



Improving access: The value of a data driven approach

In partnership with



Q is led by the Health Foundation and supported by partners across the UK and Ireland

IMPROVEMENT

Provider collaboratives: improving equitably

Agenda

Welcome and introduction

Facilitated by chair: Penny Pereira – Managing Director, Q Community

Reflections from Kate Cheema

Kate Cheema – Director of Evaluation and Insight at UCL Partners and Q Community member

Case Study 1: West Yorkshire Association of Acute Trusts (WYATT)

Mark Liddington – Medical director for planned care, Leeds Teaching Hospitals NHS Trust and Medical Lead for elective recovery, WYATT.

Jack Dunne - Programme Analyst for planned care, West Yorkshire ICB

Breakout session and interactive Q&A

Summary and close

Facilitated by chair

Close of event



Housekeeping

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email Improvement@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- Please feel free to use the chat box for any questions or comments
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.



**Kate Cheema – Director of Evaluation and Insight,
UCLPartners, and Q member**

In partnership with



Q is led by the Health Foundation
and supported by partners across
the UK and Ireland

IMPROVEMENT

Provider collaboratives: improving equitably

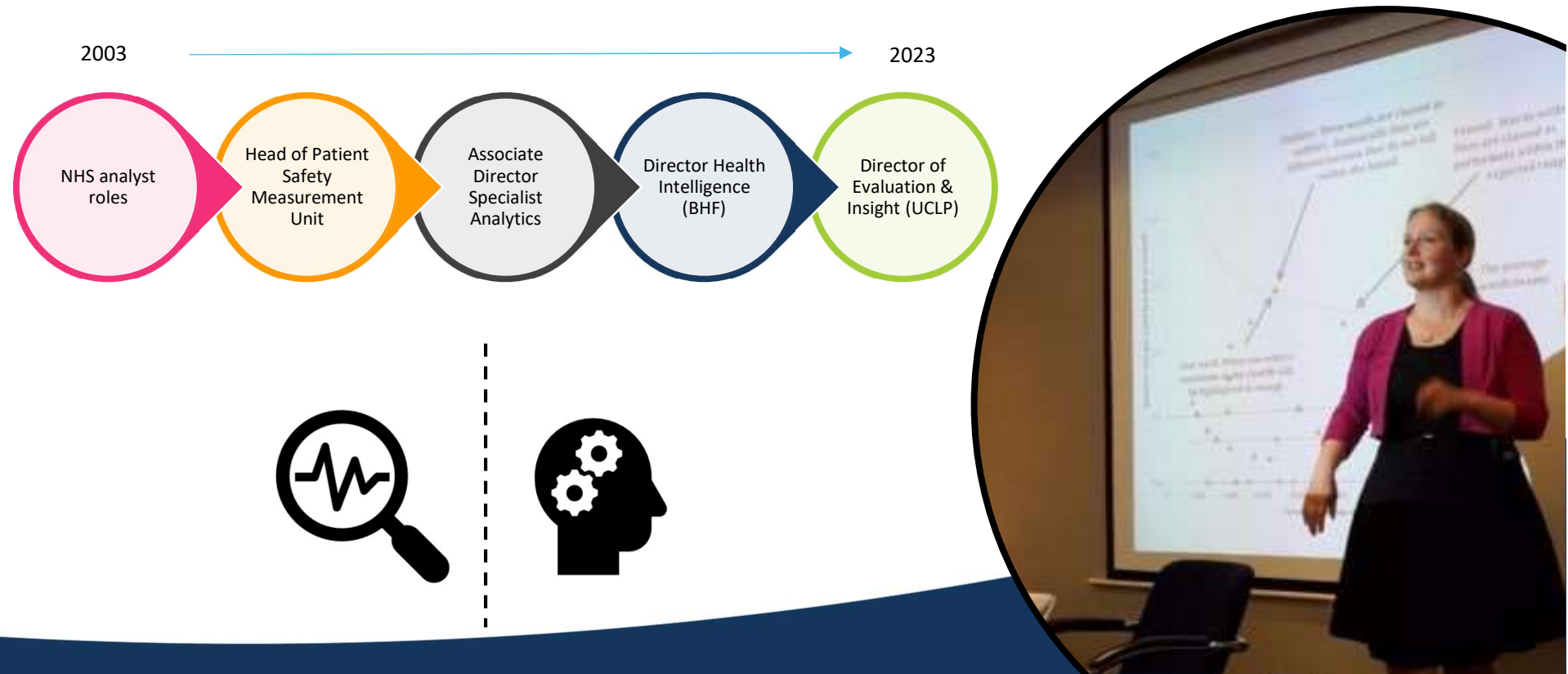


Peer Learning Webinar

Kate Cheema, Director Evaluation & Insight, UCLPartners

13th September 2023

Introduction to me



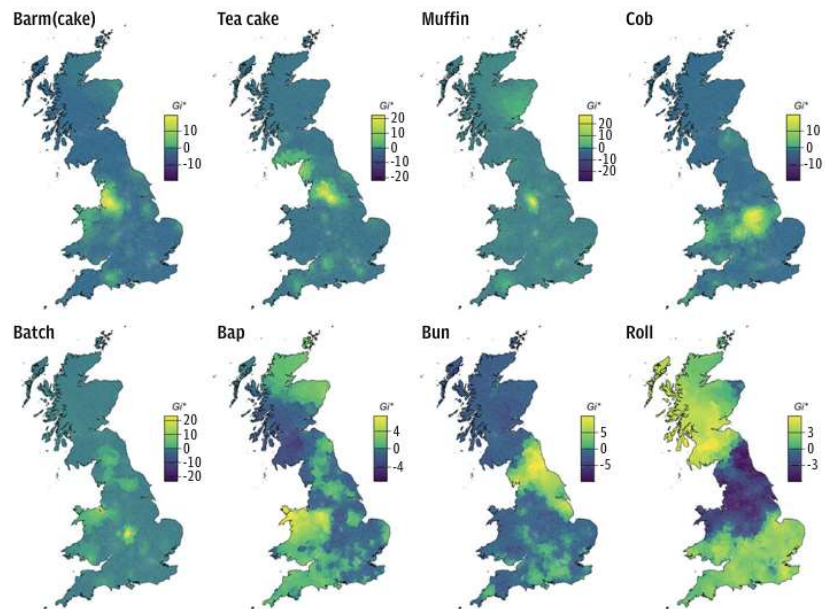
