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Integrated Care

Elective Care and Cancer Recovery and Reform Programme Update – July 2024

Part of Greater Manchester Integrated Care Partnership

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16th July 2024

NHSE 2024/25 Priorities and Operational Planning Guidance

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- Overall priority in 2024/25: recovery of core services and productivity following the COVID-19 pandemic
- Recognition that systems cannot continue to reduce long waiters while the overall waiting list grows, systems are asked to also focus on reducing the overall list size and improve productivity.
- Elective care and cancer objectives:

Area	Objective
Elective care	• Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)
	• Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%
	• Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25
	• Improve patients' experience of choice at point of referral
Cancer	• Improve performance against the headline 62-day standard to 70% by March 2025
	• Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026
	• Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
Diagnostics	• Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%

GM ICB – Priority Areas from the Six Elective Pillars

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- **Integrated Elective Care** – programme supports the early stages of the patient pathway and reducing the flow of patients into elective waiting lists. The priority themes of the IEC pillar are - Referral Optimisation and Outpatient Transformation.

- **Productivity and Efficiency** – programme focuses on integrated elective care and the capacity that could be realised by improving productivity metrics and optimising the efficient use of resources. Opportunities identified in Day case, theatres, outpatients and inpatient stays to release capacity to increase throughput and activity to address the RTT waiters' backlog and long waiters.

- **Independent Sector –** the aim of the programme is to reduce the number of patients on waiting lists across GM, reducing the pressures on elective care. A system level approach to effectively utilise the capacity of the IS and identify emerging demands is being developed for implementation.

- **Waiting List Management** – the programme aims to improve the elective care recovery position in GM over the next 3 years, with the aim of eliminating all long waits by 2025.

- **Surgical Hubs** – introduced during COVID to ensure protected capacity for elective recovery with the initial focus on paediatric and orthopaedic specialities alongside existing cancer hub arrangements. Effectiveness of the hubs for orthopaedics being evaluated.

- **Children and Young People** - the programme is focused on activity and capacity planning, clinical pathway standardisation (and interface with primary care), productivity and delivery of national targets and GIRFT recommendations.

Performance Data

Elective Care & Diagnostics

NHS Greater Manchester Position – Waiting Lists (June 2024)

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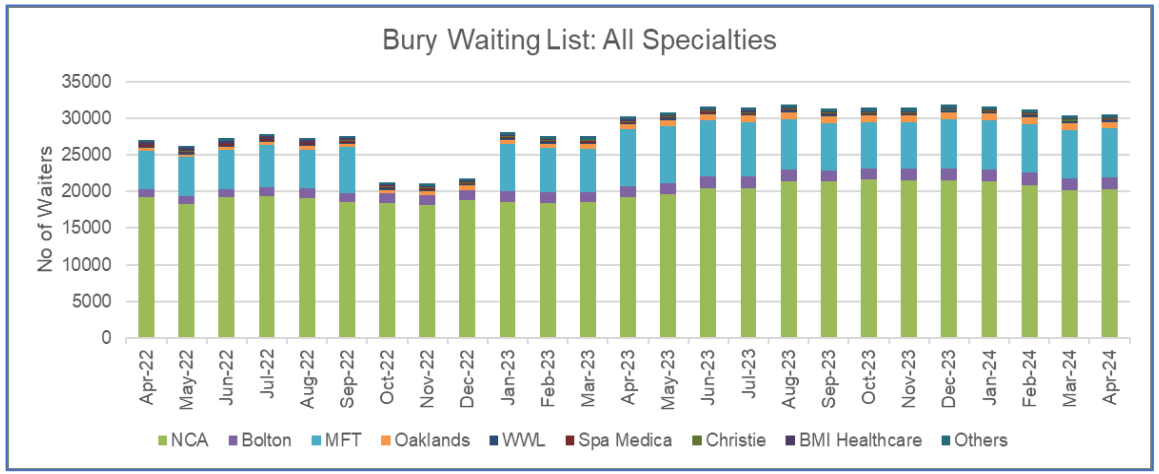
- The current overall RTT waitlist in GM is **521,893.**
- The GM ECRR Programme team are monitoring the **78ww position** with trust colleagues.
- Overall position is to **achieve zero 78ww by end of June 24 and zero 65ww by end of September 24.**
- Work ongoing to ensure achievement and sustainability**.**

Elective Care (Bury patients at all providers)



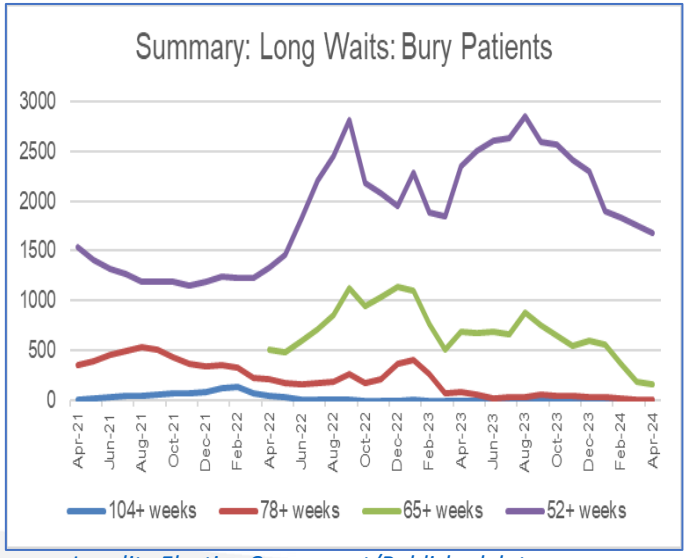
Source: Locality Elective Care report/Published data

Overall Waiting List:

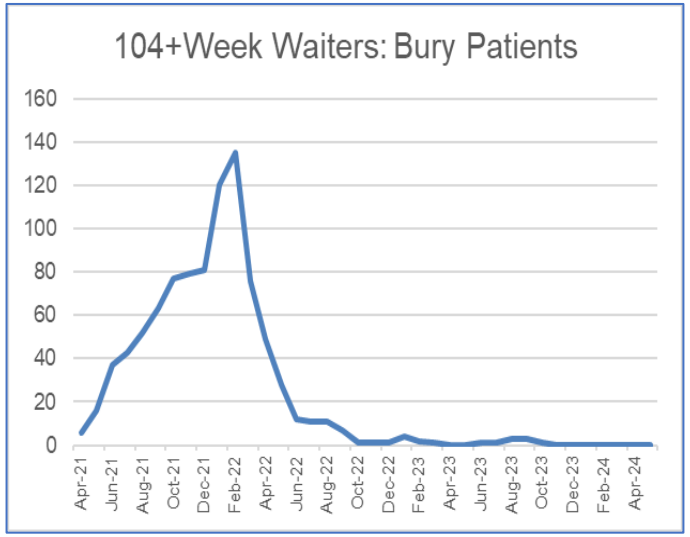
- MFT data is now included from January 23.
- Published April data shows an Increase on March 24 (0.6%, 168 pathways).
- Since March 24 there have been some increases across some specialties, with Respiratory Medicine Service showing the largest increase of 15.4% (91 pathways)
- Small reductions seen across several specialties in April, include Oral Surgery with an increase of 2.8% (52 pathways) & Gastroenterology Service with 2.4% (60 Pathways)

Long Waits:

- 104+: April shows 0 which has remained the same from March.
- 78+: April shows 4 pathways which has remained the same as March 24.
- 65+: Decreased from 191 in March to 166 in April 24. Plan was to be zero by March 2024.
- 52+: Decrease in April from March (-4.6%). The main specialties which saw a decrease were Ophthalmology decreased by -23% in April with 31 pathways and Dermatology -16.4% with 49 Pathways.
- Increases seen in ENT (+51 pathways) and Urology (+10 pathways).



