Elective Recovery

Supporting the development and implementation of activities designed to facilitate elective recovery

NHS

Arden&GEM
Health and social care systems support

The NHS cared for more than 600,000 Covid-19 patients during the pandemic. As a result of focusing on urgent and critical care there was reduced capacity for elective routine procedures. During this period, over 10 million people did not come forward to seek the help they needed. The waiting list for NHS care is now over 7 million.

To address this pressing challenge, NHS England produced its 'delivery plan for tackling the COVID-19 backlog of elective care' in February 2022. This included the following aims:

- eliminate waits of longer than a year for elective care by March 2025
- 95% of patients needing diagnostic tests should receive it within 6 weeks by March 2025
- 75% of patients who have been urgently referred by their GP for suspected cancer to have their condition diagnosed (or cancer ruled out) within 28 days by March 2024
- reduce waits for outpatient appointments by transforming models of care and increasing use of technology.

Arden & GEM is currently working with systems across England to support their individual challenges and objectives. With extensive NHS experience, our multidisciplinary delivery approach combines a broad range of skills and capabilities which can quickly and effectively diagnose issues, before developing tailored solutions. These can range from advanced data analytics through to service transformation underpinned by best practice tools and techniques.

Our Elective Recovery support

Our support applies to all four key areas outlined by the NHS England plan necessary for tackling the COVID-19 backlog of elective care: increasing capacity, prioritising treatment, transforming the provision of elective care and improving patient support. Within these areas we enable customers to both understand their current position (diagnosing challenges) and develop and implement innovative solutions which deliver against local and national targets. Engaging with stakeholders (co-producing solutions) and enabling change (activating cultural change), we can support the development and delivery of system recovery plans alongside all other aspects of service delivery, planning and assessment. We offer a full project and programme management service to facilitate the transformation required to meet your objectives.

We can tailor our support to help you facilitate elective recovery.

Our offer

- Diagnosing challenges
- Co-producing solutions
- Activating cultural change
- Facilitating transformation

Increasing capacity

Prioritising treatment

Transforming the way elective care is provided

Better support and information for patients

Supporting Elective Recovery

Diagnosing challenges

Undertaking:

- System wide reviews of factors playing into supply and demand including
  - capacity and resources; workforce, equipment, beds, facilities and technology and use of the private sector
  - health needs of the population and levels of presentation
- Data reviews ensuring robust reporting is in place to include-
  - Monitoring data quality
  - Measuring and reporting on performance
  - Monitoring of patient needs to inform prioritisation
  - Monitoring of access among different groups and those of different socio-economic circumstances
  - Assessment of variance of need over specific calendar periods
- Analysis of data to provide intelligence and insight to inform change
- Mapping of treatment pathways, interconnections, handoffs and pinch points and potential areas to minimise waste
- Using local intelligence to understand challenges across specialties and pathways
- Workforce mapping and planning to ensure best use of skills and competencies.

Co-producing solutions

Engaging:

- Facilitating workshops with clinicians, to design a new future state, optimising patient care and assuring buy-in to change
- Reaching out to communities to ensure their needs are considered in the provision of services
- Recognising and sharing best practice across systems e.g. theatre utilisation
- Ensuring the wider collaboration and engagement with stakeholders e.g. the voluntary sector and local authorities
- Investigating the attitudes of health care professionals in relation to thresholds and the administration of treatment
- Building relationships with ISPs in your local area to identify and maximise the use of resources.

## Facilitating transformation

Enabling:

- Agreeing the change required to address long waits which could include the development and implementation of
  - Digital solutions e.g. virtual wards, digital infrastructure
  - Interventions that address health inequalities
  - Pathway redesign
  - New models of care
  - Estate and IT changes
  - Extending the use of facilities
  - Roll out national improvement tools
  - Clinical teams reorganised and established within and across systems
  - Systems for early screening, risk assessment and health optimisation in perioperative pathways
  - Separate elective and urgent/emergency activity
- Assessing proposed change to ensure
  - Cost effectiveness of potential models with the patient population
  - Applicability to all patient groups
  - Resources are allocated to support patients experiencing long waits
- Defining a programme of work that meets your requirements with clearly scoped outcomes and benefits
- Ensuring robust management systems and documentation are embedded to ensure traction of the project/programme
- Ensuring robust project governance and compliance frameworks are in place
- Monitoring of improvement, data and qualitative measures
- Assuring new practices are embedded and benefits realised.

