The impacts of prolonged waits for appointments, procedures and care are often significant and can include further deterioration of progressive conditions or delays to a much-needed diagnosis.

When announcing the plan in the House of Commons, the Health Secretary Sajid Javid noted that even with the plan waiting lists would not start falling for two years with six million people currently on a waiting list and up to a further ten million people who have not come forward for care during the pandemic[1].

Neurosurgery is explicitly referenced twice (p.10 & p.22) in relation to those waiting having complex and urgent needs and subsequently requiring prioritisation for additional NHS capacity released through approaches set out in the plan. There is also a welcome albeit concerning acknowledgement of the inequalities of waiting times, with people living in the most deprived areas being 1.8 times more likely to wait over a year than someone living in the least deprived areas[2].

Relevant data
NHS England Consultant-led Referral to Treatment Waiting Times (RTT) Waiting Times Data (source), December 2021:

No. of people waiting…	Neurology	Neurosurgery
For an appointment	174,243	51,195
More than a year for an appointment	3,485 (2%)	3,583 (7%)

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[1] Estimated using the drop in referrals compared to non-pandemic data
[2] https://www.kingsfund.org.uk/blog/2021/09/elective-backlog-deprivation-waiting-times

Office for Health improvement and Disparities, NHS Outpatient Appointments in Neurology data by region, July 2021 compared to 2019 baseline (source):

Access to specialist neurology services: percentage change in outpatient appointments by region for 2021 compared to 2019 baseline

% from 2019 baseline for neurology consultant outpatient appointments (aged 20 years and over)
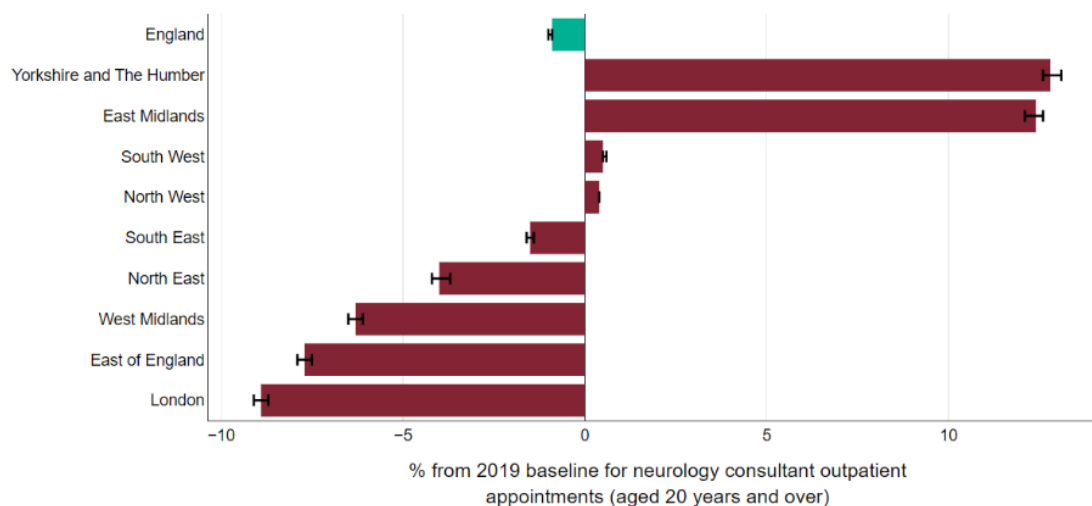
Key waiting times targets

The following ambitions are set out on page 25 of the plan and should be delivered within the time frame set out for everyone in England, except for those who chose to wait longer:

- Eliminate waits of over two years by July 2022
- Eliminate waits of over 18 months by April 2023
- Eliminate waits of over one year, except for specific specialties, by March 2025

Briefing

Increasing capacity – the plan sets a goal to deliver around 30% more elective activity by 2024/25 compared to pre-pandemic levels through:

A. Growing and supporting the workforce (p.15-16)
- The plan acknowledges the impact of the pandemic on the health workforce and references recruitment, retention, staff wellbeing and digital solutions as key levers
- It highlights plans to merge Health Education England (HEE) with NHS England & NHS Improvement, as per the Health and Care Bill, to better coordinate workforce planning
- Posits targeted action to address workforce gaps in priority pathways, specialities and roles with a focus on addressing elective backlogs and permanently increasing the workforce
- Speed up introduction of new roles including anaesthetic associates and first contact practitioners, and expanding advanced clinical practitioners
- On wellbeing the plan highlights support for staff mental health and wellbeing including 40 mental health hubs & support for systems to develop bespoke health and wellbeing offers

B. Using digital technology and advanced data systems to free up capacity (p.18-19)
- Focus on expanding the use of 'virtual wards' through the Supporting People at Home programme
- Investment in digital technology to reduce the time health care professionals spend on paperwork

