Elective Recovery & Restoration Webinar

Attain

Improving health and wellbeing

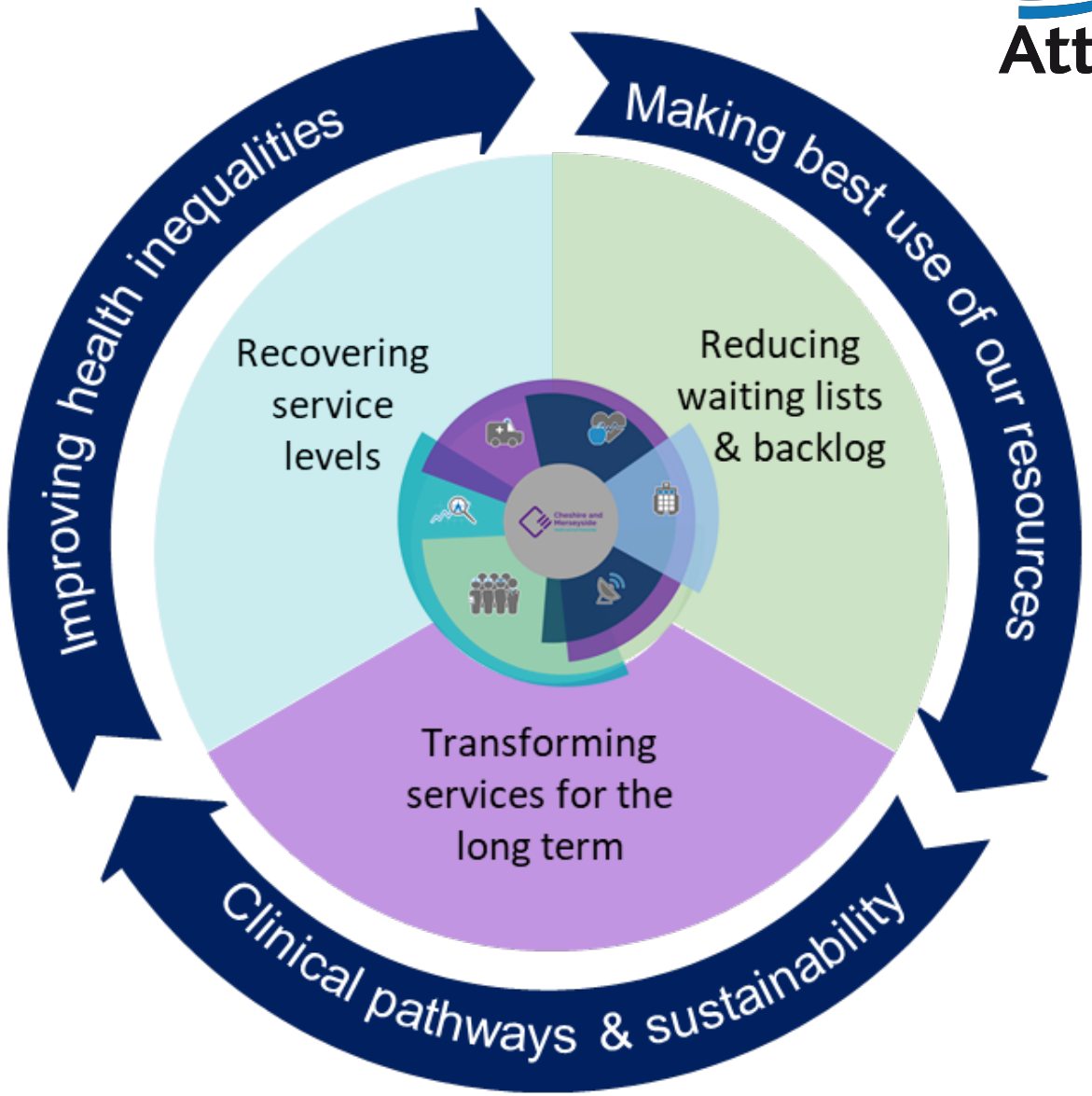
Recovery & restoration

There are three areas of focus for system elective recovery and transformation programmes:

1. Recovering activity/service levels to pre-covid levels and better
2. Reducing the waiting lists and backlog of people waiting for OP and treatment
3. Transforming clinical pathways and services to ensure resilience and sustainability

Most systems are delivering these through a combination of system, specialty and provider level plans.

Key themes that underpin all three areas are the focus on health inequalities, use of resources and clinical strategy and pathways



Performance targets are getting more challenging

Outpatients

Targets / Must Dos

- Increase first OP appointments by 10%
- Reduce OP follow ups by minimum 25%, go further where possible
- Expand the uptake of PIFU to all major OP specialties, moving or discharging 5% of OP attendances to PIFU pathways by March 23
- Introduce Advice and Guidance to 16 specialist advice requests per 100 first OP attendances by March 23
- Accelerate progress in personalised approaches to follow up care

Admission

Targets / Must Dos

- Increase elective activity to 104% of RTT activity compared with 19/20 baseline (pre-covid)
- Eliminate 104+ week waits
- Reduce over 78 week waits and conduct 3 monthly reviews for anyone waiting over 52 weeks after July.
- Overall reduction of 52 week waits
- Harm reviews & risk stratification according to clinical urgency using P code
- Implement surgical hubs, increased bed capacity and equipment to deliver elective care
- Increased focus on cancelled ops

