



Elective Care – summary of some actions CCGs can take

Elective Care Good Practice

Quick Guide

Version number: 0.1

First published: March 2016

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Classification: OFFICIAL

Publications Gateway Reference No. 04890

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As part of the wider programme to secure Referral to Treatment (RTT) delivery against the 18week waiting time standard, this guide sets out a checklist that commissioners can use with providers to ensure existing best practice is in place.

These high-impact interventions particularly focus on areas that impact on demand management. These are supported by existing resources, including case studies, protocols and toolkits.

1 Personalised holistic risk assessment and (signposting to) provision of fitness improvement before surgery

This can be done at two levels: (a) in primary care, and (b) within the provider organisation either before or after the patient sees the surgeon.

If this takes place in primary care, pathways could be designed such that patients do not join a RTT pathway for elective surgery during the fitness optimisation pathway, but only after GP assessment on fitness improvement.

This can include programmes such as weight loss or smoking cessation. Assessments within the provider organisation would principally be for high-risk patients.

1.1 Resources

- NHS Wales Planned Care Programme: Wales National Orthopaedic Implementation Plan
<http://gov.wales/docs/dhss/publications/150923orthopaedicsplanen.pdf>
- Perioperative Medicine Programme – Royal College of Anaesthetists
<https://www.rcoa.ac.uk/periopmed>
- Guy's and St Thomas' – POPS (proactive care of older people) team
<http://www.guysandstthomas.nhs.uk/our-services/ageing-and-health/specialties/pops/overview.aspx>

2 Shared decision making, using patient decision aids (PDAs)

This can also be done both in primary care and in secondary care. NHS England is currently commissioning a refresh of the existing suite of 36 patient decision aids and going forward are aiming to align with NICE so that PDAs are developed and refreshed complementary to NICE clinical guidelines.

There is evidence that effective use of patient decision aids results in patients being less likely to choose invasive procedures and being more satisfied with their treatment.

2.1 Resources

- Patient Decision Aid tools [tools are in the process of being updated by March 2016]
<http://sdm.rightcare.nhs.uk/pda/>
- Option grids
<https://www.england.nhs.uk/ourwork/pe/sdm/tools-sdm/option-grids>
- Hampshire General Practice example – Dr Nigel Fisher
<http://www.londonsenate.nhs.uk/wp-content/uploads/2015/09/Getting-it-Right-First-Time-in-Primary-Care.pdf>

3 GP access to online specialist advice

This enables GPs to access non-urgent advice before a referral decision is made. It requires capacity to be made available within the provider, and arrangements in place to pay providers for the service.

3.1 Resources

- Barts Health offers GPs access to clinical advice in many specialties via dedicated specialty email addresses:
<http://www.bartshealth.nhs.uk/gps/key-contact-details/non-urgent-advice-and-guidance/>

4 GP peer review of elective referrals

GP peer review of referrals can improve the quality of referrals, including the quality of the referral letters and the likelihood of referrals being made to the most appropriate setting. It can also increase the likelihood of GPs referring when necessary.

4.1 Resources

- Kings Fund:
<http://www.kingsfund.org.uk/sites/files/kf/Referral-management-lessons-for-success-Candace-Imison-Chris-Naylor-Kings-Fund-August2010.pdf>
- Vale of York CCG:
<http://www.rightcare.nhs.uk/index.php/resourcecentre/commissioning-for-value-best-practice-casebooks/vale-of-york-ccg-a-vision-to-deliver-the-best-health-and-wellbeing-for-our-population/>

5 Using the RightCare approach to look at unwarranted variation

CCGs can use existing tools to help identify areas where there may be unwarranted variation in the levels of intervention across CCGs. Benchmarking with other CCGs can support identification of procedures. Local practice can be compared to NICE accredited commissioning advice in these areas.

5.1 Resources

- NHS Atlas of Variation in healthcare 2015. Reducing unwarranted variation to increase value and improve quality:
http://www.rightcare.nhs.uk/atlas/RC_nhsAtlas3_HIGH_150915.pdf
- National Surgical Commissioning Centre Procedures Explorer Tool and Commissioning Guides:
<http://rcs.methods.co.uk/pet.html>
<https://www.rcseng.ac.uk/healthcare-bodies/nscg/commissioning-guides>
- RightCare Commissioning for Value:
<http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

6 Commissioning standardised clinical pathways

Part of this is to ensure that appropriate patients are directed to clinically effective non-invasive interventions before invasive procedures. For example, physiotherapy and weight loss before total knee replacement. In addition the elements of common clinical pathway which take place within hospital should be commissioned in a standardised way to remove steps that do not add value.

The Getting It Right First Time programme based in Department of Health is aiming to do just this for certain major elective surgical pathways. Part of this involves implementation of enhanced recovery programmes that include pre-op, peri-op and post-operative interventions to deliver better patient experience, better clinical outcomes and shorter length of stay.

6.1 Resources

- NHS Atlas of Variation in healthcare 2015. Reducing unwarranted variation to increase value and improve quality:
http://www.rightcare.nhs.uk/atlas/RC_nhsAtlas3_HIGH_150915.pdf
- National Surgical Commissioning Centre Procedures Explorer Tool and Commissioning Guides:
<http://rcs.methods.co.uk/pet.html>
<https://www.rcseng.ac.uk/healthcare-bodies/nscg/commissioning-guides>
- RightCare Commissioning for Value:
<http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>