C. Safely adapting the infection prevention and control (IPC) measures (p.20)
- Working with the UK Health Security Agency (UKHSA) to review and adjust IPC measures as appropriate
- Big focus on separation of emergency and planned care sites with a focus on enabling planned care sites to implement pre-testing requirements, keeping them COVID-free

D. Making effective use of independent sector capacity
- Elective Care Boards will be established within Integrated Care Systems (ICSs) with a remit to bring together local providers including the independent sector
- Expansion of existing patient "right to choice" including around first outpatient appointments and choice of provider if people are waiting for too long
- Joint reviews of demand of services to support clinically appropriate transfer of high volume low complexity conditions and some cancer pathways and diagnostics to the independent sector
- **The additional NHS capacity it is hoped will be freed up through the point above will be used to delivery more complex procedures including neurosurgery**
- Systems encouraged to draw up a joint approach to workforce with the independent sector

Prioritising treatment – the plan draws on the prioritisation of treatment according to clinical urgency and approaches to reduce the longest waits including by:

E. Clinical prioritisation to make sure patients are seen in order of clinical need
- Review of national and local policies around waiting list management
- Ask of systems to analyse waiting lists by relevant characteristics (age, deprivation, ethnicity) and by speciality to better understand local variations and develop action plans
- Development of a National Health Inequalities Improvement Dashboard including a public facing version included in the next development phase
- Framework and guidance for reviewing outpatient waiting lists being developed including looking at potentially prioritising access to children and young people in light of developmental impacts

F. Managing long waits and targeting support to reduce those waiting
- Key waiting time targets set out above:
    - I. Eliminate waits of over two years by July 2022
    - II. Eliminate waits of over 18 months by April 2023
    - III. Eliminate waits of over one year, except for specific specialties, by March 2025

- Engaging with those who are waiting to ensure planned care remains the best option with a focus on those waiting for interventions identified as of lower clinical value to patients
- New national network for long waiters including an offer of treatment alternatives using wider NHS or NHS-funded independent sector capacity
- Providing a support package, including travel and accommodation where necessary, to those who chose appointments away from local hospitals
- Specific targeted local support to areas with specific challenges in reducing waits of two years or more
- Design and implement an extension of legal "rights to choice" by March 2022
- Three-monthly reviews for those waiting more than 18 months (as per 2022/23 Operational Planning Guidance)

G. Increasing the number of cancer referrals

Transforming elective care – the plan focusses on rethinking elective care with a focus on outcomes and experience including investing in the physical separation of routine and urgent/ emergency care services, where possible.

H. Expanding community diagnostic centres
- Commitment to invest in over 160 community diagnostic centres (CDCs) and digitally enabled diagnostic networks
- 40 CDCs announced Oct 2021. 66 CDCs by end of 2021/22 and at least 100 CDCs over the next three-years
- As per the plan: "CDCs deliver a range of core diagnostic services across imaging, physiological measurement, pathology and, in larger CDCs, endoscopy services." (p.32)

I. Increasing surgical capacity through surgical hubs
- The plan notes separating out low complexity surgical pathways through additional surgical hubs, with a focus on outcomes and reducing pressure on hospitals

J. Improving patient pathways
- Development of new pathway improvement programme focussing on most common types of care including eye care, cardiac, MSK services
- Using surgical hubs to reduce the numbers of appointments needed through offering multiple tests at one appointment
- The plan commits to standardising ways of delivering care and adopting best practice to reduce unwarranted variation

K. Improving access to specialist advice
- Encouraging referring clinicians (normally GPs) to access specialist advice and guidance before or instead of referring
- **Support for access to specialist advice and guidance in primary care will be expanded by engagement and support to primary care networks including £10 million through Investment and Impact Fund**

L. Personalising outpatient care

- The plan looks to roll out existing tools further and faster including:
- Flexible follow-ups (also called patient-initiated follow up, PIFU) – the plan presents digital tools to support access to relevant clinical teams (phone, video, messaging) to trigger outpatient appointments. Ambition for this to include access to booking and clinical comms through the NHS App in the future. The plan notes the need for telephone support/ self-referral for those without digital access.
- Effective discharge - ensuring all follow up appointments provide value for patients and do not cause increased demand for GP concerns because of unaddressed concerns
- Improving admin processes – making sure clinicians have access to necessary information prior to outpatient appointments to reduce postponements or unnecessary follow-ups

Better information and support for patients – the plan aims to improve support available to patients when waiting for and recovering after treatment. This includes guidance for acute providers to deliver person-centred communications.

