



Ambition 7: Elective Recovery & Improvement

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"The aim is to work together to improve access and quality of elective care for the people of Norfolk and Waveney with a focus on addressing inequalities"



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Our objectives

- a) Effectively utilise capacity across all health system partners
- b) Implement digital technology to enable elective recovery

What would you like to see in our five-year plan for health and care services?

What matters to you most?

Recent JFP consultation feedback: "Reduced waiting times for urgent surgery for things that are not necessarily life threatening, but which have a massively detrimental effect on our ability to hold down a job, function at a basic level, and live independently without the need to constantly rely on people for support"

Why we chose these objectives

Our patients and communities identified this as their main concern whilst we carried out engagement on the Norfolk and Waveney ICS Clinical strategy - reducing long waiting times and improving access through elective recovery was very important to them. To improve patient safety, outcomes, experience and improve the welfare of our population it is imperative that across Norfolk and Waveney we reduce long waits for elective (planned) care, cancer backlogs, and reduce our waiting times for those needing diagnostic tests. This is likely to also reduce demand on our Urgent and Emergency Care system. These are also national ambitions. We recognise that fully recovering elective activity is a longer-term piece of work.

There are increasing numbers of new cancer cases being diagnosed and we know that early diagnosis is key to saving lives so it is essential that we continue to ensure patients can be offered alternative locations for their care and are seen in the right place, at the right time, by the right person.

This will mean that complex health care is seen and treated at an acute hospital whilst less complex but potentially 'life limiting' health concerns may be treated elsewhere. This links to and aligns with the work we are doing around the way people are referred for diagnostic testing and/or treatment in the community or via the local GP.

Objective 7a Effectively utilise capacity across all health system partners

What are we going to do?

We will identify and utilise all available capacity to ensure residents access the right service, at the right time in the most convenient and suitable location. Through working in partnership, we will identify whole system transformational opportunities to reduce waiting times, deliver care in more convenient locations and provide a more patient centric service.

We will continue to reduce health inequalities in access, outcomes, and experience for our population and ensure this is supported by a strong workforce, digital capabilities and is co-produced with all partners including the residents and patients.

We will

- Deliver more diagnostic care.
- Deliver more elective care.
- Increase day case elective procedures.
- Reduce cancer backlogs.
- Reduce unnecessary outpatient follow up appointments.

How are we going to do it?

We will deliver more diagnostic care

Norfolk and Waveney have received confirmation of national investment to proceed with building four new Community Diagnostic Centres.

- We will be investing in state-of-the-art diagnostic equipment across our geography, three new diagnostic centres on the acute hospital sites and one in a community setting in east Norfolk to offer a suite of multiple diagnostic tests in 'one stop' closer to where you live.
- Streamlined access for Primary Care colleagues to enable direct access to diagnostic tests and clinical guidance across the health services to meet the needs of the individual.
- Tackle health inequalities by creating better access to diagnostic testing in our deprived areas.
- We will identify the workforce requirements needed to run diagnostic services effectively.

- We will optimise what we do and share best practice to standardise procedures, processes and pathways to increase productivity, efficiencies and clinical quality.

Norfolk and Waveney have also received confirmation of regional investment for a project that aims to minimise the number of patients that do not attend their diagnostic appointments through the use of volunteers.

- We will alleviate anxiety and concerns of patients through volunteers calling patients prior to their appointments.
- We will identify barriers that may be causing patients to not attend appointments.
- We will be reminding patients of their individual appointment requirements such as dietary preparation.

We will deliver more elective care

- 'Mutual Aid' (whereby patients are asked if they would be happy to be treated at any of the three acute hospital trusts in Norfolk and Waveney if their treatment can be completed sooner).
- We will build additional theatre capacity at our acute hospital sites. (called Elective hubs)
- We will more readily share best practice between the acute trusts thereby appropriately increasing standardisation of procedures, pathways and support functions.
- This will increase productivity where patients need to be treated in a hospital theatre and contribute to increased planned care treatments in Hospital Outpatient clinical areas, GP practices and Community care settings.

