

Planned Care

Overview of our current system

A focus of the system is 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. Growing waiting lists have been an issue for many years, so there is a need to increase the systems historic levels of activity to improve this position. We are working to strengthen communication between primary and secondary care, improve referral pathways and ensure patients are seen as quickly as possible in the most appropriate setting. In addition, our focus is to try and increase capacity to diagnose, treat patients, work more collaboratively to pool resources, and become more productive by improving the efficiency of services.

Strengths / opportunities

Collaboration – The formation of the Acute Provider Collaborative (APC) has resulted in closer working than ever before between 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. The recent MSK community days (March 2024) co-designed with the MSK lived experience group helped to address this issue and were well received.

Planned care - Our vision and objectives

Our vision

We want 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 specialist advice when they need it and that we reduce the number of times patients need to come to hospital, and working in partnership with the relevant tiers of the system to ensure care is offered as 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 services offer patients the highest quality care.

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

- **Reduce waiting times and deliver equitable, sustainable waiting lists** - By working together, we have made good progress in seeing and treating the patients with the longest waits and for those who are waiting, equalising waits between hospitals and different patient groups. 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 collective resources and capacity, and maximise 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. Improved communication between hospital services and primary care and patients is key to delivering patient centric care, this will require both digital and non-digital solutions.
- **Ensure patients are seen in the most appropriate setting, by the most appropriate professional** – We will work collaboratively with the relevant tiers of the ICS on the successful delivery of community services, such as those in ENT, Dermatology and Ophthalmology, to bring more services closer to home. This should reduce waiting times, and free up capacity at hospital sites. Aligned to this we will look to improve communication between primary and secondary care services to allow clinicians to better communicate about their patient to ensure pathways are used as appropriately as possible.
- **Improve equality of access to timely and high quality services** - by working together as a system make best use of collective capacity and ensure we are working together to align pathways, protocols and processes that deliver consistent and high quality care for patients

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. We will support utilisation of digital and non-digital solutions by provider Trusts that will enable patients to have more control and information about their care, and easier access to contact hospital teams.

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; and working collaboratively with the relevant parts of the system to improve referral management systems, access to guidance and further developing the community services offer.

3

Minimise waiting times and improve treatment capacity. The system will look to maximise available capacity to improve waiting times. We will review how capacity is used on a system basis rather than by organisation and look to improve this through better and more organised use of mutual aid. Further to this the system will review the possibility of having single points of access for specific services where appropriate and continue to implement and maximise use of treatment hubs across SEL, to increase capacity for high volume low complexity surgery. For those who are waiting we will monitor the waits across different patient groups to ensure we provide equitable access to all.

4

Continue to improve quality of 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 patients.

5

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.

Planned Care – Our progress to date

Key Successes in Delivery in 2023/2024

- Established Single Point of Access (SPOA)/triage in Ophthalmology and Dental
- Referral guidelines developed in Urology, ENT and Menopause with similar work progressing in other high priority specialties
- Continued the rollout of PIFU
- Eltham CDC opened providing enhanced diagnostic capacity, as well as more direct access investigations for GPs. Significant mobilisation work also completed throughout the year, ahead of QMS CDC opening.
- Launched Teledermatology for dermatology services across 4 of our 5 acute sites, allowing a faster time to review for patients and more efficient use of capacity by speciality secondary care teams.
- Supported the expansion of community ophthalmology offer, through the introduction of new care pathways for people with learning disabilities and care home residents.
- Patient portal, MyChart launched at Guy's and St Thomas' NHS Foundation Trust and King's College NHS Foundation Trust through the roll out of EPIC.
- Established a waiting times website to provide GPs with current waiting times

Key Challenges to Delivery in 2023/2024

- Ongoing Industrial Action has impacted capacity throughout the patient pathway and across the year.
- EPIC roll out at both GSTT and KCH simultaneously has led to specific data and capacity issues and has taken the focus and attention of the workforce.
- Increasing demand leading to capacity pressures in challenged services
- Tight financial controls and constraints which can lead to delays in progressing key transformation projects

Learning and Implications for Future Delivery Plans

Triage difficult to take forward during a large IT change. Now this is complete renewed focus of the system. There are benefits from improving these and A&G across pathways to free up time and capacity to see and treat appropriate patients.

Planned care priority action 1 – implement personalised outpatients

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. We will support utilisation of digital and non-digital solutions by provider Trusts that will enable patients to have more control and information about their care, and easier access to contact hospital teams.

How we will secure delivery

**Actions
for
24/25**

- 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.
- Continue to support utilisation of Patient Portals, such as MyChart.

**Actions
for
25/26**

- Support providers in optimising 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.
- Support data driven approaches (such as Factor50) across three acute trusts to deliver stratification of waiting lists 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.

Planned care priority action 2

Right place, First time

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. This will be supported by improving the quality and timeliness of advice and guidance; implementing clinical triage of referrals across a wide range of specialties; and working collaboratively with the relevant parts of the system to improve referral management systems, access to guidance and further developing the community services offer.

