Elective Care – ‘Building Back Better’

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Introduction

- COVID 19 - significantly impacted upon the delivery of acute services across the NHS.
- Despite Bury having high quality health services across primary, community, secondary care and the third sector the scale and the depth of the impact of COVID means that the current models of care can't address the problem and support the recovery required.
- Exacerbation of pre-existing access and waiting time pressures - considerable increase in the time patients are waiting to receive non-urgent treatments.
- Burys response - NCA, Bury OCO and wider partners driving forward a joint programme of work to radically change our current ways of delivering acute care to patients and respond at pace.
- Key focus - addressing health inequalities and inclusion at a neighbourhood level.
- System's response to the pandemic - provided opportunities for rapid 'tests of change,' bringing partners together to successfully redesign pathways to ease pressures in the system e.g., Bury COVID Urgent Eye Service.
- Place based, Neighbourhood Focus - citizens and communities are at the core of coproduction.
- Lesson learnt and best practice will inform a blueprint for Burys work with other providers e.g., Manchester Foundation Trust (MFT) and the Independent Sector Providers (ISP).

Elective Care Performance – Summary

Since the global coronavirus pandemic began Bury has experienced significant decreases* in elective activity across acute providers.

Decreases in Elective activity

- 42% less elective admissions
- 22% less first attendances (*telephone consultations increased from 0.5% to 34%**)
- 9% less follow up attendances (*telephone consultations increased from 2% to 36%**)
- 24% less diagnostics

As of January 2021, Bury* had 18917 registered patients waiting for treatment compared to 15152 in January 2020 representing an overall increase of 25%

The latest waiting list data for the NCA indicates there are 15036 Bury registered patients waiting, an increase of 29% from January 2020.

- 43% of the patients on the waiting list are waiting 18+ weeks
- 10% of patients on the waiting list are waiting 52 weeks or longer.
- Initial analysis suggests age is a contributing factor for those on a waiting list

Neighbourhoods - East & Whitefield

East

- Significantly younger population with under 44 year olds being over the Bury average.
- Most deprived neighbourhood, having the LSOA with the most deprived IMD 2019 score in Bury.
- Life expectancy is significantly lower than other neighbourhoods.
- Higher BAME population when compared to Bury and national averages.

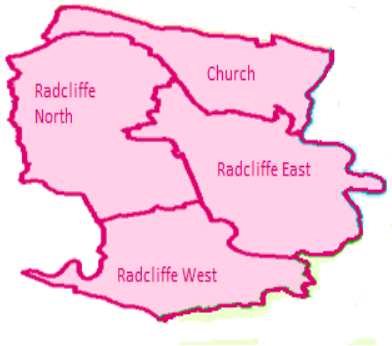
Whitefield

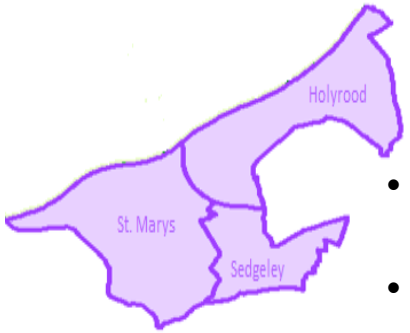
- Higher proportion of middle aged and older people (aged 45 plus) than the Bury average.
- Higher levels of Life Expectancy and Healthy Life Expectancy than the Bury average, especially for Males.
- Lower levels of household poverty than other neighbourhoods.

Neighbourhoods - West, Prestwich & North

West

- Lower levels of physical activity than other neighbourhoods and Bury average.
- Split population of over representation as 20-29 year olds and 50-59 year olds being significantly overrepresented.
- Nearly a third of Six Town housing is located in West, and there is much more social housing than any other neighbourhood in Bury.
- Median income for households is a lot lower than in other neighbourhoods.





Prestwich

- Younger population, but indicative of more families than other neighbourhoods with 0-14 year olds and 30-44 year olds being higher than the Bury average.
- Higher BAME population when compared to Bury and national averages.
- Higher levels of physical activity when compared to other neighbourhoods and the Bury average.

North

- Higher proportion of older people than the Bury average.
- Significantly lower BAME population than Bury and National averages.
- Least deprived Neighbourhood.

The Problem

- Patients are waiting longer for elective treatment than they ideally should. Waits will for routine urgency treatments continue increasing (waits were deteriorating nationally before this year, which is now exacerbated by COVID).

- Existing healthcare systems are not designed to support the closing of livelihood & wellbeing gaps across different socioeconomic groups, should they be present, which in turn affects health.

