PROVIDER COLLABORATION

Trusts IN SYSTEMS

Reducing care backlogs through provider collaboration

February 2023

Introduction

This is the ninth briefing in a series designed to share board-level learning on provider collaboration. It covers the key messages from our webinar ***Reducing care backlogs through provider collaboration***, featuring two case studies: **Lancashire and South Cumbria Provider Collaborative** and **Coventry and Warwickshire Integrated Care System**.

Key messages from members

- There is a challenge to move from reactive mutual aid to a proactive approach, where provider collaboratives are trying to align the short-term recovery imperatives with longer-term transformation ambitions.
- Trust and openness between providers and buy in is essential to working together successfully.
- It is important to embed health inequalities into care backlog recovery work from the outset.
- You need to bring patients with you and to understand the barriers that might prevent patients being willing to be transferred from one provider to another.
- It is difficult to move patients once they are on a pathway; it is easier to use mutual aid before a patient has their first appointment and has built a rapport with a clinicia.
- Mutual aid across provider collaboratives has worked best when it is for really simple procedures rather than more specialist activity.
- Clinical engagement and engagement with operational teams is key: looking at waiting times at a system level is a big movement away from embedded ways of working and the focus on individual provider performance.
- Working collaboratively on elective care recovery needs co-ordination support and capacity.
- Working collaboratively is not always easy and there is a requirement to navigate the conflict between the responsibility to work as one while being multiple statutory organisations.

Visit our online hub for more resources and support

> ***This isn't about process, this is about hearts and minds and cultures, and at the core of that there has to be trust, openness and buy- in.***
>
> KARLYN FORREST, PROGRAMME DIRECTOR – ELECTIVE RECOVERY LANCASHIRE AND SOUTH CUMBRIA PROVIDER COLLABORATIVE

CASE STUDY 1

Lancashire and South Cumbria Provider Collaborative

Background

The organisations forming Lancashire and South Cumbria Provider Collaborative are:

- Blackpool Hospitals NHS Foundation Trust
- East Lancashire Hospitals NHS Trust
- Lancashire and South Cumbria NHS Foundation Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust

Their ambition is for patients to have equal access to the same high-quality care wherever they live and for staff to have the same high-quality experience wherever they work. They aim to drive up quality by:

- agreeing joint priorities and how to best join forces to deliver them
- sharing skills and best practice
- pooling resources
- standardising the way they work to reduce variation and duplication.

They believe that by working together, all of the trusts benefit and they will achieve more for their patients and communities than if they work separately.

Approach to elective recovery

Lancashire and South Cumbria NHS Foundation Trust (LSC) Elective Care Recovery Programme was formed in the summer of 2020 to support all acute trusts to work on key actions within the National Operational Planning guidance, to provide clear direction and ensure a collaborative system-wide approach to managing elective recovery.

They have a monthly group meeting, attended by many key stakeholders across the system, including chief operating officers and medical directors and the programme's workstreams have evolved and grown over time. There are currently six work programmes that are supported by clinical networks:

- referral optimisation
- waiting list management
- outpatient transformation
- theatre transformation
- surgical hub
- use of the independent sector.

CASE STUDY 1
Lancashire and South Cumbria Provider Collaborative

Principles

They have set out principles for the elective care recovery programme which include:

- focusing on long-term commitments and ambitions, not just meeting the current recovery imperatives
- addressing challenges shared by all trusts to realise the benefit of doing things once rather than multiple times
- sharing and rapidly rolling out examples of good practice
- standardising delivery.

Mutual aid

At the beginning of the 2022/23 financial year there was a considerable backlog across the provider collaborative, with each provider facing different levels of challenge to eliminate 104-week waits. This led them to put into place a mechanism of transferring patients across the providers and to look at capacity in a more pooled way. They put a standard operating procedure in place to describe how patients would be pooled, how they would be contacted and the decisions to be made about the viability of transfer.

Since April 2022 there have been weekly meetings, primarily with operational staff, where a provider comes forward and highlights a risk of meeting waiting time standards. They outline the number of patients affected and the particular procedures involved, giving time for other providers to assess whether they are able to help. This is vital to the success of the programme as they are trying to avoid moving problems from one provider to another, looking instead at the situation on a system basis. Since they started this process, they have seen more than 1,300 patients treated by another provider. Up to a further 1,000 patients are planned to be offered the opportunity to transfer provider before the end of 2022/23. The response of patients has been mostly positive with around 60-70% of patients saying they will move to another provider, with patients offered a close alternative whenever possible.

Next steps

The mutual aid approach was originally set up to achieve the standard of eliminating 104-week waits, and they are focused on the 78-week list, and are bringing people together to think about the new challenges and capacity required to address this. There is a shared ambition of moving away from this being a reactive activity and trying to really tackle the inequity of waits in the longer-term.

They are looking at:

- appraising options to introduce a single system-wide Patient Tracking List (PTL) so that they can be more proactive
- process mapping to improve the current process while also considering how it can evolve to identify the need for mutual aid earlier in the patient's pathway
- initiating a transformation project to consider single waiting lists for particular procedures.