How we will secure delivery

**Actions
for
24/25**

- Support establishment of a pan-SEL community ENT service, which will offer an intermediate tier of care and increase ENT capacity significantly.
- Further enhance the integration of the community and secondary care dermatology services, with the community services triaging on behalf of secondary care.
- Improve uptake of Ophthalmology new care pathways for people with learning disabilities and care home residents and ensuring the service is sustainably commissioned / procured.
- Further develop community MSK pathways, to include developing a single point of access (SPOA), working with stakeholders across the pathway to optimise services and improve integration.
- Improved use of advice and guidance and implement clinical triage of referrals across multiple specialties at all sites.
- System to reprocur community ear wax service to ensure work is streamed away from secondary care.
- Consider introduction of SPOA in other specialties

**Actions
for
25/26**

- Effective use of referral management systems in primary care.
- Further expand triage.
- Review Demand and Capacity of new ENT service.

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.

Planned care priority action 3 – minimise waiting times and improve treatment capacity

Minimise waiting times and improve treatment capacity

The system will look to maximise available capacity to improve waiting times. Review how capacity is used on a system basis rather than by organisation and look to improve this through better and more organised use of mutual aid in addition to exploring opportunities for service reconfiguration. Further to this, the system will review the possibility of having single points of access for specific services where appropriate and continue to implement and maximise use of treatment hubs across SEL, to increase capacity for high volume low complexity surgery.

How we will secure delivery

**Actions
for
24/25**

- Continued focus on maximising use of current capacity along with the provision of additional lists in available NHS capacity.
- Where financially possible, continued use of the IS to increase local capacity.
- Continue to take a system planning approach in the most challenged specialties.
- Continue discussions with key specialties about moving to SPOA and process / pathways and implement where possible. Initial focus on MSK/orthopaedic pathway and Hernia pathway.
- Continue to optimise use of gynae and general surgery treatment hub at Queen Mary's Sidcup; ensuring lists are utilised/booked to specified levels, establish SPOA and pathways for certain procedures, increase use of overnight capacity
- Modify 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
- System planning to take account of additional inequalities identified within waiting lists
- Rerun demand and capacity analysis to understand the impact of the implementation of hubs and inform the HVLC clinical strategy for SEL.

**Actions
for
25/26**

- Open the SEL urology and ENT hub capacity at University Hospital Lewisham.
- Review benefit of upfront system planning and SPOA for equalising waiting times across the system and continue roll out programme.
- Continue work to maximise use of hubs across SEL; ensuring high productivity and efficiency, equality of access to patients, system use of resource.

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
- Upfront system planning embedded as a way of working across multiple specialties
- Reduction in maximum waiting times in line with national expectations

Planned care priority action 4 – quality of services

Quality of services

Continue to improve quality of 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 patients.

How we will secure delivery

**Actions
for
24/25**

- Continuing to develop role and maturity of the clinical networks and the long term clinical vision for each of the networks
- Consideration of whether current complement of networks is sufficient to achieve overall system objectives
- Networks key objectives include prioritising GIRFT metrics and addressing these across sites to ensure improved patient 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
25/26**

- Ongoing assessment of where networks have got to and outstanding areas of improvement required
- Developing a rolling programme of work in response to changing operational challenges.
- Strengthen plans to address key metrics across all our Trusts

Intended outcomes in 5 years time

- Delivery of performance targets including GIRFT metrics, consistently across all sites
- Reduction of overall waits and parity of waits across sites
- Implementation of best practice pathways and agreed clinical strategies for network specialities to improve patient care

Planned care priority action 5 – 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. The programme has already seen success via the opening of Phase 1 of CDC at Eltham Community Hospital providing additional system capacity in Phlebotomy, Respiratory diagnostics, Ultrasound and Cardiac diagnostics.

How we will secure delivery

**Actions
for
24/25**

- Continued collaboration across providers for clinical pathway design
- Implementation of Soliton Share + to enable sharing of images and Swiftqueue for patient booking across SEL
- 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
- Securing UKAS IQIPS accreditation for services at the Eltham CDC
- Deliver final construction phase for the spoke CDC at Queen Mary Hospital (Sidcup) with CT, MRI and X-ray services operational from

March 2025

**Actions
for
25/26**

- Roll out of SEL-wide GP Order Communications system for pathology
- Securing UKAS IQIPS accreditation at the QMS CDC
- Enhancing clinical pathways to align to best practice and the implementation of digital enablers
- Embedding the CDCs as part of the population health offer in SEL including potential scope of new service delivery models such as one-stop-pathways, virtual wards

Intended outcomes in 5 years time

All CDCs will be accessed equitably by the whole SEL population with the following same outcomes across both 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

- Job plans to ensure there is 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.
- The ability for clinicians in SEL to work across all sites (in either a planned or ad hoc way) and the expectation of system and cross site working is set for both new appointments into the system, and with existing staff
- 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

Estates

- Suitable spaces for community services in SEL, to ensure a consistent and effective offer that will support reducing demand in to acute settings. 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

Digital

- The implementation of EPIC offers great opportunities for developing a fully functioning patient portal. There is an opportunity to harness the tools such as MyChart present to support patients in managing their care.
- There are compatibility 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

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 strategic planning of services meet the needs of patients