- Increased demands on primary care clinicians & secondary clinicians from maintaining safety (scanning) of patients held on waiting lists as a result of the backlogs.

- Longer patient waits worsen patient experience.

    - May include - increased anxiety (uncertainty) about receipt of treatment & treatment outcomes. In the meantime, patients will also be enduring physiological & psychological consequences of care that is delayed significantly beyond pre-COVID expectations, which is further exacerbated by high uncertainty about when COVID will ‘end’ & (the likely to remain) NHS constitutional standards framing patient expectations that are beyond the diminished process capability of the NHS.

Elective Care Programme - ‘Building Back Better’ Mission Statement

- To bring partners together to work as an **Integrated Care System** to actively pursue new innovative and collaborative solutions
- To achieve the **very best patient and population health outcomes**, through system collaboration and system leadership.
- This is a **collaborative partnership** between the Northern Care Alliance (NCA) and Clinical Commissioning Groups (CCGs) in the Salford and North East Sector localities.
- Phase 1 - working in collaboration with the NCA and Bury CCG, but with the aim of i**dentifying solutions that are scalable** across the system and therefore involving all Care Organisations and localities at key stages of the programme
- This will be achieved through a **change in culture within and between organisations** to support implementation of a shared vision and maximise the opportunity to collectively ‘Build Back Better.’
- Partners will work as a single integrated system, **flexing organisational boundaries** through clear and agreed delegated authority.
- **Data and evidence will drive the questions and agreement as a system of one version of the truth** and help to frame the environment we want to create for the future, without jumping straight to solutions.
- Fundamental to this process will be exploring new approaches to redesigning **person-centred, neighbourhood based holistic models of care** across multiple agencies. The system will consider overarching socioeconomic approaches and drivers, rather than just statutory healthcare targets and measures, including **inequality and inclusion**.
- The programme will be **evaluated by outcomes** and will enable partners to have the required honest and open discussions to support a **better patient experience** and ultimately, deliver **improved patient outcome** for the people we serve.

Programme Key Principles

- To clearly articulate the problem and considerations to work as a single integrated system, flexing organisational boundaries through clear and agreed delegated authority.
- To achieve the very best patient and population outcomes through collaboration and system leadership.
- Be evaluated by outcomes, especially those which service users themselves identify and report.
- Drive forward a change in culture within organisations to support implementation of the shared vision and maximise the opportunity to collectively 'Build Back Better.'
- To focus on approaches that deliver activity to both reduce demand through offering referral to diagnosis rather than just referral to treatment.
- To look at approaches to shape pathways to deliver better patient outcomes without necessarily resulting in an elective or planned procedure.
- Enable and not hinder the provision of integrated care and ensure that funding flows to where it is needed most to be utilised in the most effective way for the population.
- To redesign pathways in line with the existing initiatives that support innovation e.g., Community Diagnostic Hub strategy where appropriate.
- To consider the possibility of a holistic case management approach and develop a test of change.

Programme Key Principles

- To use data to drive the questions to interrogate the data further and to agree to one version of the truth.
- To use the data and evidence to keep a focus on the problem to produce a strategy and approach before moving to solutions.
- To roll this work out across the localities, as a system and to adopt a system wide approach to thinking and strategy, using the Bury locality as an initial test bed.
- To consider overarching socioeconomic approaches and drivers rather than just statutory healthcare targets and measures including inequality and inclusion.
- To widen the potential for lifestyle solutions, public health approaches and use of the local charity and voluntary sector where appropriate.
- To include the use of the Independent Sector resources and expertise in designing the solutions and actions.
- To have honest, open discussions, which are focused on the people we serve.
- To use single governance, joint reports and papers for all systems.

