South East London Integrated Care System

NHS South East London

Planned Care

Overview of our current system

Following the pandemic, we have been working hard to reduce the backlog of patients awaiting specialist appointments and procedures. Whilst steady inroads have been made, particularly in respect of reducing the number of patients waiting a very long time for treatment, there is still a lot to do. Even before the pandemic, waiting lists were growing, so we knew that just going back to historic levels of activity would not be enough. Our focus has therefore been to try and increase our capacity to diagnose, see and treat patients, work more collaboratively to pool resources, and become more productive by improving the efficiency of our services.

Strengths / opportunities

Collaboration – The formation of the Acute Provider Collaborative (APC) has resulted in closer working than ever before between our hospitals. Specialty teams now routinely work together to provide mutual aid, develop joint pathways and share staff and expertise

Community provision – We have developed some of the most comprehensive out of hospital services in the country for specialties such as Ophthalmology and Dermatology. We are thus in a good position to build on these foundations for services such as ENT and for diagnostics

Challenges

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

Inequalities – We know that waiting times and access to care varies across SE London. We need to make sure that we prioritise those in the greatest need, but that this is done equitably across the ICS

What we've heard from the public

People have told us that increased waiting times has placed significant burden on their physical and mental health and wellbeing, work and financial stability and relationships (Joint Programme for Patient, Carer and Public Involvement in COVID recovery, 2022, and SEL ICS working with people and communities strategy engagement, 2022). Whilst they wait people want to be kept informed, supported to manage their conditions, and access to support services and peer support.

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Planned care - Our vision and objectives

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Our vision

We want our elective services to be equitable, deliver high quality care and be responsive to the needs of our population. Our aim is to work as a system to ensure that patients have better access to specialist advice when they need it and that we reduce the number of times patients need to come to hospital, offering care close to where patients live whenever possible. We will also ensure that through system working we speed up the time to treatment and adopt new ways of working and best practice pathways, to ensure our services offer patients the highest quality care.

Our key objectives – what we want to achieve over the next five years

- **Reduce waiting times and sustainable waiting lists** - By working together, we have made good progress in seeing and treating the patients with the longest waits. Whilst this is a good start, we want to go much further. To achieve this, we need to maximise the amount of activity we undertake, make best use of our collective resources and capacity, and maximise our productivity and efficiency in both non-admitted and admitted care pathways. We need to make sure that every appointment genuinely adds value and that we look to streamline pathways wherever possible
- **Be much more patient-centric** – Our patients consistently tell us that they find long waits for appointments and treatment incredibly frustrating, and that not knowing what is happening can be frustrating and isolating. We will redouble efforts to communicate much more effectively, and invest in portals to allow patients to access advice when they need it – including being able to contact their clinical team.
- **Ensure patients are seen in the most appropriate setting, by the most appropriate professional** - we will build on successful community services, such as those in Dermatology and Ophthalmology, to bring more services closer to home. This should reduce waiting times, and also free up capacity at our hospital sites. There is significant potential in this area to deliver services such as ENT and Gynaecology as well as diagnostics. As part of ensuring patients are seen in the most appropriate setting we will also continue to explore the potential to move appropriate procedures from day surgery to outpatients.
- **Improve equality of access to timely and high quality services** - by working together as a system make best use of our collective capacity and ensure we are working together to align pathways, protocols and processes that deliver consistent and high quality care for our patients

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Planned care - Our priority actions

Our priority actions – what we will do

1. Implement **personalised outpatients**, ensuring patients can access care conveniently and in a way that best meets their needs. This will be achieved through optimising models such as Patient Initiated Follow-up (PIFU) and virtual appointments. Patient portals will also become widely available giving patients convenient, 24-hour access to personal health information and allowing them to message their care teams, (re)schedule appointments and update contact information.

2. Ensure patients are seen in the **right place, first time, by the right professional**. We will do this by improving the quality and timeliness of advice and guidance; implementing clinical triage of referrals across a wide range of specialties; improving the systems within primary care to make it easy for referring clinicians to follow the latest guidance and pathways; and further developing our planned care community services offer.

