Planned Care (1/6)

South East London Integrated Care System

Vision

For elective services to be equitable, deliver high quality care and be responsive to the needs of our population. Our aim is to work collectively as a system to ensure that patients have better access to appropriate care when they need it, reduce the number of times patients need to come to hospital and ensure care is offered quickly and, whenever appropriate, close to where patients live.

Deliverables / Improvements since 2023/24

- Long waiter backlogs have reduced across all bands (104+,78+, 65+).
- Use of specialist advice has increased 43% since the start of 23/24, from 20,365 requests per month in April'23 to 29,047 requests per month in Sept'24. Services have potentially avoided up to 62,000 referrals into acute hospital services from Nov'23 to Sept'24.
- Additional pump-prime funding released to services to expand Specialist advice offerings across acute providers.
- SEL wide Community ENT service was established and is taking referrals from across the sector, and a 13% reduction in ENT waiting lists in SEL.
- APC has published numerous clinical guidelines to support the effective management of key specialities between primary and secondary care.
- Opening of Phase 2 at Eltham CDC covering CT, MRI and X-ray services operational from March 2025.
- Roll out of SEL-wide GP Order Communications system for radiology.
- Increase of 60% from Apr'23 to Sept'24 in the number of patients on an active PIFU pathway
- Significant increase in the proportion of outpatient episodes moved or discharged to PIFU by SEL orthopaedic services since Apr'23, going from 4.4% to 7.4% (the largest change of any speciality).
- SEL wide Single Point of Access established for Orthopaedic & MSK services.

Key Challenges / Opportunities Remaining

- **Industrial Action & Synnovis –** Over Q1 ongoing industrial action continued to impact capacity at acute providers. Over Q2 and Q3 the Cyber attack on Synnovis significantly affected GSTT and KCH. There was a direct impact on clinical services which in turn had an impact on performance and team bandwidth to support improvement work.
- **Competing Demands –** The same workforce is used to drive improvements across, routine, cancer, diagnostic and urgent care pathways. System pressures reduce the capacity of organisations to focus on specific improvement actions in relation to Planned Care.
- **Physical capacity –** In order to manage the backlog, and to make sure we have sustainable services in the longer term, we know we are going to need additional physical resources. This includes, beds, theatres and diagnostic equipment, in order that we can balance emergency demand with planned outpatients and procedures.
- **Staffing –** There are a number of specialties where there are significant staffing challenges. To mitigate this we have tried to use the independent sector, and insourcing companies, but we want to ensure that we have sustainable staffing models and offer good jobs, to local people. We are exploring alternative ways of working and cross site working as part of our collaborative solutions to these challenges.

Planned Care (2/6)

South East London Integrated Care System

	What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority area?
1	**Create improved pathways for patients accessing specialist care** by expanding and improving specialist advice (clinical triage and pre-referral advice), developing SEL community-based alternatives to planned care services and establishing specialty-level single points of access.	• Timely access to quality specialist advice ensures patients are seen in the most appropriate care setting for their needs. • Reduces unnecessary referrals, freeing up capacity across the system. • Improving patient experience and outcomes. • Streamlining referral pathways to ensure patients are seen in the right place, first time.
2	**Maximise the value of secondary care clinical activity** for patients and providers by developing robust clinical and administrative processes, reviewing and transforming pathways, expanding the provision of PIFU, reducing DNAs and improving self-management advice for those waiting, to make the most out of current capacity, ensure each appointment/attendance is value-adding for patients and to treat patients sooner.	• To improve system-wide capacity to ensure efficient use of specialist services. • To reduce unnecessary follow-up appointments, freeing up clinic capacity which can be reallocated to first outpatient appointments, minimising waiting times. • To ensure secondary care resources are used efficiently, and each appointment is value-adding for patients.
3	**Minimise waiting times and improve treatment capacity** by continuing to support mutual aid, progressing the development of surgical hubs and exploring other capacity options, to maximise the volume, use and value of system capacity.	• To improve access to treatment by reducing waiting times, addressing backlogs and improving variation. • To increase the system's ability to meet rising demand and manage other pressures. • To improve patient experience and outcomes by increasing the number of patients receiving care at the right time, first time, reducing the risk of worsening health from prolonged waiting.
4	Continuing the **SEL Community Diagnostic Centre (CDC) rollout** programme and build on our strong foundations of collaborative working to better utilise and increase SEL diagnostics capacity with our CDCs and capital programmes. Coordinate across our diagnostic networks to develop ‘one stop shop’ diagnostic services that will improve waiting times, equity of access, and ensure patients are seen in the most appropriate environment.	• Optimise capacity to eliminate >13wws and achieve the goal of 95% waiting <6ws. • Reducing inequity of access to timely diagnostics amongst underserved population groups. • Supporting performance improvements in dependent services including urgent care, cancer pathways, and routine referrals, while also quantifying cancer pathway demand to address backlogs and ensure accurate performance trajectories.