Increasing rates of 'day case' elective procedures

- We will use national best practice initiatives such as High-Volume Low Complexity (HVLC) and Get it Right First Time (GIRFT) to ensure that where appropriate Norfolk and Waveney residents are able to fully benefit from 'Day Case Care' for planned care procedures.
- We can release more beds and prevent cancellations of planned care procedures which need overnight stay(s) in hospital.

Reducing cancer backlogs

- We will use evidence and audit to co-produce pathways with primary and secondary care, standardising pathways and ensuring appropriate safety netting where possible.
- Continue to embed system-wide nationally defined Best Practice Timed Pathways (BPTP) for cancer, and vague symptoms pathways to improve efficiency, diagnosis, and patient experience
- This work will include risk stratification (for the prostate cancer pathway), completing local implementation of teledermatology, agreeing and implementing more consistent approaches to the management of iron deficiency anaemia, improving the management of breast pain and the management of women with post-menopausal bleeding who are on HRT. Provide additional workforce capacity to support clearance of the waiting lists.
- Ongoing work to raise awareness and provide training to support the national cancer guidance within primary care to reduce the variation in quality of referrals from GP's.

Reducing unnecessary outpatient follow up appointments

- One of key approaches is called PIFU (Patient Initiated Follow Ups) to prevent clinically unnecessary appointments and to ensure that any appointment is booked by the patient at a date, time and location which is convenient to them.
- Clinicians will discuss with patients what and when is expected after their treatment or surgery and, unless recovery is different compared to what is expected, the patient will not attend an Outpatient Follow Up appointment.
- We will ensure there are opportunities for the patient to request (or initiate) a Follow Up appointment if they are unhappy or worried in anyway and details how to do this will be given to patients.
- Patients will notice they have more involvement and/or choice of whether to have Follow Up appointments. This will save patients time and transport costs, whilst at the same time releasing clinician time to other priority areas.

How are we going to afford to do this?

National capital funding (TIF) has been requested through the development of local plans and business cases to support Elective Hubs, Community Diagnostic Centres and Diagnostic Access Centres. All programmes have identified capital in order to be able to build these sites and associated services.

What are the key dates for delivery?

Year 1 April 2024 – March 2025

- Mutual Aid for N&W ICS diagnostics services to be rolled out.
- Continue to embed Patient Initiated Follow-Up's (PIFU) across the system to give patients and their carers the flexibility to arrange their follow-up appointments as and when they need them.
- Norfolk and Norwich University Hospital Orthopaedic Centre (NANOC 1) due for completion – Summer 2024.
- James Paget University Hospital Elective Hub building work due for completion – Summer 2024.
- Two new Community Diagnostic Centres in East Norfolk opened.
- One new Community Diagnostic Centre in West Norfolk opened.
- Develop a system approach to support the transition from transformation to the sustainable delivery of nationally defined best practice cancer pathways.
- Develop career pathways for non-medical oncology workforce to support recruitment and retention.
- Three sites commence a pilot of volunteers to increase diagnostic appointment attendance, improve patient outcomes and reduce pressure on elective services.

Year 2 April 2025 - March 2026

- Full year capacity utilisation of Elective Hub and Orthopaedic Centre
- NNUH Orthopaedic Centre (NANOC 2) due to complete Autumn 2025.
- Move of non-acute activity to primary care following improvements to primary care estate.
- A further Community Diagnostic Centre in central Norfolk opened.

Year 3 April 2026 – March 2027

Expand collaborative working with Public Health, social care and VCSE partners. A further Community Diagnostic Centre opened in central Norfolk.

Years 4 and 5 Apr 2027 – March 2029

We will review the benefits and explore further opportunities to enhance Elective Recovery & improvement, including our digital technology which will inform our strategic direction for years 4 and 5.

How will we know we are achieving our objective?

Waiting time will reduce for patients:

Elective

- Eliminate waits of over 65 weeks for planned care treatment as soon as possible and by September 2024 at the latest except where patients choose to wait longer or in specific specialities

Diagnostics

- Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

Cancer

- Improve performance against the headline 62-day standard to 70% by March 2025
- Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025

Objective 7b Implement digital technology to enable elective recovery

What are we going to do?