3. **Implement and maximise our use of treatment hubs** across SEL, to increase our capacity for high volume low complexity surgery. This will reduce and equalise waiting times for treatment, and ensure we can protect capacity so operations can continue when there is significant operational pressure in the system (e.g. during winter and other periods of high emergency demand). It will also ensure we can make better use of existing capacity for more complex treatment.

4. **Use our collective capacity to minimise waiting times for patients.** In the first instance this will involve planning how we use our capacity on a system basis – rather than by organisation. This will be a precursor to moving to single points of access where appropriate, to distribute demand coming into the system and equalise waiting times for our patients.

5. Continue to improve quality of our services **and work towards achieving GIRFT standards and best practice pathways,** through the work of the elective clinical networks. The networks bring together services across sites to align pathways, protocols and processes and design and implement new ways of working that improve care for our patients.

6. **Implement the SEL Community Diagnostic Centre (CDC) rollout programme** to create additional diagnostic capacity through an initiative that straddles all four key objectives – contributing to reducing waiting times; ensuring patients can be seen in the most appropriate environment through the provision of more local services and the development of ‘one stop shop’ diagnostic services; and improving equity of access to diagnostic services.

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Planned care priority action 1 – implement personalised outpatients

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Implement personalised outpatients

Change the way services are delivered to ensure patients have greater control over how, when, and where outpatient services are delivered in order to best meet their individual needs. This will be achieved through scaling up models such as Patient Initiated Follow-up (PIFU) and virtual appointments. Patient portals will also become widely available giving patients convenient, 24-hour access to personal health information and allowing them to message their care teams, (re)schedule appointments and update contact information.

How we will secure delivery

Actions for 23/24

- Increase the uptake and where appropriate, standardise the PIFU offer across SEL. As well as moving new patients onto PIFU, this will involve reviewing patients on existing waiting lists to see if they are suitable for PIFU.
- Increase use of remote monitoring pathways across SEL, utilising wearable technology where appropriate.
- Review use of virtual consultations and identify opportunities for greater use.
- Successfully launch the MyChart patient portal at Guy's and St Thomas' NHS Foundation Trust and King's College NHS Foundation Trust through the roll out of EPIC.

Actions for 24/25

- Optimise MyChart functionality to ensure that patients have access to the features which improve their experience and optimise their care.
- Establish PIFU and remote monitoring as business as usual across all specialties and all trusts.
- Roll out data driven approaches (such as Factor50) across three acute trusts to ensure patients are stratified according to clinical need and urgency.

Intended outcomes in 5 years time

- Patients have convenient access to their personal health information (including results) and are able to message their care teams and update their contact information via well established patient portals.
- Patients are empowered, informed and able to exercise choice over their appointments - initiating follow-up appointments when they need them and able to choose how they access their care (e.g. in person, telephone or video).
- Models such as PIFU and remote monitoring are business as usual across all specialties and all trusts.
- Data is routinely utilised to support stratification and prioritisation of waiting lists.

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Planned care priority action 2 – Right place right time

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Ensure patients are seen in the right place, first time, by the right professional

Ensure patients are seen in the right place, first time, by the right professional. We will do this by improving the quality and timeliness of advice and guidance; implementing clinical triage of referrals across a wide range of specialties; improving the systems within primary care to make it easy for referring clinicians to follow the latest guidance and pathways; and further developing our planned care community services offer.

How we will secure delivery

Actions for 23/24

- Implement a pan-SEL community ENT service, which will offer an intermediate tier of care and increase ENT capacity significantly.
- Implement Advice and Refer in a number of specialties at Lewisham and Greenwich NHS Trust.
- Further enhance the integration of the community and secondary care dermatology services, with the community services triaging on behalf of secondary care.
- Further develop our community ophthalmology offer, through the introduction of new care pathways for people with learning disabilities and care home residents.
- Further develop our community MSK pathways, working with stakeholders across the pathway to optimise services and improve integration.
- Develop a GP with Extended Role workforce plan to ensure there are clinicians to deliver community dermatology and ENT services in the future.

