

Meeting: Health and Wellbeing Board			
Meeting Date	21 October 2021	Action	Receive
Item No.		Confidential	No
Title	Bury Elective Care Transformation Programme and Bury Care Organisation Orthopaedic Improvement Programme Update		
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Executive Summary
<p>This paper provides the Health and Wellbeing Board (HWBBB) with an update on the Northern Care Alliance (NCA) and Bury CCG Elective Care Transformation Programme, following the presentation to the Board in April 2021.</p> <p>The paper also provides the Board with an overview of an interrelated Orthopaedics improvement programme of work, which the CCG has jointly initiated with the Bury Care Organisation (BCO) within Northern Care Alliance (NCA). The speciality level improvement work interrelates with the overarching wider NCA elective recovery agenda/strategy. The BCO Orthopaedic Improvement Group sits as a subgroup under the Elective Care Transformation Programme Group.</p> <p>The programme of work with BCO colleagues aims to support the recovery of the Orthopaedics speciality. It also has a distinct focus on inequalities and gaining a greater understanding of the needs of individual with orthopaedic conditions. It has brought together partners within Bury, including patients, to drive forward a programme of change interventions, where through a Bury system approach, changes to existing pathways and processes will be ‘tested.’ The programme aims to improve patients access and experience of ‘care,’ including self-care, and to support the recovery of this speciality.</p> <p>It is intended that the learning from these ‘tests of change’ will be reported into the Elective Care Transformation Programme Group, to inform the wider transformation work at a NCA trust level and look for opportunities to roll out a similar programme of ‘improvement’ work in other specialities delivered by NCA for Bury patients. Alignment with the overarching Elective Transformation Programme will also support the scaling up of successful initiatives across the other localities within the NCA footprint. In turn this will then report into the emerging Elective Care and Cancer Care Programme Board referenced in section 8 of this paper.</p> <p>Through their engagement at the Elective Care workshops, where several of the improvement areas were identified, Horizon Primary Care Network (PCN) is supporting this programme of work. Using the practices within the PCN as a test bed it will enable the development of a ‘blueprint’ that can be rolled out across the other PCNs in Bury at pace. We are hopeful that other PCN colleagues will join this work in future.</p> <p>Recognising the impact of the pandemic on waiting times, supporting patients to ‘Wait Well’ is a key element of both work programmes and an update on the work of a Bury Waiting Well Task Group leading this initiative is included in the paper. The paper also reports on work undertaken to capture patients</p>

experience of elective pathways and waiting for appointments/treatment to aid the systems understanding and inform the transformation and improvement of pathways/services.

The learning experienced as an integrated system team will be captured to progress and develop Bury's collective system wide understanding of the nature and impact of inequality for individuals; their families and how this shape the outcomes affecting their daily lives.

Recommendation

- To note the content of the paper and the work to date.
- Receive further updates as required.

Links to CCG Strategic Objectives

SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.	<input checked="" type="checkbox"/>
SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.	<input type="checkbox"/>
SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.	<input checked="" type="checkbox"/>
SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
Impact Assessment been completed?						
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome

Bury Elective Care Transformation Programme and Bury Care Organisation Orthopaedic Improvement Programme Update

1. Introduction

- 1.1 Following the presentation to the Health and Wellbeing Board (HWBB) in April 2021 on the Northern Care Alliance (NCA) and CCG Elective Care Transformation Programme, several developments have taken place, including a programme of improvement work in Orthopaedics with Bury Care Organisation (BCO).
- 1.2 The BCO programme of work sits as a subgroup, reporting into the wider Elective Care Transformation Group, supported by a range of system partners, primarily focused on developing a greater understanding of the inequalities facing patients with orthopaedic conditions.
- 1.3 Gaining a greater level of understanding of what is driving these inequalities will help to identify changes that can be made to the current models of care, to improve outcomes for patients and support recovery of this speciality.
- 1.4 In time and using orthopaedics as a 'blueprint,' this learning can be applied to other specialities delivered by NCA facilitated through the Elective Care Transformation Programme.
- 1.5 Orthopaedics has been selected as a 'test bed' as the service is delivered in whole through the BCO, giving Bury Commissioners greater scope to work with the Operational Director and wider Orthopaedics Team to implement change at pace.
- 1.6 Orthopaedics is also a high-volume speciality that has been significantly impacted by the pandemic, resulting in large number of patients waiting for surgical interventions for extensive periods of time.
- 1.7 To contextualise the current service position, it is important to note that at the end of June 2021, there were 22076 Bury patients waiting to commence treatment across all specialties and providers and of these, 2821 (13%) were in orthopaedics, making this the second highest waiting list for Bury patients with only gastroenterology being slightly higher.
- 1.8 At 246 in June, orthopaedics also has one of the largest number of patients who have waited more than 52 weeks to commence their treatment, though this marks a notable improvement from 383 in February. 82% of Bury's orthopaedic waiting list is held within the NCA whilst 6% are waiting at Wrightington, Wigan & Leigh (WWL) with the remainder split across several other providers and with whom engagement will be required going forward.
- 1.9 A multiagency Task Group, including patient representation, has been established to address gaps in support and information for patients waiting. Partners across Bury are co-producing a local 'Waiting Well' offer, which sits as part of an overarching GM led Waiting Well Programme of work.
- 1.10 In addition to the new areas of work and 'tests of change' outlined in this paper, the improvement work programme will also include the technical efficiencies work being undertaken by BCO in Orthopaedics to support elective recovery.

