4th Annual Elective Care Conference
Keynote speech

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Reflections on the day

• Representatives from all parts of the NHS
• Excellent examples of good practice from all aspects of elective care
• Sharing of experiences and ideas
• Evidence of collaboration and partnership working
• Obvious commitment of individuals, teams and Trusts to deliver improvement for patients
Agenda

• National priorities
• What is NHS Improvement
• How can we help?
National elective care priorities

- Consistently meeting NHS Constitution standards, including national access targets - as individual providers and as a whole sector
- Effective management of winter and other operational pressures
- Integration, collaboration and sharing of good practice

National elective care work streams include:

- Demand and capacity - training on demand and capacity planning, understanding the high growth in non admitted pathway
- RTT training - development of national web based learning and assessment tool for RTT and diagnostics
- Data quality - support those that are currently not reporting national data, learning from these issues and development of example operational tools to manage waiting lists
- Patient access – development of a model access policy and ensure all policies are compliant with the National rules and the NHS Constitution.
- Development and testing of 28 day faster diagnostics standard for cancer
- Development of guidance and reporting of inter-provider transfers and breach sharing
NHS Improvement: who we are

Monitor

Intensive Support Teams (from NHS IMAS)

Advancing Change Team (from NHS Improving Quality)

NHS TDA

Patient Safety (from NHS England)
Vision and purpose

Vision:
• Better health, transformed care delivery and sustainable finances

Purpose:
• To support NHS providers and local health systems to improve

We will move towards a model where we:
• support providers and systems first
• hold boards to account against transparent expectations, and a single, clear definition of success
• intervene only where necessary
Building our support offer

Faculty of Improvement
Will push forward the improvement movement within the NHS

Clinical Network
Engage clinical leaders in the service to ensure we have maximum clinical engagement and support for our work.

Advancing Change Team
Provides expertise in change management capability development, and supports NHS staff in the delivery of change

Sector sustainability
Supporting short term operational improvement, longer term sustainability solutions and leadership development

Development support
Provided through NHS Improvement’s regional teams and a central Development team

NHS Improvement
Some shifts in emphasis

- Genuine support for improvement (national and local)
- People working alongside providers – critical friends and supportive partners
- Supporting local systems in agreeing longer term solutions and delivering them
- Balance between support and regulation – proportionate regulation and accountability
- Working closely and collaboratively with other national bodies, especially NHS England and CQC
- Leadership support, development and succession planning
Focus for NHS Improvement

- As many providers as possible achieve “Good” or “Outstanding” CQC ratings
- Aspire to having no providers in Special Measures
- Enable the new care models set out in the Five Year Forward View
- Sustainable achievement of key targets and standards
- Financial control and significant improvements in provider productivity
- Support the development of more effective boards and leaders
How NHS hospitals could improve productivity in elective care by up to 20%

We've studied ophthalmic and orthopaedic elective care providers at home and abroad to identify where and how they maximise quality and efficiency.

Adopting these operational good practices in elective care procedures could improve patient outcomes and improve productivity in the NHS by 13% to 20% based on today's spending and activity. These tried and tested techniques may be well known, but even today's most efficient providers don't have them all in place.

We found nine opportunities for operational improvement – of these, five offer the most gain.

<table>
<thead>
<tr>
<th>Before admission</th>
<th>Admission</th>
<th>Surgery</th>
<th>Post-operative care</th>
<th>Follow up</th>
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<tbody>
<tr>
<td>Rate patients by risk and simplify pathways for lower risk patients</td>
<td>You could: Implement ‘day-of-surgery admissions’</td>
<td>Extend clinical roles in theatre or outpatient procedure team</td>
<td>Standardise ward care and implement enhanced and rapid recovery practices</td>
<td>Provide virtual follow-up for patients without complications</td>
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<tr>
<td>Royal Orthopaedic Hospital NHS Foundation Trust</td>
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<td>Coxa Hospital for Joint Replacement</td>
<td>Capio Movement elective orthopaedics centre</td>
<td>Moorfields Eye Hospital NHS Foundation Trust</td>
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<td>You could also: Assess patients in a one-stop outpatient clinic</td>
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<td>Manage the number of procedures per theatre session</td>
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<td>Sunderland Eye Infirmary</td>
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<td>You could also: Incentivise surgical teams to use theatres effectively</td>
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Other essentials for improving productivity

Clinicians and managers at the sites we studied also saw these supporting conditions as fundamental:

