

We have been working together to consider what the requirements set out in the NHS Long Term Plan mean for our residents, staff and health and care partner organisations across north central London (NCL). We have a collective commitment to deliver changes that will improve the health and wellbeing of residents and have listened to what residents told us is important to them.

We have developed a draft NCL delivery plan for the section in the NHS Long Term Plan on shorter waits for planned care and are now seeking the engagement and involvement of all local partners, stakeholder and residents to refine and finesse these plans. Over the next two months, we will cross-reference, financially cost and finalise our plan for submission in November.

If you have any comments, queries or think we have missed important points please get in touch with Edmund Nkrumah ([edmund.nkrumah@nhs.net](mailto:edmund.nkrumah@nhs.net)).

### Shorter Waits for Planned Care

Waiting times for planned care services in NCL have remained largely unchanged and below national operational standards in the past year due to increasing demand coupled with a shortage of workforce, diagnostic capacity and hospital beds. Whilst STP interventions so far have prevented further deterioration in waiting times, the plans for 2019/20 and beyond focuses on waiting time recovery against the national standards on a sustainable basis.

	Standard	March 2018	March 2019	June 2019
RTT Performance*	92%	88.9%	90.8%	85.5%
RTT PTL*	109,775	109,775	114,288	131,309
RTT 52 Week Waiters*	0	45	10	26
Diagnostic Waits	99%	99.1%	98.6%	94.7%
Cancer Waits	85%	81.6%	73.9%	75.2%

\*excludes RFL due to non-reporting following the identification of data quality issues. The STP is working closely with the Trust and regulators through the Royal Free London RTT Steering Group to oversee the work programme aimed at addressing the issues on a sustainable basis and return to national reporting in early 2020/21. The steering group is underpinned by work streams focusing on clinical harm, data validation, training and data analytics.

Some of the recent successful interventions to stem demand include the implementation of clinical advice and guidance, FIT for symptomatic patients and straight to test pathways. NCL providers have participated in diagnostic capacity optimisation programmes to increase efficiency. Further work will be undertaken to fully embed these initiatives across the sector.

The STP continues to embed systems and process to reduce DNA rates, manage consultant to consultant referrals, and engage with primary care to reduce unwarranted variation in referral rates and increase the level of compliance with established pathways through routine audits and use of benchmarking tools.

Drawing on local and global examples of best practice and building on the evidence, we are redesigning end-to-end pathways with local clinicians and patients, responding to local needs and opportunities.

We are working closely with, UEC, Digital, Workforce, Productivity, Prevention and Health and Care Closer to Home programmes to ensure that, together, we support end to end strategies for the entire population. As a system we will work to collectively achieve the goal of reducing face to face outpatient appointments by 30% over the next 5 years as outlined in the NHS Long Term Plan through transformation, clinical pathway redesign and demand management.

## **Outpatient Transformation**

The aim of the programme is to ensure that patients are seen in the right place, at the right time, by the right healthcare professional, saving patients' time and ensuring clinical time is used effectively. The initiatives will contribute to reducing current face to face outpatient appointments by 30% in 5 years, assuming a mix of models of care that prevent or redirect unnecessary referrals or use a different mix of resources to provide care, thereby releasing capacity and resources to improve waiting times.

The initiatives will include;

- Group outpatient consultations
- Patient Initiated Follow-Up appointments (PIFU)
- Stratification of follow-up appointments into primary care and self-management
- Video consultations
- SMART outpatients (remote monitoring / telehealth)
- Virtual review (patient not always present)

This builds on a range of system level initiatives already underway.

Through participation in a NHS Digital initiative NCL Providers are piloting the use of the Attend Anywhere platform from NHS24 to introduce video consultations. This is expected to go live in 2019 in a range of specialities across the system. Experience from Scotland with support measuring impact on outpatients including engagement with patients and clinicians.

NCL has partnered with Somerset CCG to support the launch of PIFU in 2019. This CCG has the largest established PIFU programme in the NHS. Since 2016, it has operated a PIFU programme across 18 specialities.

With support from NHSE/I, NCL has partnered with the national lead for group consultations to develop a pilot programme for the system. This is set to launch in 2019 in pain management services.

## **Clinical Pathway Redesign**

We will continue to use local activity, RightCare and GIRFT datasets to identify specialities within NCL that provide the greatest improvement opportunity and develop end-to-end pathways, across primary and secondary care, to reduce unwarranted variation, building on work already underway.

Standardisation of pathways is already established in the following specialty focussed workstreams:

- Dermatology, including tele-dermatology
- Neurology
- Urology
- Chronic Kidney Disease, including screening & preventative services in primary care

Each workstream has a design group comprising clinicians, commissioners, and service managers to develop standardised pathways across the system along with metrics to measure impact on capacity, quality and cost at a system and speciality level. A broad church of representatives supports this process including patients, public health, finance and contracting. Embedding new

standardised pathways in these four specialties has produced sustainable change within the system including reductions in GP referrals, first outpatient activity and follow up activity.

This has been an intensive learning experience for the system that has resulted in a NCL methodology. As a system we have received support from RightCare, GIRFT, National Elective Care Transformation team and NHSE/I as the work has been viewed as scalable and sustainable. Equally NCL has shared and referred development work with other systems.