2. Purpose of the Paper

- 2.1 This paper is presented for information, to update HWBB members on the Elective Care Transformation Programme in section 4 and provide an overview of the Orthopaedic Improvement Programme of work in section 5.

3. NCA Elective Care Recovery Strategy

- 3.1 NCA is in the process of finalising a strategy for the recovery of elective care services, which has been taken through the Bury system governance for locality input. The aim of the NCA recovery strategy is to deliver the NHS constitutional standards for patient access by 2025 ensuring patient safety, excellence, and improvement in all known inequalities.
- 3.2 This will be achieved through focus in the following 5 key areas: pathway re-design, safety & experience of patients waiting, clinical & operational leadership, automation & standardisation of processes and engagement of trust staff, partners & patients.
- 3.3 The work of the Bury Elective Care Transformation Programme and BCO Orthopaedic Improvement Programme will support delivery of the NCA recovery strategy, along with future work in other specialties.

4. Elective Care Transformation Programme Update

Last 10 Patient Review

- 4.1 Through the work of the Elective Care Transformation Group, NCA partners have carried out an exercise to map the journey of the last 10 patients on the arthritic knee pathway, in collaboration with clinical colleagues. This included interviews with patients to discuss their experience of waiting on the pathway.
- 4.2 The Last 10 Patient approach is a proven methodology to understand what is happening in a patient journey. The approach identifies variations in pathway, causes of variations and highlights potential solutions to improve pathways and outcomes for patients.
- 4.3 The review has highlighted high levels of variation. This variation is being reviewed with clinical colleagues to inform pathway developments/re-design. An MDT is being convened with partners from all sectors across the Bury system to review the findings from the patient journeys and patient feedback to identify areas for improvement through integration and collaboration.
- 4.4 Several themes emerged from the patient experience calls, with the main area being communication and patients not feeling informed, or empowered, whilst waiting for the next stage of their journey. The patient feedback has been reported into the Waiting Well Task Group to inform the development of the locality 'offer' for patients waiting and local pathways.
- 4.5 A second phase of the review has commenced to look at the journey and experiences of 10 patients prior to acute referral, to identify their journey in primary/community care. The two will enable 'end to end' pathway reviews.

- 4.6 The outcomes of the Last 10 Patient Reviews and MDT will inform the development of ‘tests of change’ to improve the journey and pathways for patients. The ‘tests of change’ will be delivered through existing task groups, or via newly established groups, that will report into the Elective Care Transformation Group.