Source: Locality Elective Care report/Published data



Source: Locality Elective Care report/Published data

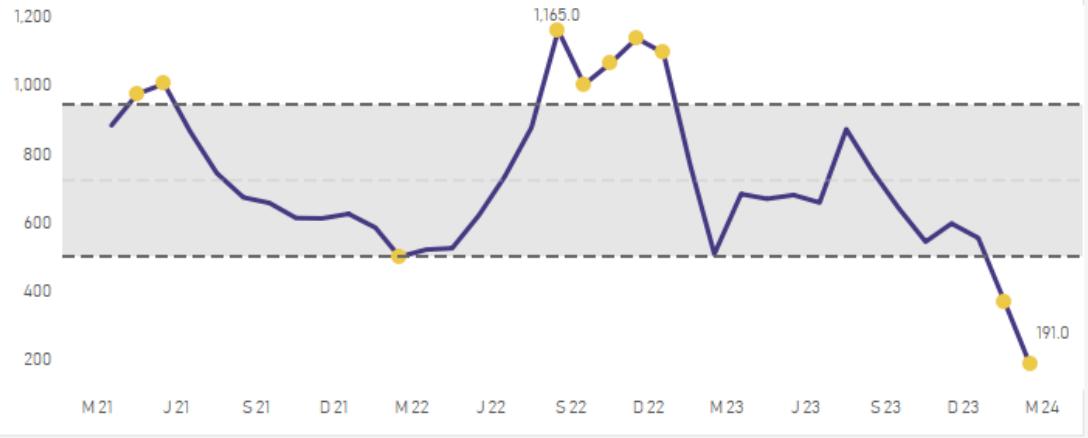
Bury

RTT incomplete: 65+ week waits
"The number of 65+ week incomplete RTT pathways based on data provided by NHS and independent sector organisations and reviewed by NHS commissioners via SDCS.
The definitions that apply for RTT waiting times, as well as guidance on recording and reporting RTT data, can be found on the NHS England and NHS Improvement Consultant-led referral to treatment waiting times rules and guidance webpage."

Source: Consultant-led RTT Waiting Times data collection (National Statistics). (Monthly)

191.0	371	56/121	0.
March 2024	February 2024	National Rank Inter Quartile	National Target

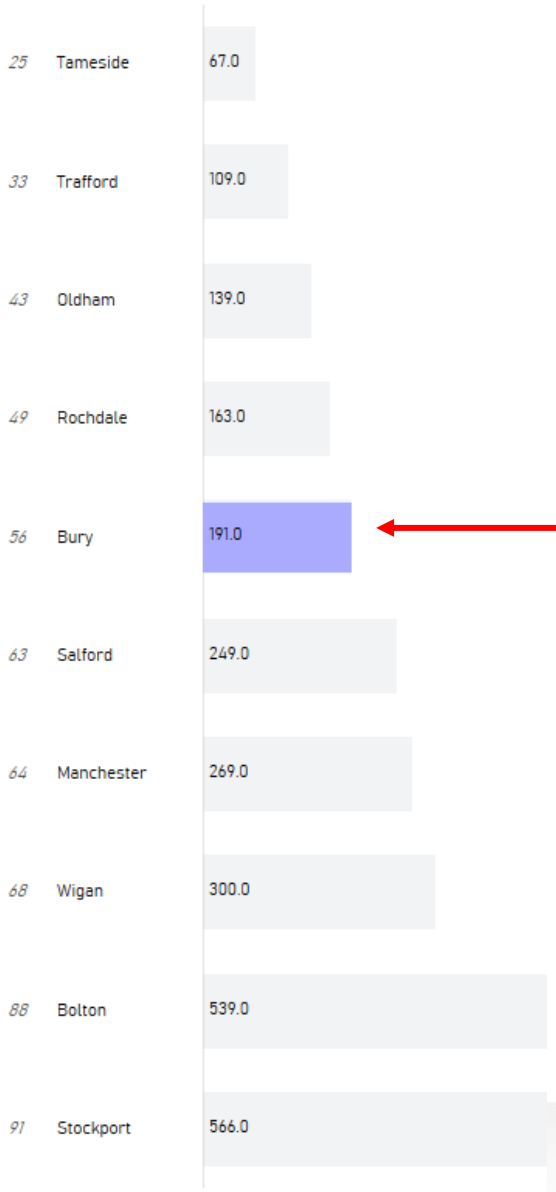
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	888	980	1,009	871	749	678	662	618	617	630	590	505
2022-23	526	530	626	739	882	1,165	1,007	1,070	1,142	1,099	773	513
2023-24	688	674	685	663	877	752	646	549	602	560	371	191

Selected measure at March 2024 has continuously decreased for 3 period(s) of time

Latest Value GM Benchmarking
National Rank against other localities



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GMs overall position is to achieve zero 65ww by end of September 2024.

Elective Care (Bury patients at all providers)

	Apr-24					
	Total Waiting List		Total 65 plus weeks		Total 78 plus weeks	
RTT Specialty	Total	% of Bury Total	Total	% of Bury Total	Total	% of Bury Total
General Surgery Service	1,397	4.6%	9	5.4%	-	0.0%
Urology Service	1,780	5.8%	22	13.3%	1	25.0%
Trauma and Orthopaedic Service	3,245	10.6%	15	9.0%		0.0%
Ear Nose and Throat Service	2,915	9.5%	18	10.8%	1	25.0%
Ophthalmology Service	2,210	7.2%	12	7.2%	1	25.0%
Oral Surgery Service	1,919	6.3%	17	10.2%	-	0.0%
Neurosurgical Service	3	0.0%		0.0%	-	0.0%
Plastic Surgery Service	244	0.8%	6	3.6%	-	0.0%
Cardiothoracic Surgery Service	6	0.0%		0.0%	-	0.0%
General Internal Medicine Service	31	0.1%		0.0%	-	0.0%
Gastroenterology Service	2,541	8.3%	4	2.4%	-	0.0%
Cardiology Service	1,492	4.9%	1	0.6%	-	0.0%
Dermatology Service	2,931	9.6%	14	8.4%	-	0.0%
Respiratory Medicine Service	682	2.2%		0.0%	-	0.0%
Neurology Service	20	0.1%		0.0%	-	0.0%
Rheumatology Service	623	2.0%		0.0%	-	0.0%
Elderly Medicine Service	81	0.3%		0.0%	-	0.0%
Gynaecology Service	2,222	7.3%	26	15.7%	-	0.0%
Other - Medical Services	2,094	6.9%		0.0%	-	0.0%
Other - Mental Health Services	4	0.0%		0.0%	-	0.0%
Other - Paediatric Services	1,954	6.4%	14	8.4%		0.0%
Other - Surgical Services	1,983	6.5%	8	4.8%	1	25.0%
Other - Other Services	155	0.5%		0.0%	-	0.0%
Total	**30,532**	**100.0%**	**166**	**100.0%**	**4**	**100.0%**

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Overall Waiting List:

- Dermatology, T&O and ENT still have the highest proportion of total Bury Waiters in April.
- The highest proportion of 65 plus week waits are in Urology and Gynaecology .
- The highest proportion of 78 plus week waits are in Urology, ENT, Ophthalmology and other- Surgical Services all with 1 waiter.