We will implement digital technology and initiatives to support our ambition for elective recovery and improvement.

Digital is a key enabler for improvements in health and care in Norfolk and Waveney and our ICS Digital Strategy sets out clear priorities for improvement. A single waiting list for all three hospitals is stated within our Digital Transformation Strategic Plan and Roadmap as a priority.

- **Peri-operative care** - Digital initiatives will be rolled out in peri-operative care which will allow patients to complete important personal health and lifestyle questionnaires online to streamline the process.
- This will help ensure patients are 'fit and ready' for their planned care/ treatment which will reduce cancellations, reduce length of stay and improve recovery.
- We can identify and support patients to "wait well" and prioritise patients at risk of potential harm while waiting.
- We will ensure non-digital options will also be available for those who do not have access to, or cannot use, IT and those who prefer not to.
- **Single Waiting List** - We will have one waiting list across our three hospitals to ensure patients waiting for treatment at any of our hospitals will receive the same levels of access to care (i.e. waiting times for treatment) and we will proactively offer patients an alternative location to receive their treatment if they could be seen more quickly.
- We want to ensure everyone on the waiting list has 'equity of access' This is important as we have pledged to work to actively reduce health inequalities in Norfolk and Waveney.

How are we going to do it?

- Online Peri-operative care is being tested in Trauma and Orthopaedics first as this is a speciality which has large numbers of patients waiting for treatment.
- The next phase of testing will be specialities such as Ear, Nose and Throat and Gynaecology as these also have large waiting lists.
- The intention is roll out across all specialities in two of the three hospitals by March 2025. The final hospital intends to roll out online Peri-operative across its specialities by March 2026.
- To implement the single waiting list, a new way of working is currently being trialled in specific areas of care such as Trauma and Orthopaedic and Cancer to test that real benefit can be seen. It is anticipated the testing stage should be completed before the autumn of 2024.
- Next, we will expand the testing to other areas of care such as Ophthalmology, Vascular and Endoscopy, it is anticipated this will be completed by the autumn of 2024.
- This will enable us to actively manage our single patient waiting list to support patients to 'wait well' and identify and manage those at greater risk of harm.

How are we going to afford to do this?

We have purchased the software and hardware necessary for Peri-Operative Care. Future costs have been identified and agreed as part of approving the Peri-Operative Care business case.

What are the key dates for delivery?

- **Year 1 April 2024 – March 2025**
 - Online Peri-Operative Care implemented with key specialities across the system.
 - Single waiting list testing phase for Trauma and Orthopaedic, Cancer, Ophthalmology, Vascular and Endoscopy complete.
- **Year 2 April 2025 – March 2026**
 - All patients at the point of referral to have the choice of the waiting list management to be predicated on the place of care or the timeliness of their care.
- **Year 3 April 2025 – March 2026**

Increased levels of data quality assurance routinely seen across all three hospitals waiting lists.
- **Year 4 and 5 April 2026 – March 2028**

Throughout the phases of this objective, we will review the benefits and explore further opportunities to enhance our digital technology will inform our strategic direction for years 4 and 5.

How will we know we are achieving our objective?

We will measure

- how many patients have been offered mutual aid
- how many patients chose a different hospital
- how many chose to wait at their preferred treatment location.

Case Study

Shared Care Record sets to transform care in Norfolk and Waveney

The Shared Care Record is a way of bringing together the most important records from the different organisations involved in the health and care of our people and communities in Norfolk and Waveney.

These records are then visible to frontline health and social care professionals, at the point of care, in a read-only view. Our aim is to help our frontline health and care services by providing important information about you and your care, from your interactions with the following professional care services:

- GP
- NHS 111/out of hours service
- community services
- emergency department
- outpatient appointment
- hospital stays
- maternity service
- mental health practitioner or care practitioners

Patients' information will only be made available when needed at the point of care and will only be used by staff members with a legitimate basis to do so. The Norfolk and Waveney Shared Care Record helps meet this aim by reducing the time needed to learn about important health and care information, particularly in a time sensitive situation.

This can be particularly helpful when patients, their families and carers may not be able to answer specific health and care questions.