Actions for 24/25

- Implement a new primary care referral repository system (the Referral Optimisation Protocol system) across south east London.
- Implement Advice and Refer (or alternative triage models) in a number of specialties at GSTT and KCH, once EPIC has been rolled out

Intended outcomes in 5 years time

- Comprehensive community offer in place across south east London for ophthalmology, dermatology and ENT.
- Community and secondary care services are integrated, with teams working together and as part of integrated neighbourhood teams to ensure patients are seen in the most suitable setting.
- Primary care professionals are able to routinely access high quality, timely advice from other healthcare professionals across all specialties.
- Primary care professionals are able to easily access the latest guidance and care pathway information so they can determine the next best step in the patients care.
- Patients experience fewer journeys to hospital as pathways are streamlined and a one-stop service is offered wherever possible.
- The GP with Extended Role workforce plan is being implemented to ensure the workforce is fit for the future.

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Planned care priority action 3 – use of treatment hubs

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Use of treatment hubs

Implement and maximise our use of treatment hubs across SEL, to increase our capacity for high volume low complexity surgery. This will reduce and equalise waiting times for treatment, and ensure we can protect capacity so operations can continue when there is significant operational pressure in the system (e.g. during winter and other periods of high emergency demand). It will also ensure we can make better use of existing capacity for more complex treatment.

How we will secure delivery

Actions for 23/24

- Optimise use of gynae and general surgery treatment hub at Queen Mary's Sidcup; increase operational grip to ensure lists are utilised and booked to specified levels, establish single points of access and pathways for certain procedures, increase use of overnight capacity
- Change the operating model at Orpington so that patients from across SEL have access to orthopaedic treatment at the site and it operates as a system hub
- Open the SEL urology and ENT hub capacity at LGT (Jan 2024)
- Continue discussions about ophthalmology and dental hubs

Actions for 24/25

- Continue work to maximise use of hubs across SEL; ensuring high productivity and efficiency, equality of access to patients, system use of resource
- Rerun demand and capacity analysis to understand impact that implementation of hubs has made and need for further work on HVLC clinical strategy for SEL

Intended outcomes in 5 years time

- System hubs in place and delivering system capacity for orthopaedics, urology, ENT, gynaecology and general surgery (and potentially ophthalmology and dental)
- Decreased waiting times for surgery in hub specialties and equality of waiting times across SEL; through use of hubs for HVLC procedures and clear pathways for complex procedures

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Planned care priority action 4 – minimise waiting times

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Minimise waiting times

Use our collective capacity to minimise waiting times for patients. In the first instance this will involve planning how we use our capacity on a system basis – rather than by organisation. This will be a precursor to moving to single points of access where appropriate, to distribute demand coming into the system and equalise waiting times for our patients.

How we will secure delivery

Actions for 23/24

- Monitor benefit of upfront system planning in six identified specialties and evaluate if this has resulted in reduction in inequality of waiting times
- Determine additional specialties to roll out a system planning approach for 24/25
- Continue discussions with key specialties about moving to single points of access and process / pathways
- Implement single points of access for identified areas
- In depth understanding of further inequalities within our waiting lists

Actions for 24/25

- Continue to monitor benefit of upfront system planning and single points of access for equalising waiting times across our system
- Continue roll out programme across new specialties / pathways
- System planning to take account of additional inequalities identified within waiting lists

Intended outcomes in 5 years time

- Upfront system planning embedded as a way of working across multiple specialties
- Equalisation of waiting times in identified specialties
- Sustainable waiting lists across the system through better direction and management of demand

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Planned care priority action 5 – quality of services

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Quality of services

Continue to improve quality of our services and work towards achieving GIRFT standards and best practice pathways, through the work of the elective clinical networks. The networks bring together services across sites to align pathways, protocols and processes and design and implement new ways of working that improve care for our patients.