RTT March 2024 – NCA Data by Locality

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- 78ww ranked 50th biggest in England (Q2 - 35th centile) moving out of the bottom quartile – 42 out of 144 NHS providers reported zero
- 65ww ranked 18th biggest in England (Q1 13th centile)

NCA + 78ww by Locality

Specialty	Bury	HMR	Salford	Other	Total
Spinal Surgery	2	2		8	12
Ear Nose and Throat	1		1	1	3
General Surgery			1	1	2
Neurosurgical				2	2
Urology		1			1
Trauma and Orthopaedics				1	1
Neurology				1	1
Paediatric Dentistry				1	1
Total	**3**	**3**	**2**	**15**	**23**

There were 23 breaches of the 78 week standard at the end of March 2024

- 12 of these were due to patient choice,
- 8 were capacity breaches
- 3 were clinically complex

NCA + 65ww by Locality

Specialty	Bury	Oldham	HMR	Salford	Other	Total
Dermatology (Adults & Paeds)	36	2	8	33	62	141
Ear Nose and Throat (Adults & Paeds)	18	13	17	33	29	110
Spinal Surgery	8	7	8	4	64	91
Urology	20	18	40	1	8	87
Neurosurgical					72	72
Trauma and Orthopaedics	7	6	14	15	25	67
Oral Surgery	2		1	51	12	66
Ophthalmology	18	17	11	1	9	56
General Surgery	5	5	10	2	7	29
Gynaecology	6	6	9	3	2	26
Neurology					23	23
Colorectal Surgery	3	4	5		2	14
Gastroenterology	4	4	2		2	12
Plastic Surgery	3		1	5	1	10
Cardiology	1	3				4
Endocrinology				1	3	4
Pain Management					2	2
Orthodontic				1		1
Paediatric		1				1
Paediatric Dentistry					1	1
Paediatric Urology			1			1
Total	**131**	**86**	**127**	**150**	**324**	**818**

Note: NCA 24-25 plan delivers the 65ww September clearance ask

Diagnostics (Bury patients at all providers)

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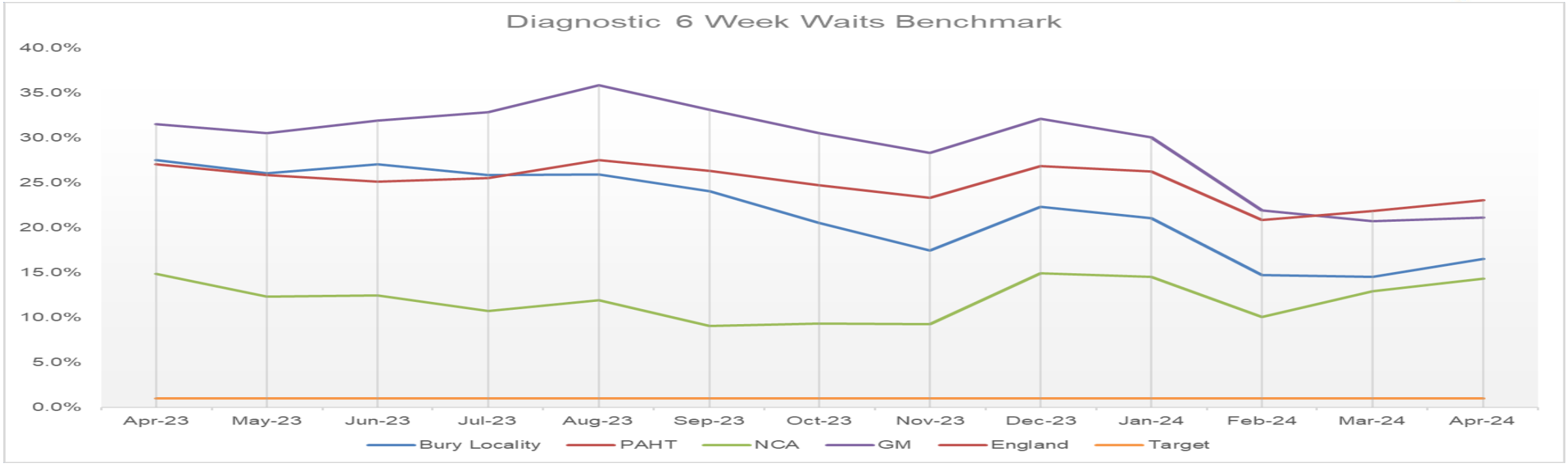


Source: Locality Elective Care report/Published data

Diagnostic Performance notes:

- MFT Data is now included from Jan 23.
- Bury's Diagnostic performance has now settled since the Dexa issue was resolved and now that MFT data is included.
- April's performance of 16.5% of patients waiting more than six weeks is an increase on the March's figure (14.5%).
- NCA performance has also increased to 14.3% in April from 12.9% in March.
- GM performance also saw an increase in April with 21.1%, as did England who had a performance of 23%.

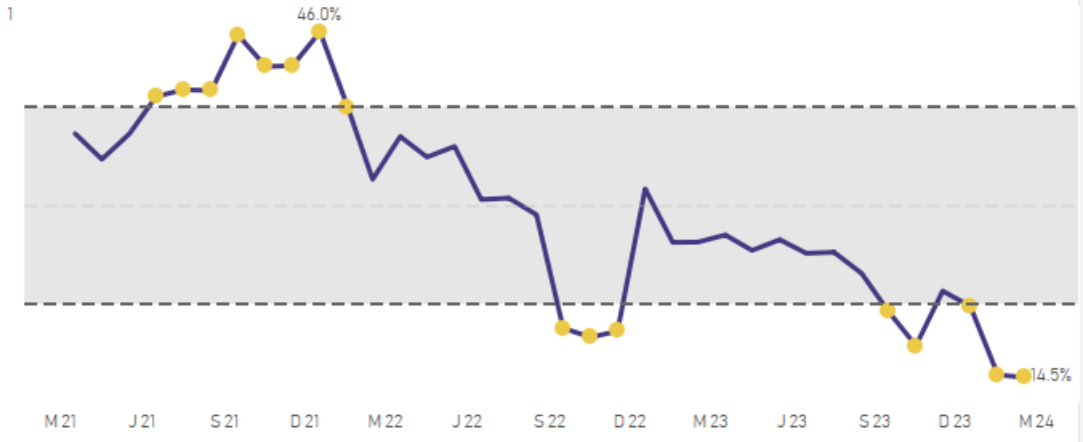
Bury

Diagnostics: % waiting 6 weeks+
Percentage of patients waiting for a diagnostic test or procedure for 6 weeks or over.