The plan also acknowledges the importance of signposting to trusted voluntary sector organisations in supporting people with a diagnosis and accessing relevant information and support. Other approaches set out in the plan include:

M. Targeted support information for patients, including through My Planned Care Platform
- Acknowledges the need to provide information on waiting times and expectations to address uncertainty and anxiety of those waiting
- Posits the use of data and digital to deliver linked interventions – through My Planned Care Platform in the short term and exploring long-term solutions including NHS App
- Announcement of **My Planned Care Platform** – a web-based platform for patients and carers to access basic and general info on their elective wait
- Ambition for this platform to help people better understand their expected wait and for clinicians can link to appropriate personalised support along with sharing provider/ speciality level waiting time info with patients
- Expected to go live in February 2022 with updates from Spring 2022 and an ambition to deliver through the NHS App in the future
- Important role for NHS Trusts and primary care to support and provide similar info for those without digital access
- Providers to adopt two stage shared decision making aligning with recommendations from the Paterson Inquiry
- Development of guidance for local health systems to provide personalised and targeted support with managing symptoms, preventing deterioration, and recovering effectively
- **The plan sets of the need to better measure patient experience – the success of the plan depends on patient experience of waiting, diagnosis, treatment, and care, amongst other things**
- Commitment to work with patient charities and others to:
    - I.   Develop better patient experience measures
    - II.   Use technology to gather and respond to patient feedback more effectively
    - III. Get a better understanding of the experience of those waiting more than six months

N. Supporting patients to prepare for surgery
- The plan notes that one third of on-the-day cancellations due to clinical reasons & those with lower fitness or struggle to control their long-term condition are at increased risk of complications and longer hospital stays post-surgery. Focus on identifying and treating potentially modifiable risk factors early on
- Commits to establishing Perioperative Care Co-ordination teams by April 2023 focussed on assessing patient needs and proactively informing pre and post operative care and risk factors. Regularly contacting those on waiting lists to collect info and update on likely remaining wait.
- Ambition for these teams will develop personalised preparation plans with patients and can refer for specialist secondary care input and community support
- Strengthen perioperative pathways including improved data sharing and digital tools

Delivering the plan (p.46 – 47)

Clear accountability for delivery – Integrated Care Systems (ICSs) will have plans for their local populations and for what is needed to recover elective services, agreed and delivered with providers. Regional and national teams will monitor delivery and intervene if improvements are needed.

Co-ordinated interactions between national, regional and local teams - the plan highlights clear communication from frontline clinical teams is crucial for delivering the plan. Posits support from shared understanding of performance, data-driven approaches and progress.

Support to share and scale best practice – focus on driving and sharing innovations into systems with most significant challenges.

Reducing inequality in recovery and monitoring – notes **the need for a "fair recovery".** Specific focus on improving equity of access, experience and outcomes for the most deprived 20% of population and five clinical areas in NHS Core20PLUS5 approach.

Collaboration to improve access and reduce waiting times – the plan focusses on enabling staff to work across multiple providers, rolling out diagnostic and surgical hubs and partnerships with the independent sector on this front.

Clarity around what success looks like and payments to incentivise performance and value for money – update and refresh ongoing assessments of progress in light of 'missing referrals' data, emerging best practice and ICS autonomy. **Funding will be allocated to local areas to support recovery with payment mechanism details set out in local system planning guidance. Notes involving people and communities in the delivery of the plan and keeping people updated.**

Alliance thoughts
The plan is a welcome acknowledgement of the scale of the challenge facing the health system as it tries to recover from the compounding impact of the pandemic on waiting lists and waiting times. It's important to remember that there were significant challenges with timely access to services and support for people with neurological conditions even before COVID-19.

Explicit reference to neurosurgery as a priority area for the NHS including utilising freed up NHS capacity generated by proposals in the plan are very welcome but are also an indictment of the serious challenges facing the speciality and those waiting for surgical interventions.

A focus on a "fair recovery" is also vital and the Alliance will explore how best we can support these efforts, including using data from our recent patient experience survey in relation to inequalities and the broader commitment to improving the capture and monitoring of patient experience during elective recovery.

However, it is hard to escape the fact that waiting lists are likely to continue tot rise over the next two years and there is only an "ambition" to eliminate waits of over a year by 2025, after the next election. There is also a glaring omission from the warm words around workforce in the lack of a comprehensive workforce strategy for neuroscience, the importance of which is made explicitly clear in the plan and this briefing.

What next?

Moving forwards, we will continue to make the case for much needed improvements in care and support for people with neurological conditions and specifically for those who continue to face unacceptable waits including:

- We will engage with the health system and others to better understand how people with neurological conditions could be better supported through specific proposals including CDCs as well as the broader delivery of the plan
- We will continue to input to the Outpatient Transformation Programme to ensure that efforts to transform outpatient services work for people with neurological conditions
- We will urge the neuroscience Clinical Reference Group (CRG) to discuss the plan, and consider its role in advising on waiting list prioritisation guidance and supporting wider delivery
- We will urge Integrated Care Systems (ICSs) to set out their recovery plans for neuroscience, in light of the prioritisation of neurology and neurosurgery as part of Operational Planning Guidance and the elective recovery plan
- We will analyse data from the Alliances national patient experience survey, 'My Neuro Survey', to better understand which groups of people with or suspected neurological conditions are waiting longer and where
- We will make the case NHSE/I to ensure neuroscience receives its fair share of funding to address the elective backlog and to build resilience for the future