Using this methodology NCL intends to expand the clinical pathway programme from 2019/20 and accelerate implementation based upon the experience gained from the current workstreams. New workstreams have already been established in MSK, gastroenterology, and ophthalmology, with respiratory and cardiology workstreams launching later in 2019. All four specialities are significant outliers in RightCare.

The RightCare and GIRFT data will also inform the STP's work programmes aimed at reducing variation across key service areas. Work is currently underway to ascertain the root cause of variations in elective admissions and lengths of stay for cancer patients to inform system level interventions to reduce variation.

A review of Adult Elective Orthopaedic Services across NCL is underway with the view to designing a new consolidated service in partnership with patients, public and clinicians that delivers world class elective orthopaedic services, reduce unwarranted variation and achieve the best outcomes for patients.

## **Demand Management**

This programme of work underpins the success of the other three priority areas for Planned Care by managing patients appropriately and effectively in a primary care setting to reduce the demand on secondary care services to provide faster access to diagnosis and treatment for patients. This will include:

### **Clinical Advice & Guidance**

- Maximising the use of Clinical Advice and Guidance to standardise decisions to refer to secondary care, target education and training of the GP workforce, promote self-care, and identify clinician behavioural change requirements
- Benefits realisation remains a challenge to measure correlation with referrals
- Utilising continuous audit with complementary GP education & training programme for sustainability
- Consider extending to
  - RMS platforms
  - All referrers, not just GPs
  - Consultant to consultant referrals
  - Compulsory use on certain pathways
  - Consider use within Providers (CAS model)

### **Diagnostics**

- Ensuring primary care clinicians order the right test at the right time to support patient treatment and management. The goal will be to efficiently manage testing through optimisation of digital ordering systems which allow all clinicians to see relevant test results and avoid duplication, and standardising tests by specialty based on evidence based practice.

- Focus on GP Direct Access Pathology: benefits realisation is a challenge
  - Implementation of standardised testing bundles in GP Practice commenced in 2018, this has been introduced in phases throughout 2019 and will reduce variation and unwarranted testing requests.
  - Requires continuous audit with complementary GP education & training programme for sustainability
- Opportunity to explore repatriation and associated savings with outsourced diagnostics

#### First Contact Practitioners

- Rolling out First Contact Practitioners to utilise secondary care clinicians in primary care settings to manage patients closer to home and prevent unwarranted referrals to secondary care.
- Building on the NCL experience from physiotherapy First Contact Practitioner pilots and the emerging evidence base; we will look at expanding the scope to include a range of Allied Healthcare Professionals e.g. Dietitians, Pharmacists, Specialist Nurses

#### **Evidence Based Interventions and Clinical Standards, formerly known as Procedures of Limited Clinical Effectiveness (PoLCE)**

The policy supports evidence-based commissioning of services which will result in system-wide efficiencies for reinvestment and reallocation. The programme is nearing completion and expected to transition to business as usual during 2019/20. The policy applies across the footprint to avoid variation.

#### **Operational Delivery and Waiting List Management**

The NCL RTT Delivery Group as established in 2018/19 will continue to support delivery of the national operating plan requirement to ensure waiting lists (patient tracking lists) targets are achieved on a sustainable basis by identifying opportunities for mutual aid across providers, including the use of capacity alerts, repatriation opportunities where capacity exists (e.g. Chase Farm utilisation), and agreeing other system-wide interventions to mitigate reduce waiting lists and waiting times. The group will review services to identify areas with capacity deficits and engage with the wider system to explore opportunities to increase capacity or optimise existing capacity to match demand.

Non-reporting Trusts will be supported to complete their data validation and resume reporting as quickly as possible to ensure there is full visibility of waiting lists across the STP.

#### **Choice and Long Waiters**

The national electronic referral service (eRS) was successfully rolled out across the STP in 2018/19, guaranteeing choice of hospital for our patients at the point of referral. Work is now focused on ensuring appointments slots are routinely available for all outpatient clinics across the system alongside standardised descriptions of services to facilitate patients' decision-making. The STP rolled out Capacity Alert during 2019/20 and will continue to explore the use of this functionality within eRS to provide additional information to patients on waiting times and alternative providers to inform their choice.

NCL remains committed to eliminating long waiters through robust waiting list management and addressing demand and capacity imbalances. Good progress is being made in 2019/20 to support the system ambition to have no breaches from April 2020 from reporting providers. The STP will work with the regulators to test the delivery principles for a planned NHS-managed choice process for patients who reach a 26-week wait. We will engage with patients to ensure any model that is developed meets patients' expectations regarding choice and care.

To reduce the risk of 52 week wait breaches the system will proactively manage patients waiting for longer than 40 weeks to ensure all practical steps are being taken to avoid a breach, including offering appointments with different consultants and outsourcing.

### **Enabling Workstreams**

STP workstreams for digital, estates, workforce, and provider productivity further support the alignment of system capacity and demand to enable delivery of the planned care ambitions.

The STP's strategy to deliver more patient care closer to home has the added benefit of releasing secondary care capacity and improve access for patients requiring secondary care intervention. Some of the areas being explored include enhancing lymphoedema community services. Shared care and social prescribing opportunities are being investigated as part of the wider discussions about improving quality of care and outcomes for our patients.

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