Tackling Inequalities Within Neighbourhoods

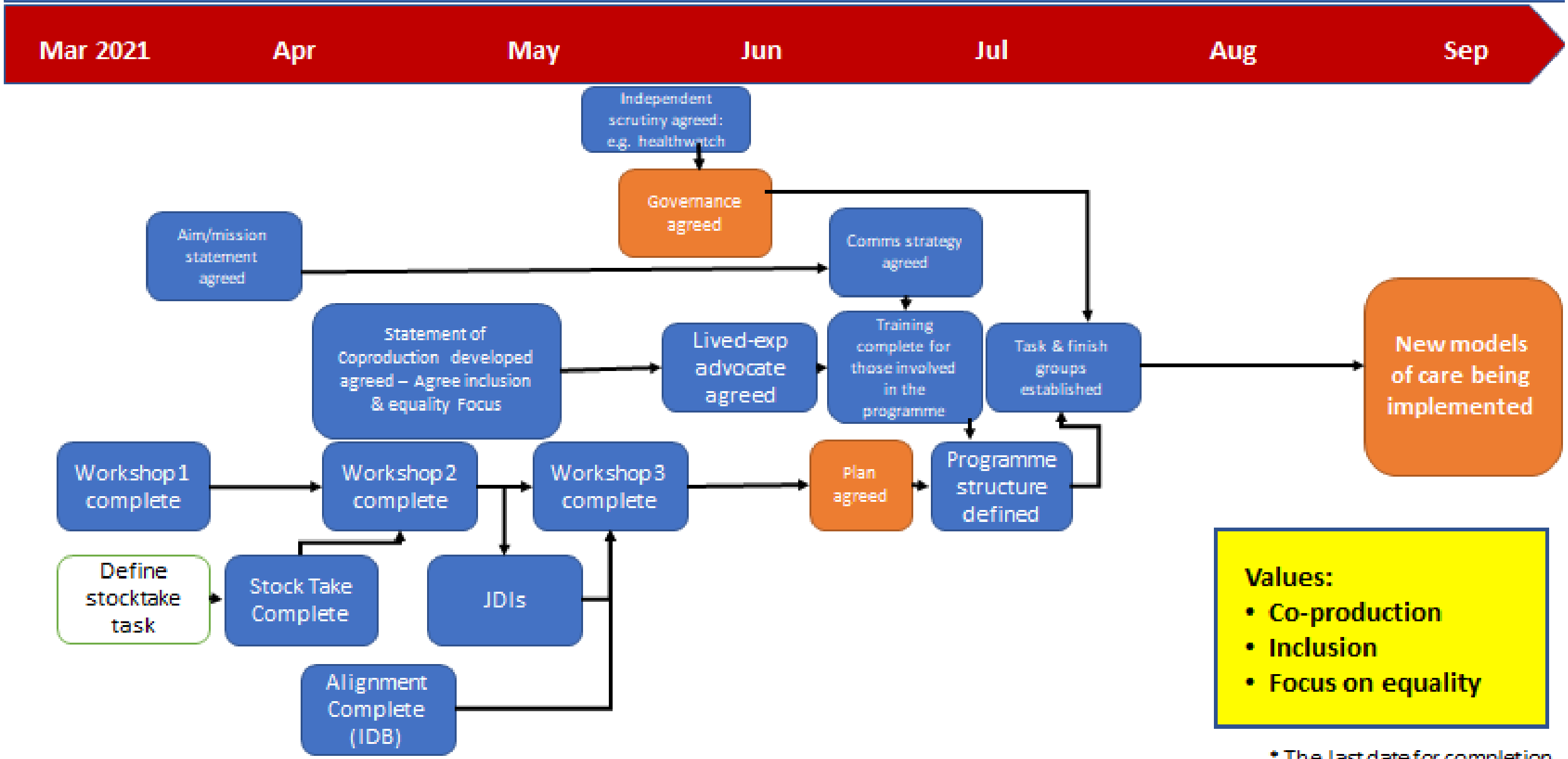
Plan, Do, Study, Act

- Who are the total cohort that have the problem/ are of interest?
- Who within the cohort are aware of the problem? Who is not aware and why?
- Who in the cohort is eligible for Intervention? who is not and why?
- Who receives optimal Intervention? Who doesn’t and why?
- Who achieves full compliance with Plan? Who doesn’t and why?

Integrated System Working – Collaborating to 'Build Back Better'

- The Northern Care Alliance and Bury One Commissioning Organisation Joint Transformation Group is leading a series of meetings and clinically led system workshops, built on the values of co-production, inclusion and equality, to:
  - agree the approach and principles to 'build back' and recover from the changed environment.
  - identify the environment it will aspire to create for the future, rather than focussing on solutions.
  - enable partners to work together to describe the desired system and patient outcomes and results, before describing the solutions to get there.
  - ensure the use of neighbourhood assets and adoption of strength-based philosophies to mobilise resources and develop alternative and innovative models of care.
  - agree the 'blueprint' of where they want to be, and how as localities we will know when we are there through smaller 'tests of change' and via a methodology that is transferable across service reviews to aid transformation at large scale.
  - focus on the Bury locality as an initial test bed for change, before widening the scope of the work to other localities within the NCA footprint.
  - develop and deliver a Bury system Road Map for Recovery and Transformation.

Bury systemwide roadmap for recovery (critical path of outcomes*)



* The last date for completion