Patient Involvement and Participation Group

- 4.7 The Bury Patient Involvement and Participation (PIP) Group, established to support the delivery of the Elective Care Transformation Programme, meets monthly to ensure a patient perspective is brought into the work and facilitates coproduction of initiatives across the Bury system. The group is chaired by Bury Health Watch and has representation from VCFA, AQUA, NCA, CCG and LA.
- 4.8 The group, whilst in its infancy, has agreed Terms of Reference and works to the following co-production principles:
- Equality – everyone has assets
 - Co-production starts from the idea that no one, group, or person is more important than any other group or person. So, everyone is equal, and everyone has assets to bring to the process.
 - Diversity - diversity and inclusion are important values in co-production.
 - Accessibility - As well as physical access, making sure that information is accessible and that it is provided in appropriate formats is a key part of making sure that everyone can take part in co-production. Some of the language used can be problematic because it can involve jargon that is inaccessible.
 - Reciprocity - Reciprocity’ is a key concept in co-production. It has been defined as ensuring that people receive something back for putting something in. The idea has been linked to ‘mutuality’ and all parties involved having responsibilities and expectations.
- 4.9 The PIP group is currently working to develop an action plan that will align with supporting the Elective Care Transformation Programme and Orthopaedic Improvement work.
- 4.10 Most recently the group have coordinated a programme of engagement work through the Bury Social Prescribing Link Workers and Bury Health Watch to encourage individuals to share their experiences of waiting on the Elective Care pathway, or previous experience of waiting for Elective surgery .
- 4.11 As with the Last 10 Patient Review, key themes have emerged, to include issues with communication, the impact of waiting on mental wellbeing, a need for honesty and transparency in relation to waiting times and support for patients waiting.
- 4.12 The finding from the engagement exercises will inform the development of the transformation and improvement programmes, initially within Orthopaedic.

5. Bury Care Organisation Orthopaedic Improvement Programme

- 5.1 The improvement programme of work with BCO will support the wider transformational programme with NCA to achieve the desired ‘end state,’ as outlined below and shared in the presentation that came to the Board in April:
- Patients ‘waiting well,’ supported whilst on the waiting list to optimise their likely outcomes from surgery and any other form of treatment.

- Patients prioritised in accordance with clinical need, urgency, likely degree of benefit and consideration for the wider impact on an individual's socioeconomic factors that may drive further inequalities from waiting for treatment.
- A holistic approach taken to waiting list management to reduce inequality in access.
- Parity of esteem achieved across pathways to support improvement in both physical and mental health outcomes for patients.
- GPs and other stakeholder informed of expected waiting times for individual patients and the support available to patient whilst they wait.
- Integration across pathways to allow the patient to be seen by the right professional, at the right time in the most appropriate place, including within the neighbourhoods.
- All opportunities for non-surgical intervention explored, including those relating to social circumstances/social prescribing.
- Re-engineered pathways that deliver better patient outcomes that may not result in an elective or planned procedure.
- Enhanced pathways into non medicalised support to address socioeconomic factors, lifestyle, primary and secondary prevention and maximise Bury's community assets.
- A tried and tested model of co-production that can be scaled to support transformation on a wider footprint and inform an overarching Bury Co-production Strategy.

- 5.2 All the above aligns with the current Greater Manchester Elective Care Recovery and Reform Board's strategic direction, of which NCA is a major partner in alongside other GM based providers.
- 5.3 To deliver the Orthopaedic Improvement Programme a task group has been established led by the Director of Secondary Care Commissioning at Bury CCG and Director of Operations at BCO. The group is made up of colleagues from Public Health, BI, Primary Care, Clinicians, PCN, NCA and Community. Members of this group also sit on the Elective Care Transformation Programme Group to ensure alignment of the two programmes.
- 5.4 As with the overarching Elective Care Transformation Programme, co-production and reducing inequalities is the 'golden thread' running through the Orthopaedic improvement work.
- 5.5 Understanding the local population deeply, their individual and collective needs, their experiences and understanding of services and their ideas for positive sustainable change, is paramount to the success of the programme.
- 5.6 The work is supported by Public Health at the Local Authority, through the Public Health Consultant and the Patient Experience Lead at the NCA. It also has links into the Greater Manchester (GM) Elective Health Inequalities Task and Finish Group.

Programme Aim and Strategic Context

- 5.7 The Driver Diagram in appendix 1 agreed through Bury system governance sets out the overall aim of the orthopaedic improvement work to; *'Deliver effective system demand and waiting list management by March 2022.'*
- 5.8 The key drivers to support delivery of the project aim, aligns with the priorities and expectations set out in the NHS Long Term Plan and GM Elective Care Priorities around referral optimisation, supporting patients waiting and managing capacity and demand.