How we will secure delivery

Actions for 23/24

- Continuing to develop role and maturity of the clinical networks and long term clinical vision for each of the networks
- Networks prioritising GIRFT metrics and addressing those across sites to improve care and productivity
- Networks continue to look at patient pathways and where necessary develop plans to reduce variation; reducing inequality and improving quality of care consistently across SEL

Actions for 24/25

- Assessing where networks have got to and outstanding areas of improvement required
- Consideration of whether complement of networks is sufficient for achieving overall objective

Intended outcomes in 5 years time

- Delivery of GIFRT metrics – and comparison in achievement across sites
- Reduction of overall waits and parity of waits across sites
- Implementation of best practice pathways and agreed clinical strategics for network specialities to improve patient care

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Planned care priority action 6 – Implement Community Diagnostic Centres (CDC)

Implement CDC rollout programme

Implement the SEL Community Diagnostic Centre (CDC) rollout programme to create additional diagnostic capacity through an initiative that straddles all four key objectives – contributing to reducing waiting times; ensuring patients can be seen in the most appropriate environment through the provision of more local services and the development of 'one stop shop' diagnostic services; and improving equity of access to diagnostic services.

How we will secure delivery

Actions for 23/24

- Opening of Phase 1 of CDC at Eltham Community Hospital providing additional system capacity in Phlebotomy, Respiratory diagnostics, Ultrasound and Cardiac diagnostics and commencement of Phase 2 construction work
- Deliver final plan for CDC at Queen Mary Hospital (Sidcup) and commence construction work in summer of 2023
- Deliver final plan for CDC at Valmar (Camberwell) and commence construction work in autumn 2023
- Roll out of SEL-wide GP Order Communications system for radiology

Actions for 24/25

- Opening of Phase 2 at ECH in September 2024 covering CT, MRI and x-ray
- Opening of QMS CDC in summer 2024 including the provision of all standard CDC modalities
- Continuation of the construction of the Valmar providing all large CGC modalities (nb, completion due November 2025)
- Roll out of SEL-wide GP Order Communications system for pathology

Intended outcomes in 5 years time

All CDCs will be accessed equitably by the whole SEL population with the following same outcomes across all 3 sites:

- Multiple referral routes into the service, with primary care having direct access for a number of tests
- Single point of access from primary, community and secondary care
- Multiple methods of booking to suit patients and health professional
- Interconnected digital infrastructure
- Reporting to the referrer in a timely manner
- Diagnostics tests required should be carried out in as few visits as possible

Planned care - enabler requirements

Workforce

- We need to review job plans to ensure that we have ringfenced time for activities such as clinical triage and advice and guidance, and for operating time at hubs. These are value adding activities, so it should not be assumed they can be done in addition to existing responsibilities.
- Ensure clinicians in SEL are able to work across all sites (in either a planned or ad hoc way) and that the expectation of system and cross site working is set for new appointments into the system, and with existing staff
- There is a need for system recruitment into specific specialties to increase overall capacity and support implementation of community and hub working e.g. ENT
- Alternative roles / ways of working to mitigate against staff shortages

Digital

- The implementation of EPIC offers great opportunities for developing a fully functioning patient portal. We need to harness the opportunities that tools such as MyChart present to support patients in managing their care.
- We understand that there are interface issues between e-RS and EPIC. These will need to be resolved if we are to make sure that both primary and secondary care have good oversight of appointments, and can have two-way discussions over referrals
- Exploring options for establishing a single PTL

Estates

- There is a need for suitable spaces in the community from which the planned care community services can be delivered. These locations need to be accessible for local people and have the necessary clinical set-up.
- Space for outpatient procedures to optimise use of theatre capacity

Data

- Comprehensive suite of timely, accurate SEL wide data available to monitor performance against in year metrics
- Link primary, secondary and social care data to provide a wider range of patient information to help inform future prioritisation and optimisation of patients waiting for treatment
- Routine capture of the anaesthetic physical status of all patients waiting for surgery to help inform both the operational management of the waiting list but also ensure our strategic planning of services meet the needs of our patients