



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 narrow 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 developed plans and business cases for multiple Community Diagnostic Centres (CDCs) and are waiting for confirmation of national investment to proceed.

- Our plan is to invest in state-of-the-art diagnostic equipment across our geography, new diagnostic centres at acute hospital sites and in the community setting 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 optimise what we do and share best practice to standardise procedures, processes and pathways to increase productivity, efficiencies and clinical quality.

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. (i.e. 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

- We will build on our current projects using PHM approaches to identify people who are at a higher risk of cancer, and those with inequitable access to cancer services, so we can apply these methodologies to cancer backlogs in the future. This will form part of the development of our ICS PHM strategy.
- Provide additional workforce capacity to support clearance of the waiting list
- Ongoing work to raise awareness of cancer guidance within primary care to reduce the variation in quality of referrals

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 post intervention and, unless recovery is different from the discussed recovery pathway, 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. We await final funding decisions before we can move forward with these initiatives.

What are the key dates for delivery?

Year 1 April 2023 – March 2024

- Mutual Aid rolled out across specific specialties and patient groups.
- PIFU rolled out across specific specialties.
- Norfolk and Norwich Orthopaedic Centre opened
- James Paget Hospital Elective Surgery Hub opened
- There will be additional diagnostic capacity across Norfolk and Waveney (national funding dependent)
- Continue to support Primary Care in the delivery of the Earlier Cancer Diagnosis PCN DES
- Continue to support the hospitals to implement the Best Practice Timed Pathways for Cancer
- Implementation of a clinical decision support tool for cancer in primary care
- Share the learning from improving access to cancer services for people living with learning difficulties project

Year 2 April 2024 - March 2025

- Mutual Aid rolled out across all specialties and all patient groups.
- Patient Initiated Follow Ups rolled out across all specialties.
- Norfolk and Norwich hospital Elective Hub opened
- A further increase in diagnostic capacity across Norfolk and Waveney (national funding dependent)
- Develop an approach to fixed term posts funded through cancer transformation funding to improve sustainability
- Develop career pathways for cancer nursing and therapeutic radiography to support recruitment and retention

Year 3 April 2025 – March 2026

Expand collaborative working with Public Health, social care and VCSE partners.

Years 4 and 5 Apr 2026 – March 2028

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

- Patients will not wait any longer than 65 weeks for their planned care treatment by March 2024 and 52 weeks by March 2025.

Diagnostics

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

Cancer

- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days.
- Continue to reduce the number of patients waiting over 62 days.
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.

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 2024. The final hospital intends to roll out online Peri-operative across its specialities by March 2025.
- To implement the single waiting list, a new piece of IT Software has been purchased and is currently being implemented in specific areas of care such as Trauma and Orthopaedic and Cancer to test that it is working properly. It is anticipated the testing stage should be completed before the summer of 2023.
- 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 2023.
- Our intention is for all three hospital trusts to be using the single waiting list by March 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 both the Peri-Operative Care and single waiting list initiatives. Future costs have been identified and agreed as part of approving the Peri-Operative Care business case.

With regards to the single waiting list there will be some costs associated with training although the 'Train the Trainer' model should keep costs to a minimum.

What are the key dates for delivery?

- **Year 1 April 2023 – March 2024**
 - Online Peri-Operative Care testing complete and rolled out in two of the three hospital trusts.
 - Single waiting list testing phase for Trauma and Orthopaedic, Cancer, Ophthalmology, Vascular and Endoscopy complete.
 - Single waiting list in operation at all three hospitals by March 2024 for selected specialities
- **Year 2 April 2024 – March 2025**
 - Online Peri-Operative Care implemented in all hospitals.
 - All hospitals using the single waiting list across all services.
 - 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.