- 5.9 The outputs of a series of locality workshops ‘Elective Care Matters’, co-delivered by CCG and NCA colleagues as part of the transformation programme, generated several ‘ideas’ for potential areas of work that could be considered ‘quick wins.’
- 5.10 These ideas fall within ‘business as usual,’ with a focus on improvement, as opposed to larger scale transformation and lend themselves to tests of change in Orthopaedics. These have been included in the driver diagram.
- 5.11 Existing GM and nationally driven initiatives, such as Waiting Well and Primary Care Networks, that can be accelerated in the locality through a focused ‘test of change’ in orthopaedics, have also been brought into this programme of work and are reflected in the driver diagram. It is intended that the benefits gained in orthopaedics can then be replicated in other specialities.
- 5.12 Also reflected in the driver diagram are existing initiatives such A&G, PIFU, Care Navigation. Within the locality these have been implemented in part but have greater potential. The test of change in Orthopaedics will provide the platform to develop a ‘blueprint’ and evidence base to support these key pathway components to be embedded across more specialities in NCA and at other points across the pathway, championed by local clinicians and patients.

Progress to Date

- 5.13 The change ideas within the driver diagram have been further developed into an action plan with named leads, tasked with driving forward the plan and being accountable to the Elective Transformation Programme Group.
- 5.14 A Data Analysis Task Group, chaired by the CCG Head of BI alongside NCA BI, acts as an overarching group, providing analysis to inform the development of the ‘tests of change’ and ultimately to monitor the impact of the initiatives.
- 5.15 The group is currently undertaking some baseline analysis of waiting lists, priority at referral compared to actual activity, analysis of waiting lists and activity by inequality, and development of a local Bury heat map of current waiters and deprivation.
- 5.16 The outcome of the analysis will be presented back to the Orthopaedic Improvement Programme Group to inform the ‘tests of change’ identified in the workplan.
- 5.17 A key ‘test of change’ is the revision of the GP referral template to highlight at the point of referral into secondary care orthopaedics any inequalities. The aim is to ensure this is visible to the triaging clinician and equity is factored into decisions and prioritisation of treatment. The referral template will help to ‘advocate’ for patient, some of whom may not be able to do this for themselves.
- 5.18 The analysis from the data group will provide the current baseline position and inform the development of a monitoring framework to measure the impact of the ‘tests of change.’
- 5.19 As part of the work to address inequalities in the Orthopaedic Pathway, the Patient Experience Lead from NCA has obtained feedback on the experiences of patients and the impact of waiting on their physical/mental health and social-economic factors.
- 5.20 Along with the quantitative data from the Data Group, all the qualitative patient experience data will come together to inform an ‘end to end’ Orthopaedic pathway review.

6. GM and Bury Locality Waiting Well Initiative

- 6.1 The GM Elective Recovery and Reform Programme is developing a 'Waiting Well' framework; a repository of information for patients with resources available to them while they are waiting for their outpatient appointment and/or procedure. This includes signposting to national and regional resources.
- 6.2 Bury CCG and local partners, including NCA and VCFA, have been working alongside the GM Programme Manager to support the development of the GM platform, as well as developing a local platform to include a bespoke local offer and pathways to support patients waiting. The local Waiting Well package will be sited on the Bury Directory, with links being made to SharePoint to aid access in Primary Care.
- 6.3 Bury has been recognised by GM as being ahead in their local plans to implement Waiting Well and was invited to speak at a recent GM led learning event.
- 6.4 The CCG is coordinating a NES response to Waiting Well with NCA colleagues to ensure a consistent approach to communicate the Waiting Well initiative across staff and patients.
- 6.5 A Bury Waiting Well Task Group, a subgroup of the PIP Group, is coordinating this work, informed by the patient feedback obtained from the different patient engagement processes outlined in this paper.
- 6.6 Through the BCO Orthopaedic Improvement Programme, the Waiting Well Task Group is working with colleagues from BCO Orthopaedics Team to develop a bespoke Waiting Well page for orthopaedic patients as a 'test of change.' The learning from the Orthopaedic Improvement work will be cascaded and scaled up to support a more tailored approach to patients waiting across other specialities.

7. Elective Care Governance

- 7.1 A review of the current governance for the Elective Care Programme, which includes the transformation and improvement work outlined in this paper and the Cancer Programme, is taking place.
- 7.2 The aim is to bring together a focus on elective care and cancer from the point of view of recovery, transformation, performance, and 'Business as Usual' operational elements, under one Elective Care and Cancer Board that represents the Bury system.
- 7.3 The board will work to develop a shared vision for Bury, that feeds into the NCA Elective Care Recovery Strategy, Cancer Plans and Bury OCO strategic plans.
- 7.4 The work of the Elective Care Transformation Group and the BCO Orthopaedic Improvement Group will be accountable to the newly formed board.

8. Recommendations

HWBB to:

- Note the content of the paper and the work undertaken to date.
- Receive further updates as required.

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