

To: • NHS Trust and Foundation Trust:

- chief executives
- chairs
- medical directors
- chief operating officers

NHS England
Wellington House
133-155 Waterloo Road
London
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12 January 2023

cc. • NHS England regional directors
• ICB chief executives

Dear colleagues,

Elective actions for the 78 week cohort

Happy New Year and we hope you and your teams are bearing up during these difficult times. Thank you for all you are doing to manage pressures in urgent care, the impact of flu and COVID-19, and trying to navigate strike disruption, which must be key priorities at this time. We also know that we are all very keen to continue to make progress on elective and cancer care. We do, however, recognise that some rescheduling of elective activity will, in the most extreme circumstances, be unavoidable.

In discussions with colleagues, it is clear that there are several areas of activity that we can usefully focus on this month which should not significantly cut across the current need to focus on urgent care and industrial action.

First, in relation to cancellations, we know that cancelling electives is a last resort and that we are all working as hard as we can to minimise this. If you are in the unavoidable situation where beds need to be released for UEC pressures, or you need to free clinical staff up to assist with these pressures, including due to industrial action, please do so in discussion with your provider collaborative, ICB and regional colleagues, as they may be able to provide support and mutual aid. It is clear from the first round of Industrial action that, with good planning, cancellations can be kept to a minimum. Many providers maintained good access for new outpatients (including virtual) and also used the time to make progress on validation and scheduling. Given this experience, we expect all trusts affected will be able to maintain this kind of access during future industrial action days. It is recognised that this will, inevitably, depend on how long the period of industrial action lasts and how extensive it is.

Second, we know that we made great progress on two year waits when trusts actively validated and booked patients in for their appointments well ahead of time. This may appear obvious, but the data is very powerful that the process of actually booking

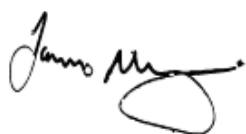
patients in for appointments was incredibly helpful in validating the list in its own right. More importantly, getting this clarity on next steps for each of these patients really helped them and the Trust either speed up treatment or take patients off the list if it turned out treatment was unnecessary. We are, therefore, asking every organisation to book appointments for all of their 78 week cohort (patients who will otherwise breach by April) by the end of January, with outpatient appointments and treatments completed before the end of March. To be clear, we are not asking that appointments/treatment be concluded before the end of January, just the booking process, so that we can all be clear and confident of delivery. The detail is in the attached appendix. Crucially, talking to colleagues over the last few days, there is high confidence that this booking activity should not significantly conflict with the current focus on urgent care, and that this booking work can be done in parallel as it should involve different staff.

Finally, it is still clear that our lists are not as accurate as they should be, with multiple entries apparent in the data and reductions in list size resulting from active validation. Again, this is an activity that can be undertaken in parallel with other pressures and annex 1 sets out some actions to support this work.

National and Regional colleagues will be in touch to agree the data required to confirm the above actions for Tier 1 and 2 trusts, and how these will be monitored through the strengthened Tier oversight calls.

We trust that this is reasonable and thank you again for all of your efforts. If any support is required with these actions, please let us know.

Yours sincerely,



Sir James Mackey
National Director of Elective Recovery
NHS England



Prof Tim Briggs CBE
National Director of Clinical Improvement
and Elective Recovery
NHS England

Chair
Getting It Right First Time (GIRFT)
programme

Annex 1: Required actions

We ask that you complete the following actions:

1. **All patients in the 78w cohort without a decision to admit (DTA) must have a next appointment booked by the end of January 2023.**
2. **All patients in the 78w cohort with a DTA must have a recorded TCI (to come in) date by the end of January 2023 within the Waiting List MDS, with first definitive treatment scheduled before the end of March 2023.**
3. **Any patient waiting over 52 weeks on an RTT pathway (at 31st March 2023) who has not been validated in the previous 12 weeks should be validated by 20th January 2023.** Prior to the 104 target a number of systems found it beneficial for clinical teams to peer review each other's lists, to ensure robust validation. This could be considered by trusts at this stage. <https://www.england.nhs.uk/publication/validation-toolkit-and-guidance/>
4. Progress against the above requirements will be tracked using the weekly waiting list minimum dataset (WLMDS) that Trusts submit nationally. Within this, **it is vital that the 'date of last review' data field is completed for all patients in the 78w cohort.** Furthermore, national analysis has shown that there may be entries on the list for 78 week+ patients that may be duplicates. **All such duplicate entries must be identified, clinically reviewed and removed at the earliest opportunity, no later than 22nd January.**
5. National Choice Guidance on the use of the prioritisation code P6 was recently updated here: [Choice Guidance Final Updated 111022 - Elective Recovery - FutureNHS Collaboration Platform](#). For any 78 week+ breaches in March, only C code patients will be considered as patient choice, so please ensure that **all choice patients have been correctly coded in accordance with the guidance.**
6. Part of the approach to tackling long waits for patients has been utilisation of independent sector (IS) capacity to treat patients. **Where patients have been transferred to IS providers, it is vital that you maintain close oversight and ensure that these patients are treated before the end of March.** You must also ensure that all of these patients are reported through the national WLMDS, with contract management in place to track and monitor progress.

Should you have any queries please email: england.electiveopsanddelivery@nhs.net

Annex 2

Maintaining OP activity during industrial action - Checklist

Checklist for maintaining OP activity during industrial action

- ✓ Have you prioritised maintaining services to assess longest waiting outpatients during industrial action?
- ✓ Is there is a next appointment booked for any patients displaced their OP appointment due to industrial action?
- ✓ Are you rescheduling appointments in dating order?
- ✓ If a diagnostic procedure was rescheduled due to industrial action is there a process in place to ensure the results are available and can be accessed during the follow up?
- ✓ Have all outpatient cancellations been clinically reviewed and authorised?
- ✓ For outpatients interventions that can be maintained during industrial action - have you contacted the patient to explain that they still need to attend their appointment during industrial action days recently?

Remote Consultations - Resource Checklist

This checklist has been developed as a resource pool to support remote consultations usage in NHS outpatient settings across the NHS. Remote consultations include video and telephone consultations, and online forms/questionnaires. These are business as usual consultation modalities that enable services to offer alternative consultation formats to patients. Remote consultations offer benefits to patients and clinicians as well as offering operational benefits including in the context of elective recovery, winter pressures and maintaining patient safety during industrial action.

Futures page

[Remote consultations in secondary care](#)

Website

[NHS England website](#)

Contact

england.remoteconsultations@nhs.net

✓ Implementation resources

Clinical guidance:

The [Clinical guidance](#) sections includes guides on; [choosing how to consult with your secondary care patients](#), and other resources to support clinicians delivering remote consultations.

Health inequalities and digital exclusion

The [health inequalities and digital exclusion](#) page, includes a [national EHIA](#) for video consultations which can be adapted for local use, and other resources including patient facing translated materials that can be used to help reach marginalised groups.

Patient information materials

The [patient information materials](#) page, includes a range of communications materials to support providers and systems when communicating about remote consultations with patients. This includes a guide for [video consulting with your NHS](#)

Implementation materials

The [implementation materials](#) page, holds resources that support implementation and implementing at pace including our [video consultation implementation in one week](#) guide. There is also a, [SOP template](#) that can be adapted locally and other materials.