Planned Care (3/6)

South East London Integrated Care System

Priority Area:

Creating improved pathways for patients accessing specialist care by improving specialist advice (clinical triage & pre-referral), developing community-based alternatives to planned care services and establishing specialty-level single points of access.

What are the actions we will deliver in 2025/26

- Providers to continue to expand their specialist advice offer, supported by pump prime
- Identify variations in utilisation of specialist advice across primary care, to develop targeted support for areas with low uptake to ensure equitable access to services.
- Cross-system collaboration on improving specialist advice provision and quality, such as through the establishment of an outpatient transformation working group, development of clinical triage criteria and SOPs, and supporting trusts to implement guidance from GIRFT's Further Faster programme.
- Continue to develop optimal community MSK & Orthopaedic pathways, building on the establishment of single points of access and community assessment days.
- Equalise the waiting times for priority community services and explore further opportunities for community-based alternatives for planned care services,

Population Health and Inequalities Impact

- Improve patient access to local care and equalise capacity, addressing inequalities.
- Improved access to specialist advice will support timely access to care in the most appropriate care setting, leading to earlier interventions and better patient outcomes.
- By analysing and addressing variations in specialist advice usage, every patient can access specialist advice through their GP practice.

System Sustainability Impact

- Efficient use of resources across all tiers of care by ensuring patients are seen in the most appropriate care setting.
- High-quality advice services will reduce dependency on referral to secondary care.
- Clinical triage reduces delays and streamlines patient journeys, linked to cost savings.

Priority Area:

Maximising the value of secondary care clinical activity for patients and providers, to improve the efficiency of clinical pathways, make the most of current capacity and ensure each appointment/attendance is value-adding for patients.

What are the actions we will deliver in 2025/26

- Review clinical and administrative processes within patient pathways to ensure all necessary clinical and diagnostic information is available at first appointment and increase provision of straight-to-test pathways where appropriate, to support faster access to timely treatment.
- Support providers in their duties to enable patient choice, where applicable.
- Increase in the provision of patient-initiated follow-up (PIFU) and support digital solutions for outpatients.
- Review and understand which services need support optimising follow-ups, working with these teams to reduce follow-up demand.
- Reduce did not attend (DNA) rates across SEL, with a focus on targeting underserved groups, considering the use of digital solutions and redesign of patient pathways.
- Better support patients with self-management advice while they are waiting.

Population Health and Inequalities Impact

- Targeted DNA interventions to underserved groups can help improve attendance, reduce health inequalities, and provide more equitable access to care.
- PIFU provides better pathways for patients to get in touch if their condition changes.
- More efficient pathways will help to treat patients faster, with fewer outpatient appointments.
- Improving self-management advice will help improve patient health while waiting.

System Sustainability Impact

- Ensuring necessary diagnostic tests are completed prior to their first outpatient appointment helps to reduce additional appointments that could have been avoided.
- Increased self-management advice offered digitally can help improve patient health while they are waiting, and reduce the need for future, more complex treatments.

Planned Care (4/6)

South East London Integrated Care System

Priority Area:

Minimise waiting times and improve treatment capacity by continuing to support mutual aid, progressing the development of surgical hubs and exploring other capacity options, to maximise the volume, use and value of system capacity.

What are the actions we will deliver in 2025/26

- Continue focus on maximising use of current capacity by improving pre-operative assessment (POA) services and theatre utilisation.
- Continue to take a system planning approach in the most challenged specialities including supporting mutual aid where appropriate.
- Support Trusts with progressing work on Right Procedure, Right Place.
- Open the SEL ENT and Urology hub capacity at University Hospital Lewisham and continue with the work to develop Orpington as an orthopaedic system hub.
- Continue discussions with key specialities, e.g. Hernia, to move to a single point of access with agreed pathways for rapid treatment.
- Increase use of the independent sector to increase capacity.
- Continue development of a waiting well website to support patients
- Support the Waiting Well Vital5 pilots at KCH and LGT.

Population Health and Inequalities Impact

- Improving system planning and reducing waits will reduce the health risks associated with long waits for treatment and variation in waiting times across Trusts.

System Sustainability Impact

- By maximising treatment capacity, the system can be better prepared to meet increasing demand and ensure more patients are seen without burdening existing services.
- Increasing treatment capacity will reduce waiting times and in turn relieve pressure on other parts of the system that patients must rely on while awaiting their appointment (e.g. GP, emergency services).

Priority Area:

Continuing the **SEL Community Diagnostic Centre (CDC) rollout** programme and build on our strong foundations of collaborative working to better utilise and increase SEL diagnostics capacity with our CDCs and capital programmes

What are the actions we will deliver in 2025/26

- Supporting the development of business cases for additional CDC capacity with potential NHSE capital.
- Embedding Soliton Share+, enabling cross-site imaging reporting and sector utilisation of CDC capacity. This reduces time from request of scans, to acquisition and reporting in diagnostic pathways.
- Following completion of CDC construction projects, we will work to increase referrals to CDCs, support workforce and pathway transformation to utilise capacity.
- Coordinating ongoing efforts to utilise relevant SEL data to improve communications with primary care and demand and capacity management in SEL.