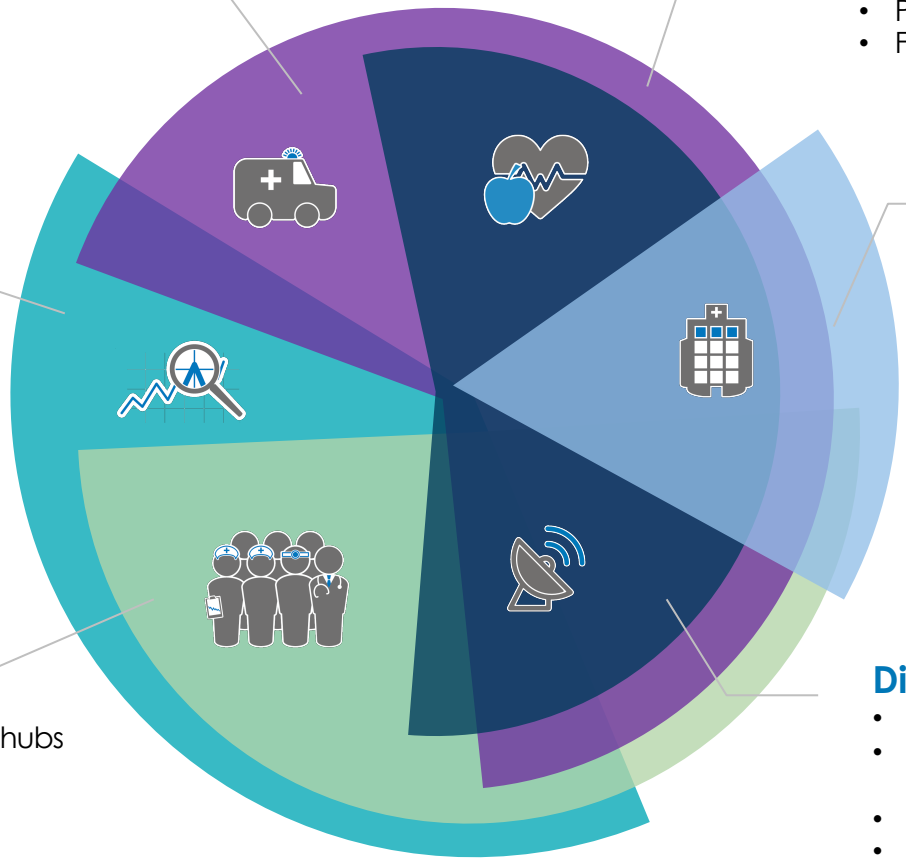
Implementation of "best practice" pathways – GIRFT, "system first" approaches

Common programme workstreams

Risk stratification & cohorting
- Prioritisation of WL and reducing clinical risk of surgery
- Identifying patients for "waiting well" support
- Identifying patients for HVLC pathways
- Linking primary care data (CIPHA)
- Cohorting patients for IS and mutual aid
- Defendable decision-making

Provider focus
- Top decile provider performance
- Theatres "deep dives"
- GIRFT pathways & HVLC lists
- Strengthening non-elective & critical care capacity
- Separation of green and hot site activity
- Mutual aid

Workforce innovation
- Shared and ringfenced workforce in elective hubs
- " Theatre Right " staffing
- Innovation in role redesign
- Insourcing and



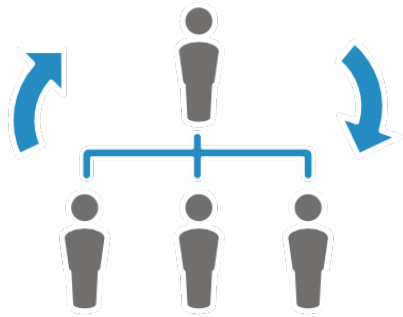
Waiting well and prehabilitation
- Reducing risk of decompensation while waiting
- Supporting lifestyle changes to reduce clinical risk of surgery
- Prehabilitation advice and support (Sapien)
- Fitness for surgery

Increased capacity
- 2 elective hubs being mobilised,
- Additional sites being worked up
- Shared approach to PTLs to reduce variation in WL
- Focus on 104+ weeks and P2
- Rapid upscale of IS usage
- Cohorting the right patients for different sites
- GIRFT pathways and top decile
- Strengthened IS offer

Digital innovation & system working
- C2Ai for risk stratification
- Expansion of virtual wards and remote monitoring (AMITY)
- Sapien apps for waiting well initiatives
- System level command centre to share data and WL management

Learning & top tips

Programme governance



Clear programme governance is critical particularly with multi-organisational programmes.

Ensure one version of the truth, with one central route for information cascade, requests and submissions.

Wide engagement

Engage across the clinical, operational and executive communities and at all levels of the organisations you're working with.

Connect people up to support each other and share learning.

Financial models

Do not underestimate the financial and commercial implications of recovery and restoration, particularly in establishing shared facilities, mutual aid or independent sector support.

You get what you measure!

Tracking and monitoring is key. Set trajectories and monitor them. If things are going off track then up the ante in monitoring and support.