Source: Monthly Diagnostics Waiting Times and Activity Return - DM01 (Monthly)

14.5%	14.7%	29/107	1.%
March 2024	February 2024	National Rank Inter Quartile	National Target

Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	36.7%	34.4%	36.7%	40.1%	40.7%	40.6%	45.7%	42.8%	42.9%	46.0%	39.1%	32.5%
2022-23	36.4%	34.6%	35.5%	30.7%	30.8%	29.3%	19.0%	18.1%	18.7%	31.7%	26.8%	26.8%
2023-24	27.5%	26.0%	27.0%	25.8%	25.9%	24.0%	20.5%	17.4%	22.3%	21.0%	14.7%	14.5%

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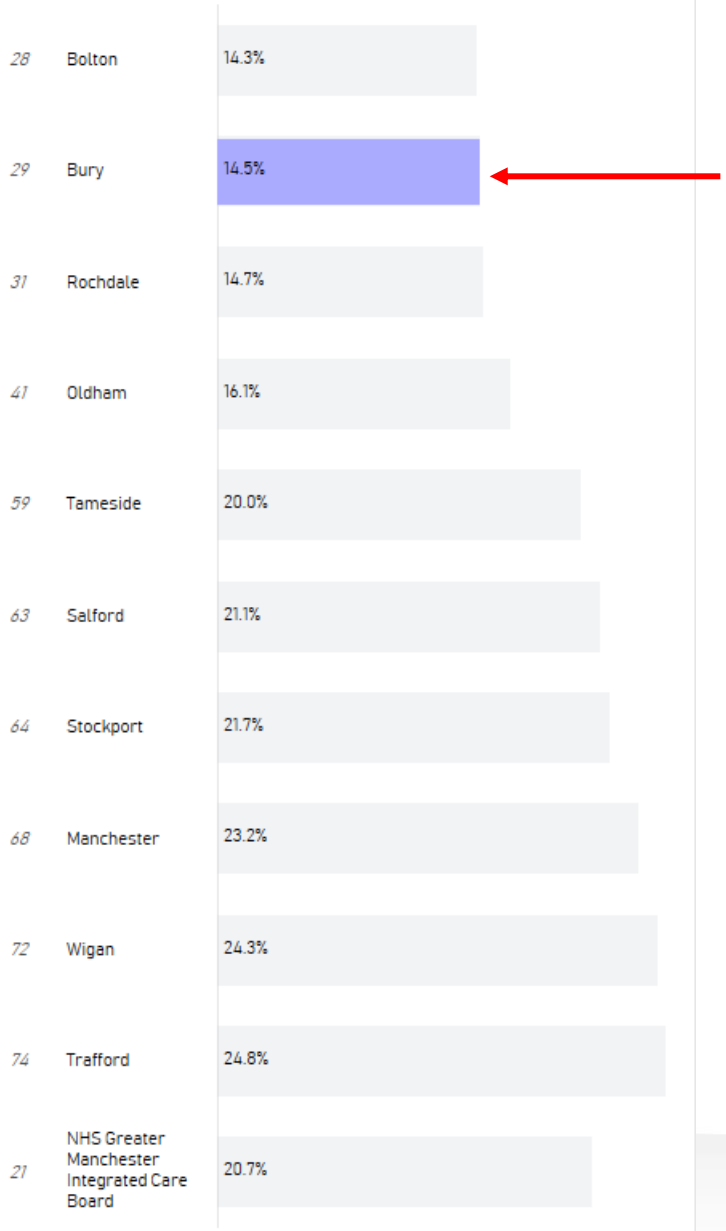

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Bury April 24 Performance has increased to 16.5%.

GM, NCA, and England performance has also seen an increase.

Diagnostics- Bury Locality and NCA

		Bury Locality			NCA		
	Test	Total Waiting	Proportion of Total Waiting	% Waiting 6+ Weeks	Total Waiting	Proportion of Total Waiting	% Waiting 6+ Weeks
	Endoscopy	508	10.9%	17.1%	1880	9.8%	13.1%
	Imaging	2885	61.6%	9.4%	11290	59.1%	4.1%
	Physiological Measurement	1289	27.5%	32.7%	5942	31.1%	33.9%
Endoscopy	Colonoscopy	193	4.1%	11.9%	862	4.5%	12.2%
	Cystoscopy	68	1.5%	25.0%	56	0.3%	12.5%
	Flexi sigmoidoscopy	60	1.3%	16.7%	202	1.1%	15.3%
	Gastroscopy	187	4.0%	19.8%	760	4.0%	13.7%
Imaging	Barium Enema	2	0.0%	0.0%	0	0.0%	0.0%
	CT	420	9.0%	5.7%	1837	9.6%	3.2%
	Dexa Scan	122	2.6%	11.5%	600	3.1%	2.5%
	MRI	1088	23.2%	14.9%	5552	29.0%	1.5%
	Non Obstetric Ultrasound	1253	26.8%	6.4%	3301	17.3%	9.5%
Physiological Measurement	Audiology Assessments	447	9.5%	29.5%	1664	8.7%	22.8%
	Echocardiography	559	11.9%	35.8%	2898	15.2%	42.3%
	Electrophysiology	5	0.1%	60.0%	109	0.6%	45.9%
	Peripheral Neurophysiology	90	1.9%	4.4%	461	2.4%	7.6%
	Sleep studies	134	2.9%	47.8%	682	3.6%	36.8%
	Urodynamics	24	0.5%	37.5%	128	0.7%	56.3%

Diagnostic Performance notes:

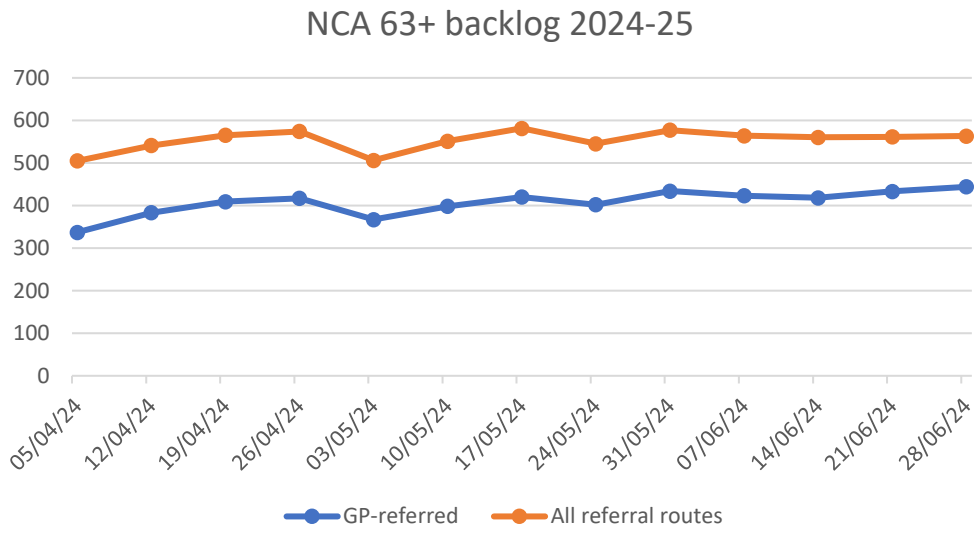
- April's performance of 16.5% is an increase on the March's figure (14.5%). GM performance has also increased.
- Most patients are waiting for Imaging both within the Bury Locality and at NCA.
- The highest percentage of Bury patients excluding Electrophysiology (5 patients 60%) and Urodynamics (24 patients 37.5%) waiting six weeks plus are waiting for Sleep Studies (134 patients 47.8%), followed by Echocardiography (559 with 35.8%)
- For Bury the highest proportion of the waiting lists are waiting for Non-Obstetric Ultrasound with 26.8% of the total waiting list followed by MRI which is 23.2% of total waiting list. For the NCA the highest proportion of the waiting lists are waiting for MRIs, 29.0%.

Source: Locality Elective Care report/Published data

Performance Data Cancer

Cancer Access – NCA Summary

- Jun-24 cancer backlog of 563 (all referral routes) versus year-end position of 269 (GP-referred)
- Backlog position stable in 2024-25 YTD
- Skin (333), Colorectal (115) and Urology (59) pathways represent 90% of the backlog – all other pathways have maintained a minimal backlog
- 24-25 Performance drivers **(1)** Ongoing high levels of referral demand for suspected skin cancer (>400 referrals per week/~500 additional referrals per month vs. 2023-24); **(2)** Endoscopy capacity reduced due to consultant vacancies; **(3)** Reduced theatre capacity for Urology following disaggregation from North Manchester in April 2024.



Improvements

- Maintaining additional capacity in dermatology
- Salford CDC Teledermatology service now delivering 105 image capture appointments per week
- Mobilisation of Skin Analytics AI Teledermatology (September 2024)
- Additional endoscopy capacity in place to mitigate gaps whilst consultant posts are recruited to
- Oldham CDC Endoscopy suite to open October 2024

Cancer (Bury patients at all providers)

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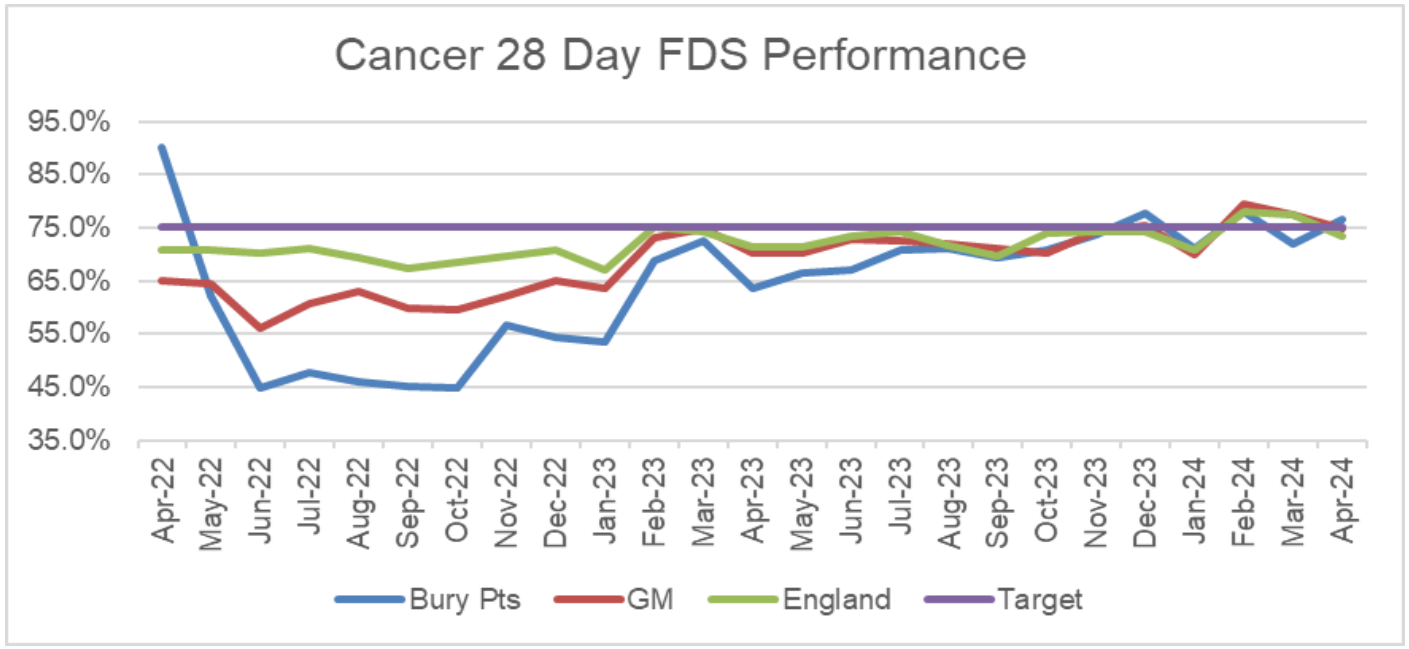
Cancer 28 days Faster Diagnosis Standard (FDS):

- Increase in performance in April to 76.6% for Bury, this is above GM where the performance decreased to 74.9%, Bury are above the target of 75.0%.
- Gynaecology performance decreased from 72.3% in March to 69.5% in April, with 66 out of 95 not meeting standard.
- Urological cancer performance is 78.0% for April which is an improvement on 60.9% in March, with 46 out of 59 meeting standard.
- Skin Cancers Performance for April has improved to 83.5 % from 71.9% in March, with 142 out of 170 meeting Standard.