Population Health and Inequalities Impact

- Reducing inequity of access to timely diagnostics amongst underserved population groups.
- Expansion in diagnostic capacity, coupled with improved and streamlined patient pathways (with enhanced GP Direct Access) for our priority services, which include cancer, cardiology, respiratory, will support the system as a whole in achieving improved outcomes and equity.

System Sustainability Impact

- SEL diagnostics faces significant operational challenges, impacting cancer, UEC, and elective waiting times. Addressing these challenges requires investment through agency, insourcing, and outsourcing costs. Expanding CDC capacity helps alleviate these issues by improving performance, reducing financial burden, and enhancing system sustainability. This approach optimises capacity and improves the quality of care for patients in SEL.

Planned Care (5/6)

South East London Integrated Care System

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
Creating **improved pathways** for patients accessing specialist care.	• Improved quality of specialist advice provision, including faster turnaround times and quicker answer rates. • Increased utilisation of specialist advice by primary care clinicians to support decision-making and reduce avoidable referrals. • Improved patient experience by providing quicker resolution of concerns and access to care closer to home. • Reduction in secondary care outpatient appointment demand by resolving appropriate cases within primary care or the community.	• Volume of specialist advice requests compared to baseline levels, by borough. • Turnaround time and answer rates of specialist advice requests. • Referral rates to secondary care in specialities which introduce new specialist advice services. • Uptake of community pathways and Community waiting times. • Waits to first appointment.
Maximise the **value of secondary care** clinical activity.	• Shorter referral to treatment times. • Increased efficiency and better patient experience by front-loading diagnostics. • Reduced DNA rates, especially for underserved populations. • Embedding opportunities for prevention e.g. making every contact count where appropriate	• Waiting times and waiting list sizes for highly-pressured services. • DNA rates by socio-economic group to track progress in reducing inequalities. • Utilisation of PIFU and number of follow-ups (metric to be defined).
Minimise waiting times and **improve treatment capacity** for admitted pathways.	• Increased surgical capacity, reducing backlogs and waiting lists. • Help highly-pressurised services achieve sustainable footing.	• Waiting list reductions. • Number of treatments delivered. • Theatre utilisation, with model hospital data.
Continuing the **SEL Community Diagnostic Centre (CDC) rollout** programme to create additional diagnostic capacity.	• 95% patients waiting <6w, eliminate >13ww. • Achieve sustainable demand model aligned to capacity; optimise internal and external demand. • Good retention and low turnover at all acute and CDC sites. • Improve performance across UEC, Cancer, and elective pathways. • Quantify cancer pathway demand to eliminate backlogs. • Reduce outsourcing, insourcing, and agency costs by increasing substantive capacity.	• Trends in patients waiting <6 weeks and >13 weeks. • CDC activity and capacity utilisation. • Elective, FDS, and referral data and quantify cancer pathway demand. • Outsourcing/insourcing and agency costs.

Planned Care (6/6)

What do we need from enablers and partners to deliver?

- Clinical and operational engagement to champion changes, redesign pathways, and promote adoption of transformation initiatives such as PIFU or front-loading diagnostics.
- Funding and capital investment to expand community diagnostic centres.
- Digital infrastructure to support patient choice, and integration between primary, secondary, and community care systems for smooth referrals, specialist advice, and diagnostics.
- Analytics support to uncover inequalities and monitor progress (including continued development of data quality through Epic).

How will we work in collaboration with our system?

- Continue to run Planned Care Forum bringing together leads and stakeholders across all tiers of the ICS.
- Utilise Acute Provider Collaborative governance to link in with Acute operational and management leads.
- Informal outpatient transformation group with representatives from acute SEL providers, the APC, ICB and primary care, to support and align with NHSE OP governance.

How will we engage with our population?

- New outpatient transformation initiatives will require targeted communication to raise awareness of service developments, such as community diagnostic centres or PIFU, ensuring messages reach underserved groups.
- Build on the patient virtual engagement events held across Gynaecology, supported by Public and Patient Involvement leads from the Trust
- Continue developing the waiting well website, with engagement with patients on content
- Continue holding quarterly MSK/Ortho lived experience group meetings
- Reestablish patient waiting times website

How will we monitor and share progress?

- Utilise data to track progress on outcomes, including waiting times, referral volumes, community diagnostic centre utilisation and inequalities metrics.
- Utilise quality alerts to identify and monitor issues.
- There are numerous key points if governance which will be used to both monitor and share progress these include:

APC Operational Delivery Group, APC Performance and Planning Group, APC Operational and Strategy Group, ICB Trust Performance meetings, ICB Planned Care Forum, ICB Contract Monitoring Meetings System Sustainability groups.