Activating cultural change

Supporting:

- Building a culture of change through developing leaders, engaging with staff, and building partnerships and networks
- Developing techniques to measure patient experience including digital solutions
- Collating service user, carer and clinician feedback into a format where voices can be heard. Checking that changes to the way interventions are provided which may improve waiting times don't lead to dissatisfaction with other aspects of services
- Ensuring staff are supported through the change process
- Providing greater transparency to patients on their care journey potentially using the NHS App and My Planned Care platform.
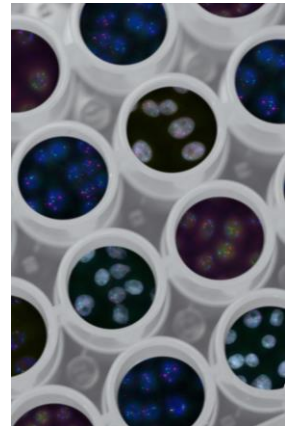
Some examples of our work

DEVELOPING A STEWARDSHIP AND VALUE PROGRAMME FOR MID AND SOUTH ESSEX HEALTH AND CARE PARTNERSHIP

Mid and South Essex (MSE) Health and Care Partnership wanted to create a culture of stewardship for six key service areas and the populations they served. To support this ambition, Arden & GEM's Healthcare Solutions team was commissioned to design and facilitate a bespoke four-month programme in partnership with Oxford Value and Stewardship.

Following a series of online learning and in-person workshops, stewardship teams now have the understanding to deliver truly integrated care within their system, with a clear framework outlining the data and perspectives needed for robust decision-making.

CLICK HERE TO READ THE FULL CASE STUDY

SUPPORTING PATIENTS IN BLMK TO BETTER MANAGE THEIR DIABETES THROUGH AN EARLY WARNING SYSTEM

Over 6.5% of the population in Bedfordshire, Luton and Milton Keynes (BLMK) has been diagnosed with diabetes and a significant proportion are people from ethnic minority backgrounds residing in high-deprivation areas. Clinicians needed a tool that would support them in adhering to core care processes leading to improvements in quality of life and a reduction in adverse outcomes.

Arden & GEM's Advanced Analytics Unit (AAU) has created a tool that not only provides near real-time population-level data and benchmarking but also identifies patients with unmet needs for proactive interventions.

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THE ESTABLISHING A GYNAECOLOGY SERVICE IN PRIMARY CARE

System partners in Coventry, Rugby and Warwickshire recognised that gynaecological expertise existed in primary care which could be used to support secondary care in reducing their elective care backlog by providing a primary care service.

In order to establish a system-wide primary care service, project management support from Arden & GEM was needed to ensure that the different workstreams were all captured in detail and the right people were brought together to deliver these activities. As a result, a primary care gynaecology service is now in place which comprises four clinics and has already seen 214 patients, representing 18-20% of the validated gynaecology waiting list.

CLICK HERE TO READ THE FULL CASE STUDY

NHS

Why use Arden & GEM's Elective Recovery support?

✓ We are part of the NHS family, we understand your local and national challenges, share your values and desire to enhance population health, improve services and deliver sustainable use of NHS resources.

✓ We provide access to multidisciplinary expertise spanning project/programme management, business intelligence/analytics, digital transformation, service redesign, finance, performance improvement, public health and clinical insight.

✓ Our Elective Recovery support can help health systems to increase capacity, tackle workforce issues, accelerate discharge from hospitals, expand services in the community, help the population access the right care first time and tackle unwarranted variation.

We would welcome the opportunity to discuss how our Elective Recovery support can help your organisation to achieve the Triple Aim duty of improved population health, increased quality of care and more sustainable use of resources.

Get in touch with us at:

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