CASE STUDY 1
Lancashire and South Cumbria Provider Collaborative

Initiatives

ChatBot

System-wide approach to waiting list validation

The ChatBot uses artificial intelligence and is an automated call system designed by Lancashire Teaching Hospitals NHS Foundation Trust (Lancashire Teaching Hospitals) that allows a rapid throughput to contact patients.

Following clinical validation scripts, the ChatBot asks patients questions about their health condition, enabling them to confirm whether they would like to remain on the waiting list, be removed (9% have been identified as no longer needing to be on the list) or, most importantly, whether their condition has worsened. Clinical teams are notified and then review all patients who indicate they wish to leave or that their symptoms have worsened. Clear clinical and operating procedures are in place, ensuring those who are not appropriate or will not benefit from this new system are excluded (e.g. children, patients with dementia).

The ChatBot reduces clinical and administrative burden through providing a high volume, rapid response on patients' conditions. As a consequence, it generates additional booking capacity through removing patients who no longer require specialist support.

Sharing innovation across the provider collaborative

They piloted ChatBot in 2021/22 with 2,282 waiting list patients in University Hospitals of Morecambe Bay and Lancashire Teaching Hospitals receiving a call asking about their health condition. Pilot results were positive: 75% of patients responded to the automated call and 15% of patients indicated they could leave the waitlist.

The ChatBot programme is being rolled out to all hospitals and clinical specialties in Lancashire and South Cumbria and will contact over 30,000 patients before the end of March this year. In 2023 they will also use the outcome of the ChatBot evaluation to design a system-wide clinical validation protocol, ensuring all system partners benefit from having a cost-effective process in place that supports elective recovery.

Independent sector

They have created an independent sector coordination group for the collaborative, which helps explain to the independent sector where the pressures are across the providers. This helps inform future commissioning and identifies where the independent sector could add most value.

Networks

They have also put in place system-wide clinical networks. The anaesthetic and peri-operative medicine network have agreed a 'No one at home' policy for adoption across all providers. They are now looking at pre-operative assessment pathways and standardising this to support mutual aid.

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CASE STUDY 2
Coventry and Warwickshire Integrated Care System

Background

Coventry and Warwickshire Integrated Care System (ICS) has got a very diverse population and geography. Collaborative working across providers has been beneficial to date and it has been a key factor in their relative success on elective recovery.

They have collaborated closely in the past and are now starting to establish more formal governance arrangements to support longer-term strategic planning.

There is a mental health, acute and primary care collaborative in the ICS. The mental health provider collaborative is focusing on the immediate pressures in the system. The primary care collaborative is seen as being very important in terms of elective recovery, as they believe that unless they start to do things collaboratively with primary care and get to grips with health inequalities and how people are or are not accessing services, then they are not going to recover their position, as they will only do the short-term fix. They are keen to support the primary care collaborative and give it a voice on the acute care collaborative. They have also got a system-wide programme board looking at each workstream in the context of place and neighbourhood priorities.

Acute provider collaborative

They have had an acute provider collaborative since 2011 which has brought people together to discuss complex issues. They are now trying to reset the collaborative to think about the strategic vision linked to the ICS priorities.

Proposed priorities for the acute provider collaborative

- Future proofing acute clinical service recovery aligned to unequal access and experience driving out variation in quality, supporting efficiencies and access.
- Looking at where there are specific pressures across a service and doing an end-to-end pathway review of a challenged specialty.
- Effective acute productivity across the collaborative, reducing variation and potential adverse events supporting the ICS financial sustainability objective.
- A forum for sharing best practice on quality and productivity improvements.
- Targeted improvement on prevention aligned to population needs and acute demand.
- Centres of excellence for acute specialties (including tertiary).

CASE STUDY 2
Coventry and Warwickshire Integrated Care System

Key successes through collaborative working

- They have a system-wide PTL in place. It's at specialty level which tracks by average weeks wait by each provider and looks at the number of patients waiting and Index of Multiple Deprivation (IMD) profile, to see if particular services are struggling with capacity.
- They are working collaboratively with primary care. One example of this was in the gynaecology pathway. Patients have been triaged from inpatient waiting lists and, with certain conditions, have been offered community primary care services.
- They have also set up an outpatient and theatre transformation board.
- They have started thinking about the allocation of capital and are having conversations around how it links into the inequalities agenda and how they access national funding for system benefit.
- One of the organisations (University Hospitals Coventry and Warwickshire NHS Trust) has an **inequalities tool** (see appendix 4) that can support operational teams in making decisions on the allocation of capacity.

If we want to recover the elective care backlog position to pre-pandemic levels, we need to start working more collaboratively with primary care and look at access and how this is linked to inequalities and people who are not accessing healthcare.

LAURA NELSON, CHIEF INTEGRATION OFFICER
COVENTRY AND WARWICKSHIRE INTEGRATED CARE BOARD

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Further information

The Provider Collaboration programme focuses on sharing good practice and peer learning through a range of events and resources for boards. It covers the full spectrum of collaborative arrangements that providers are forging at scale and aims to support members to maximise the potential of greater provider collaboration to tackle care backlogs, reduce unwarranted variation, address health inequalities, and deliver more efficient and sustainable services.

Visit **www.nhsproviders.org/provider-collaboratives** for recordings of our webinars, blogs on provider collaboration, details of our forthcoming events and further resources.

To find out more, contact:
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