Source: Locality Elective Care report/Published data



28-Day Faster Diagnosis Standard Performance – NCA Trust Level Data

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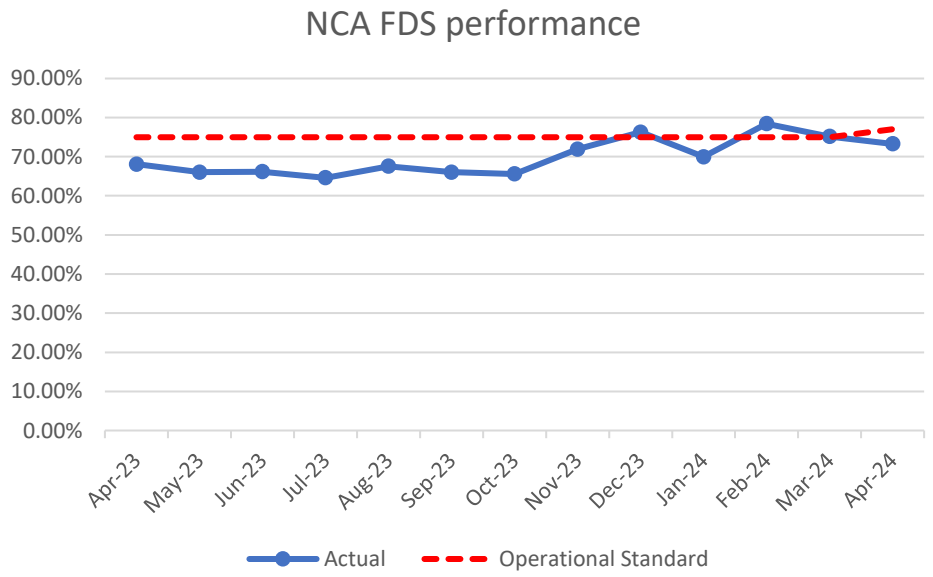


April 2024 Published Performance

Tumour site	Total Pathways	Compliant	Breach	%
Brian/CNS	147	101	46	68.7%
Breast	1	1	0	100.0%
Colorectal	903	559	344	61.9%
CUP	1	0	1	0.0%
Gynaecology	476	319	157	67.0%
Haematology	21	16	5	76.2%
Head and Neck	451	317	134	70.3%
Lung	204	177	27	86.8%
NSS	196	131	65	66.8%
Paediatric	20	15	5	75.0%
Sarcoma	45	33	12	73.3%
Skin	1211	1010	201	83.4%
Testicular	18	15	3	83.3%
Upper GI	362	278	84	76.8%
Urology	286	211	75	73.8%
All	**4342**	**3183**	**1159**	**73.3%**

- NCA Performance against the Faster Diagnosis standard has deteriorated in recent months, driven by longer waits for endoscopy
- Continued improvements in performance for skin, supported by teledermatology
- Focus areas for 2024-25:
  - implementing daily clinical review of diagnostic results and next steps across all tumour sites
  - ensuring delivery of the standard where cancer is diagnosed
  - improving performance to a level that supports delivery of the 62-day standard

Bury

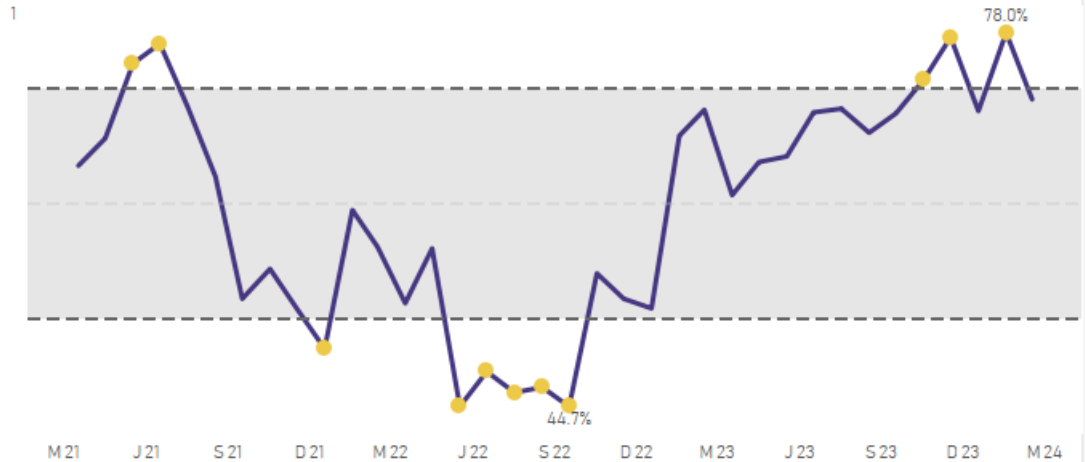
28 Day Wait from Referral to Faster Diagnosis: All Patients

Proportion of patients told cancer diagnosis outcome within 28 days of their TWW referral for suspected cancer, TWW referral for exhibited breast symptoms, or urgent screening referral

Source: National Cancer Waiting Times Monitoring Data Set (CWT) (Monthly)

72.1%	78.0%	97/114	75.%
March 2024	February 2024	National Rank Lower Quartile	National Target

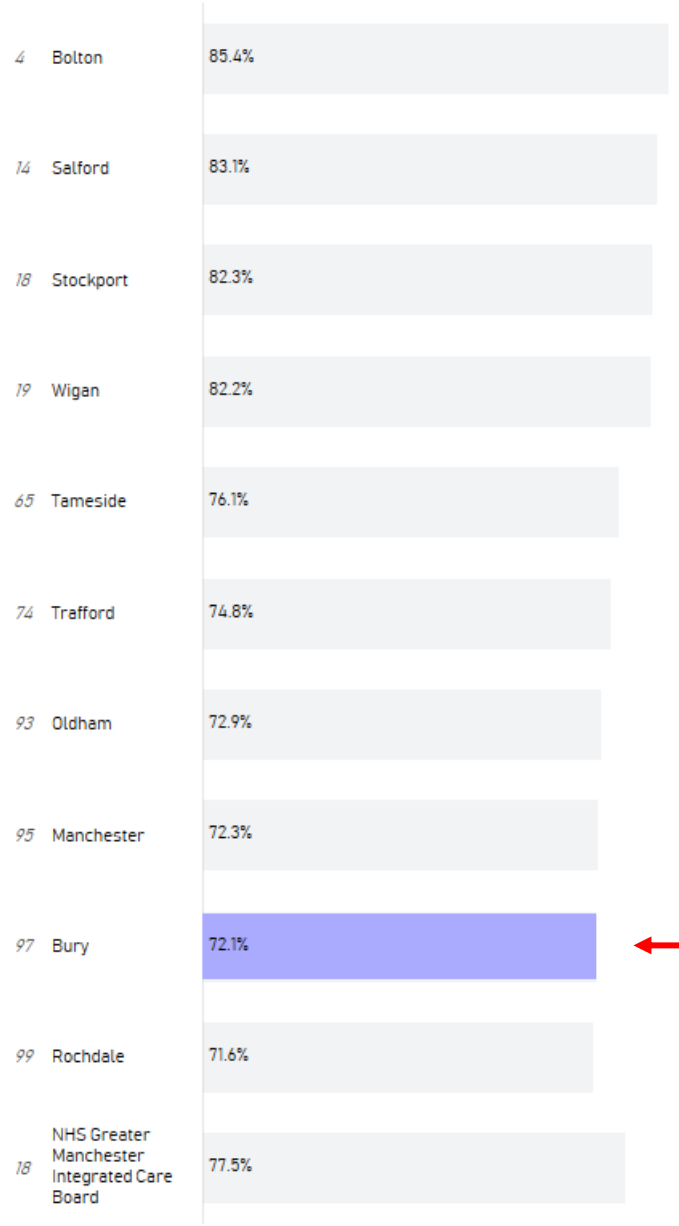
Outliers more than 1 standard deviation from the mean