- Standardised pathways and protocols
- Effective performance management systems
- Visible leaders accountable for continuous improvement from board to ward
- Adapted staff contracts
- Engaging patients and families in their own care

For our full findings, visit https://www.gov.uk/guidance/improving-productivity-in-elective-care
Examples of elective care improvements in the NHS and abroad

Rate patients by risk

In Royal Orthopaedic Hospital NHS Foundation Trust’s rapid assessment pathway, a band 5 nurse and healthcare assistant carry out an initial assessment to determine if a patient needs a full preoperative assessment. This reduces the number of appointments low-risk patients must attend. The key performance measures are reductions in: late cancellations due to patient fitness; patients requiring full preoperative assessment; and the time taken to process notes.

Standardise ward care and implement enhanced and rapid recovery practices

Capio Movement in Sweden reduced hip/knee replacement length of stay by encouraging and supporting rapid recovery. A series of multiple mutually reinforcing actions make it possible to achieve early discharge, including not catheterising patients and actively encouraging mobility. Around 75% of hip and knee replacement patients are able to be discharged on the day after surgery, with low rates of readmission.

Extend clinical roles

At Coxa Hospital for Joint Replacement in Finland, a consultant anaesthetist and two specialist nurse anaesthetists provide anaesthetic services for two theatres and the preoperative induction area on the routine joint replacement surgery pathway. Anaesthetic assessment is carried out by a nurse anaesthetist, and the team administers spinal anaesthesia for hip/knee replacements to allow for early mobilisation.

Provide virtual follow-up for patients without complications

Most patients need to see an optometrist for new glasses after cataract surgery - Moorfields Eye Hospital NHS Foundation Trust has contracted community optometrists to undertake post-cataract surgery follow-up appointments in some areas. Moorfields pays community optometrists to perform the postoperative assessment and report back outcomes data during a single, local patient visit.

Manage the number of procedures per theatre session

Sunderland Eye Infirmary delivers eight cataract surgeries per four-hour list. Lists are tailored according to individual surgeons’ speeds, and service and training lists are scheduled to achieve this. Primary nurses accompany patients from admission through surgery to discharge, reducing turnaround times to five minutes.

Full case studies

- Examples from the NHS
- Alfred Health in Australia
- Capio in Europe
- Cleveland Clinic in the USA
- Coxa Hospital for Joint Replacement in Finland
- Emory University Orthopaedics and Spine Hospital in the USA
Your feedback...

Thinking about improvement support to your own organisation…

• What should we do more of?

• What should we do less of?

• What should we start to do / develop?
Do more…

• Resources and training
  • More
  • Different methods (social media, apps)
  • Do it once
  • Train the trainer and cascade training
  • Develop experts in each organisation
  • Local events
  • Case studies
  • National Access Policy

• Sharing of good practice
  • Linking organisations together
  • Sharing examples, e.g. Royal Free clinic outcome form
  • How to engage clinicians
  • Chief Executive RTT Forum
  • Lessons learnt – to be implemented
Do more…

- Support
  - Co-ordinate support
  - Sustainability reviews
  - Mentoring and peer support
  - Listening
  - CCG understanding
  - Expand ISTs
  - How to access support – emphasise positive nature of IST support
Do less...

- Unrealistic expectations regarding performance improvement
- Knee jerk reactions to performance slips
- Pressure to give the answer wanted rather than what is deliverable
- Endless requests for trajectories and reports
- Meetings which do not add value
- Tools and guidance without communication and demonstrations to Trusts
Start to do / develop…

- More tools
  - Cancer sustainability
  - Demand and capacity, e.g. Follow Up tool, bed base tool
  - Standardise demand and capacity modelling
  - Strategic planning and forecasting tool
  - Development of high impact changes
  - Cancer dashboards and KPIs
  - Benchmarking

- Different approaches to training
  - Online – e-learning for RTT and cancer
  - Bite size information on key subjects – Apps

- Specialist devolved support
Start to do / develop…

• More clinically led
  • Clinical engagement in elective care, including GPs
  • Meetings, forums and networks

• Learning and development
  • Idea development and exchange
  • Personal development
  • Networks
  • Mentoring and coaching
  • ‘Improvement College / Network’
  • Development of exemplar sites
  • Supporting Trusts to prioritise
  • Focus on pathway management
  • Engagement of organisational leaders – should this be part of criteria for support?
Questions and discussion
Further Information

All presentations will be posted on our website very soon

Website link  www.improvement.nhs.uk