NHS England and NHS Improvement Board meetings held in common

Paper Title: Elective Recovery Programme update

Agenda item: 4 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	☐	Statutory item	☐
NHS Long Term Plan	☒	Governance	☐
NHS People Plan	☐		

Executive summary:

This paper gives an update on the recently published 'Delivery plan for tackling the COVID-19 backlog of elective care'. It sets out the progress that has been made to date, details some of the new initiatives as well as the model for delivery.

Action required:

The Boards are asked to note the information provided in the report

Background

1. The 'Delivery plan for tackling the COVID-19 backlog of elective care' was published in February 2022. It sets out a stretching set of performance ambitions. This is a significant recovery programme focused on boosting patient choice, expanding capacity, prioritising the most vital care, and transforming the way care is delivered.

2. We are putting in place a robust and effective set of delivery mechanisms, to focus on performance and variation. This will mean national teams supporting local initiatives, tackling variation between providers and systems, to maximise benefit for patients and the public.

3. Despite the Omicron wave, we have begun to make progress on the programme of recovery and transformation. Learning from previous peaks in the pandemic has meant that the impact of the latest wave of Covid pressures on elective activity has been less pronounced than in previous waves. Use of the independent sector has reached 120% of usual levels, more than 60 community diagnostic centres have been rolled out, and more than 870 targeted investment schemes have been supported to renew local services and provide better care.

4. As set out in the Delivery Plan, the rate of progress depends on returning to and maintaining low levels of COVID-19, enabling the NHS to restore normalised operating conditions and reduce high levels of staff absence.

Long waits

5. We are maintaining a consistent national focus on the first milestone in the delivery plan: that by July 2022, no one will wait longer that two years for elective care, apart from those who choose to wait longer, and a small number of specific specialised areas. We know that some patients may choose to wait longer due to concerns about the pandemic, recent Covid illness, or because they would prefer to stay at their current provider. We are working to agree local plans to eliminate eligible elective waits of over two years with all systems and providers, and in conjunction with this are developing a clear support offer for the most challenged trusts to help them to deliver on the objective. We are also establishing a national hub for mutual aid, to facilitate cross-regional treatment options for patients. We are initially targeting support to the longest waiting patients and "super specialist waits" increasing the use of mutual aid offering choice of alternative providers, including the independent sector.

6. We have made significant progress since April 2021, and have treated almost 400,000 patients who, if not treated, would have been waiting over two years by the end of March 2022. Our approach is informed by, but also builds on, the experience of the NHS having successfully done this before. But we will be bringing down long waits faster and in more constrained conditions than we have done before, and so it will take clear focus at every level.

7. In the last 6 weeks, management information has shown week on week reductions in the longest waiting cohort of patients including in systems with the highest number of long waiting patients.

Choice

8. Increasing patient choice is at the core of the delivery plan. The My Planned Care platform has already been launched, which makes waiting time by specialty by provider accessible to patients as well as better support information and guidance. The work on the national hub will also expand the choice offer for patients.

9. The greatest limitation in being able to offer greater patient choice is capacity. It is therefore critical that we get patient choice correct at the start of the pathway by ensuring patients are aware of their ability to choose and are offered the providers with the shortest waiting time as an option, including through the independent sector.

10. We will therefore work with NHS Digital to improve choice on e-RS (the electronic referral system) and work with primary care to strengthen the offer of informed choice at the point of referral into secondary care. In each of these workstreams, we will work to ensure that health inequalities are addressed in the design of the approaches.

'Personalised Outpatients'

11. One of the key programmes included in the delivery plan is a personalised outpatient model that better meets individual patient need. It is anticipated this

will focus clinical time on waiting patients with greater need, and those needing a diagnosis to start a clinical pathway.

12. The planning guidance requires each provider and system to release time to focus on seeing new patients by reducing outpatient follow-up appointments by a minimum of 25% by March 2023 compared to 2019/20 baseline activity and go further where possible. Systems (and their constituent providers) will need to agree each provider's individual level of ambition.

13. A critical component of this plan will be giving patients more control of their care, the ability to book and change appointments, interact with clinical teams, order tests and, potentially, change their provider. Over time, this will be enabled via the NHS app and each provider must have a plan to get to this point.

Delivery confidence and key risks

14. Following the publication of the delivery plan, we have been working across the organisation and with regional and clinical colleagues to set out a clear and focussed model of delivery. The principle of the model of delivery is to provide co-ordinated and focussed support to providers and systems to enable them to deliver the objectives of the plan.

15. We have been clear in the planning guidance about the key delivery areas for elective recovery and the support available for these. We are developing a scorecard approach, so that at all levels in the system, the measures that we are tracking are clear and consistent.

16. The planning guidance also set out the requirements for accessing the Targeted Investment Fund for systems, £1.5 billion of capital support for elective recovery over the next three years. Regions were provided with their indicative regional allocations as part of the planning process and asked to work with their systems to determine how the funding will be targeted to address the most challenged areas or specialties and also to address health inequalities.

17. The principal risk to delivery is the ongoing Covid-19 wave, with increases in recent weeks, including the impact that has on staff absence, urgent and emergency care, social care, and across the whole system.

Conclusion

18. This paper provides an update on the good progress that we are making on the recently published 'Delivery plan for tackling the COVID-19 backlog of elective care'. Although the ambitions are stretching, current progress is positive and the risk around delivery of the first performance ambition is being closely managed.