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021-22	66.2%	68.6%	75.2%	77.0%	71.4%	65.2%	54.3%	57.0%	53.4%	49.9%	62.2%	58.9%
2022-23	53.9%	58.8%	44.7%	47.8%	46.0%	46.4%	44.7%	56.6%	54.3%	53.5%	68.8%	71.1%
2023-24	63.5%	66.5%	67.0%	70.9%	71.2%	69.1%	70.8%	73.8%	77.6%	71.0%	78.0%	72.1%

Latest Value GM Benchmarking

National Rank against other localities



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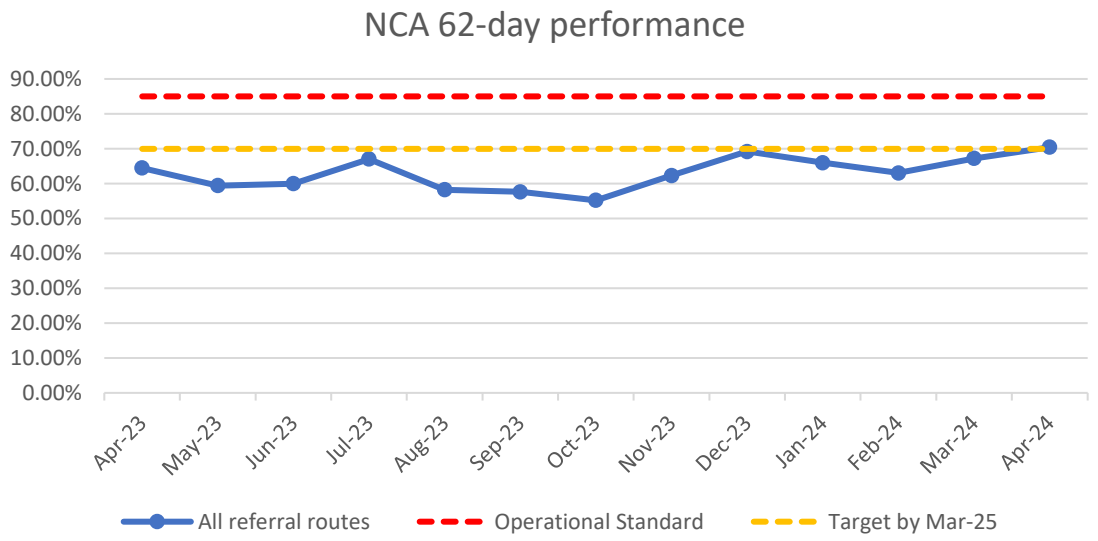
Bury Performance in April 24 has increased to 76.6%.

62-Day Performance – NCA Trust Level Data



April 2024 Published Performance

Tumour site	Total Pathways	Compliant	Breach	%
Brain/CNS	10.5	10.5	0.0	100.0%
Breast	1.5	1.0	0.5	66.7%
Colorectal	45.0	26.0	19.0	57.8%
CUP	1.0	1.0	0.0	100.0%
Gynaecology	10.5	6.0	4.5	57.1%
Haematology	15.0	11.0	4.0	73.3%
Head and Neck	14.0	6.0	8.0	42.9%
Lung	40.0	32.0	8.0	80.0%
NSS	4.0	2.0	2.0	50.0%
Sarcoma	0.5	0.0	0.5	0.0%
Skin	70.5	48.0	22.5	68.1%
Upper GI	30.0	24.5	5.5	81.7%
Urology	88.0	64.5	23.5	73.3%
All	330.5	232.5	98.0	70.4%

- NCA Performance in line with 70% target for 62-day performance
- GM Cancer Alliance have funded 2 WTE B8a Improvement Managers for 18 months to support delivery of improvement actions across NCA
- Focus in 2024-25 is on breach prevention and timely referral to tertiary treatment centres.

Teledermatology in Salford CDC – May 2024 Performance Snapshot

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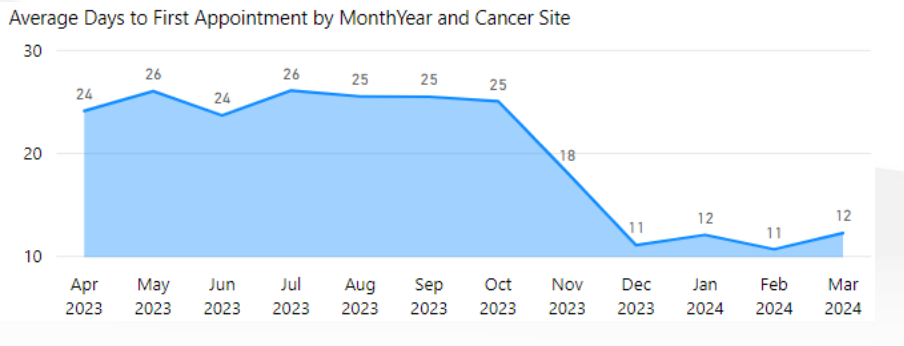
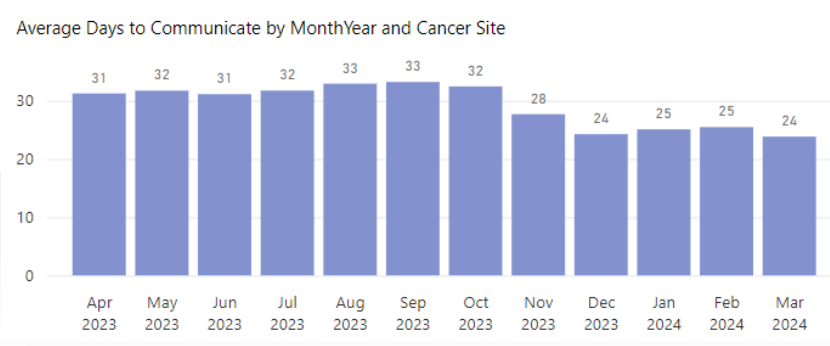
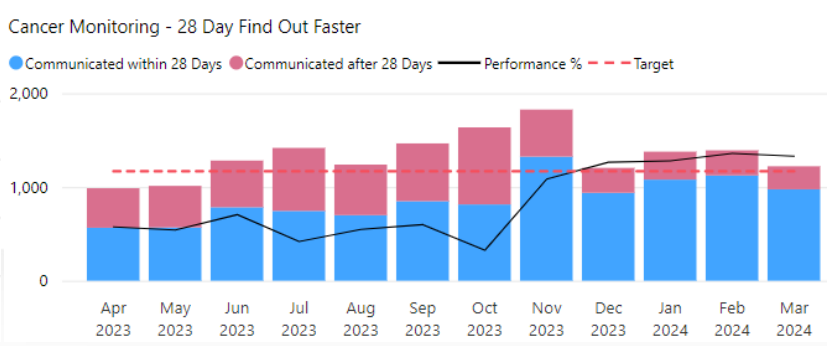
- Over 1600 patients have attended a teledermatology appointment in Salford CDC since go-live in October 2023
- 48% of all TWW referrals triaged since go-live are within inclusion criteria for teledermatology pathway
- CDC digital connectivity in place from w/c 8 April and ramping up to full capacity
- Outcomes following consultant dermatologist review of images (cumulative):
  - 35% discharged
  - 29% listed direct for procedure
  - 34% to F2F appointment

Impact on performance

- Time to first appointment 13-14 days saved
- Time to FDS communication 7-8 days saved
- FDS performance improved from 49.8% in October to sustained delivery of the standard since December.







Delivering the 24/25 Planning Objectives

GM Elective Care Recovery and Reform Programme Board Update - June 24

NHS Greater Manchester Integrated Care

- **Performance Improvement Plan (PIP)**
  - GM undertakings - Elective Care System Programme Board performance improvement plan - describes challenges, risks, targets for constitutional standards.
  - Live document - GM Board is provided with regular updates.
  - Developing sustainable plan for elective recovery over the next 5 year.
  - Gynaecology pressured specialties across GM - Elective Care Reform Team supporting provider trusts with mutual aid/insourcing solutions.
  - Primary Care Board developing plan for a GM wide gynaecology service.

- **Clinical Validation Pilot**
  - Consult and Connect clinical validation pilot - across five trust 3000 patients' part of the pilot – focus on ENT and Gynaecology *(Note: NCA are not part of this pilot).*
  - Consultant led validation- where clinically appropriate patients may be diverted back to primary care with a clear management plan, upgraded to a 2ww or urgent referral, have diagnostics ordered.
  - The Primary Care Subgroup (PCSG) requested assurance that the process will not affect the patient experience. GM programme team and Consult and Connect developing supporting infrastructure.
  - Full evaluation of the pilot will take place.

- **Theatre Productivity Proposal**
  - Focused on productivity and the utilisation of Surgical Hubs in GM.

- **GM Mutual Aid (GIRFT support)**
  - Get it Right First team (GIRFT) - commenced calls to patients with an offer of mutual aid where clinically appropriate - support will run over 5 weeks.
  - Week 1 feedback - GIRFT supported the Northern Care Alliance (NCA) booking team to embed best practice.
  - A total of 233 patients were passed to the GIRFT team - 78% removed from the wait list, with an offer of mutual aid, booked in appointments or discharged. 3% wanted to remain on the NCA waitlist.

- **Gynaecology Think Tank**
  - GM system came together for a think tank to explore what steps to be taken to support and sustain gynaecology services.
  - Preferred model discussed and a working group established to take forward the outputs– meeting again in a month.

- **Your Medicines Matter Campaign**
  - GM Pharmacy Sustainability plan - patients taking own drugs into hospital.
  - Exiting initiative - opportunity to deliver a consistent message to patients and assist in tackling medication waste across GM.
  - Campaign aims to see an increase in patients bringing their own medications into hospital – current rate of 55%.

Work Programmes 2024/25

NHS Greater Manchester Integrated Care

Elective Care and Diagnostics:

- NCA Outpatient Excellence Programme – Service Model Programme (SMT) being rolled out in phases across all specialities
- Four Localities Partnership – single elective work plan for Bury, Oldham, HMR, and Salford
- Trust waiting list validation work
- Trust theatre utilisation work
- GIRFT and Further Faster
- NOUS and MRI direct referral activity from primary care – reviewing in discussion with the Bury Integrated MSK Service

RTT – Challenging Specialities Specific Projects:

- ENT – Bury and NCA BCO pathway development - demand reduction.
- Dermatology – GM Dermatology Model of Care: 'front end' focus (dynamic referral template, SPoA, enhancing community provision)
- Gynaecology – GM think tank with trusts, scoping exercise underway and second GM think tank session planned
- Urology – Pathway work, MFT/NCA North Manchester disaggregation and single service model
- T&O –Surgical Hub, MFT/NCA North Manchester disaggregation

Cancer:

- Streamlining diagnostic pathways to support delivery of cancer access standards (28-day and 62-day):
  - Development of integrated dysphagia pathway
  - Delivery of cancer pathways in Salford CDC – building on success in Oldham CDC
- Work with locality partners to review route to diagnosis for all patients diagnosed at Stage IV to identify opportunities for earlier diagnosis
- Feedback from GM Cancer Alliance Visit to Bury Locality

Outpatient Excellence Programme on a page

Northern Care Alliance

WORKSTREAMS	PROJECTS
Clinical Administration	Specialist Advice Pre and post referral
	Partial Booking
	Standard Appointment Letters
	Clinical Outcome Recording Standards
Patient Communication	Remote Consultation
	Text Reminder Coverage
Patient Pathways	One Stop clinics
	Straight to test
Digital Enablers	Single eOutcome System
	Self Check-In
	Room Booking System
	Virtual Consultation Platform
	RPA Automating Referral / Triage Process (Neurology

Four Localities Elective Leads - Shared Priorities

NHS Greater Manchester Integrated Care

1. **Specialist Advice – A&G Pre-Referral**
   - Develop a blueprint for A&G that brings consistency and can be cascaded from FLP to all relevant specialities across all care orgs.
   - Job planning, agreement of response times, minimum dataset/guidelines for A&G requests and A&G replies, standardising pathway options in DoS (A&G, RAS, 2WW).
2. **Primary Care Referral Guidelines/Templates and Secondary Care Response Guidelines**
   - Front end assessment templates to capture relevant data captured – agreed between primary and secondary care.
   - Minimum data sets for referral to ensure quality data flow between primary and secondary care - agreed between primary and secondary care.
   - Education schedule – secondary care working with primary care to up skill in relevant areas.
3. **Agreeing the Responsibilities/Accountability of Partners in the Pathways – Primary, Community and Secondary Care**
   - Developing new culture towards referral pathways
   - Process Mapping – what it looks like now, what we want it to look like and how does the system deliver this? Walking in each other's shoes!
   - Your Test Your Responsibility – agreeing some principles to apply to all pathway work.
   - Identifying educational requirements to upskill workforce to deliver the agreed pathway.
   - Referral pathways – reviewing the primary, secondary and community interfaces and how referrals travel currently.
4. **DoS – For Primary Care, Secondary Care and Community**
   - Currently misunderstanding of the offers in primary care e.g. diagnostics, workforce, skill sets, etc.– and variation between localities and within localities – impacting pathway transformation .
   - What is available in community services across localities.

Four Locality Partnership – Single Elective Workplan

NHS Greater Manchester Integrated Care

Governance Northern Care Alliance

Outpatient Excellence Programme

24 / 25 Schemes

Clinical Administration	Patient Communication	Patient Pathways	Digital Enablers
Specialist Advice pre and post referral	Remote Consultation	One Stop clinics	eOutcome business case
Appointment Invite process	Text reminder / re-scheduling	Straight to test	Self-Check in Kiosks
Consistent appointment Letters	Hybrid clinic cessation		Room booking system
Clinical Outcome Recording standards			Virtual consultation platform
			RPA automating referral/triage process (Neurology)

FLP Group developing a more blended approach to the existing governance with involvement of NCA and Locality Clinicians and Managers on groups