Importance of the data-decision interface

“A good analyst can save more lives than a good anaesthetist”

Making it better

WHAT IS YOUR WORD FOR A SMALL ROUND BREAD?

Light yellow areas represent respondents who selected the indicated variant



SOURCE: CAMBRIDGE UNIVERSITY

Role of the analyst

- Make effort to understand the problem from the decision maker's point of view
- Take time to fully unpack the question to be answered
- Avoid jargon
- Clarity and openness about what is possible with the data available; acknowledge data quality

Role of the decision maker

- Make effort to understand the problem from the analyst point of view
- Take time to fully unpack the question to be answered
- Avoid jargon
- Be prepared to hear an answer you may not expect (or want) to hear

UCLP Insights Platform



Explore our population

We work together in North Central and North East London, and Mid and South Essex, guided by the health needs of the more than five million people living in our diverse communities. More than a third of our resident Londoners were born outside the UK and nearly half identify as black and minority ethnic. We work in some of the UK's most deprived boroughs, where adverse environmental and socioeconomic factors drive poor health.

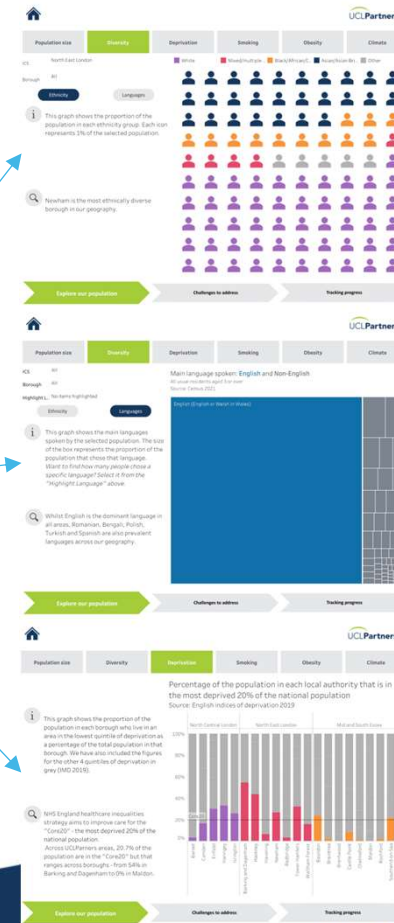
This section provides information about our population size, diversity, deprivation, sustainability, obesity and smoking prevalence.

Start exploring →

Explore our population

Challenges to address

Tracking progress

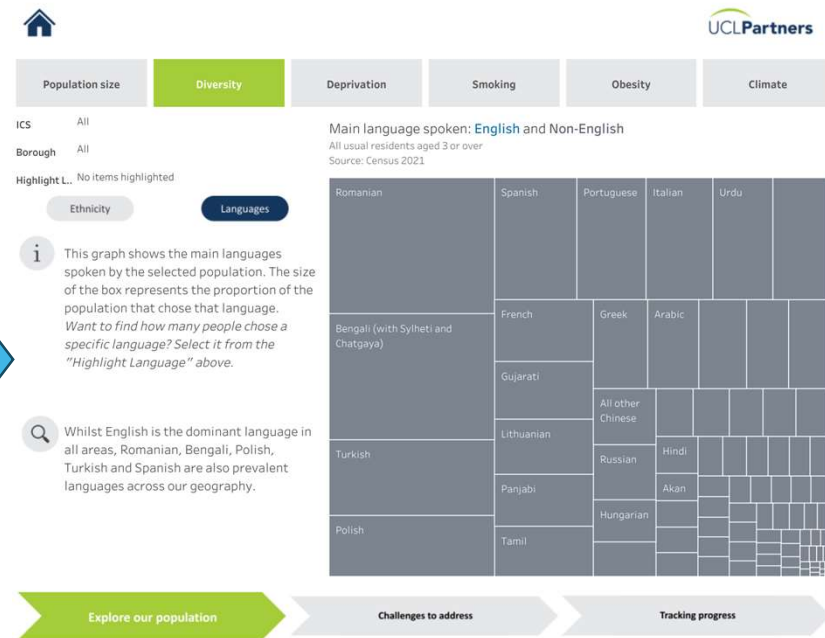
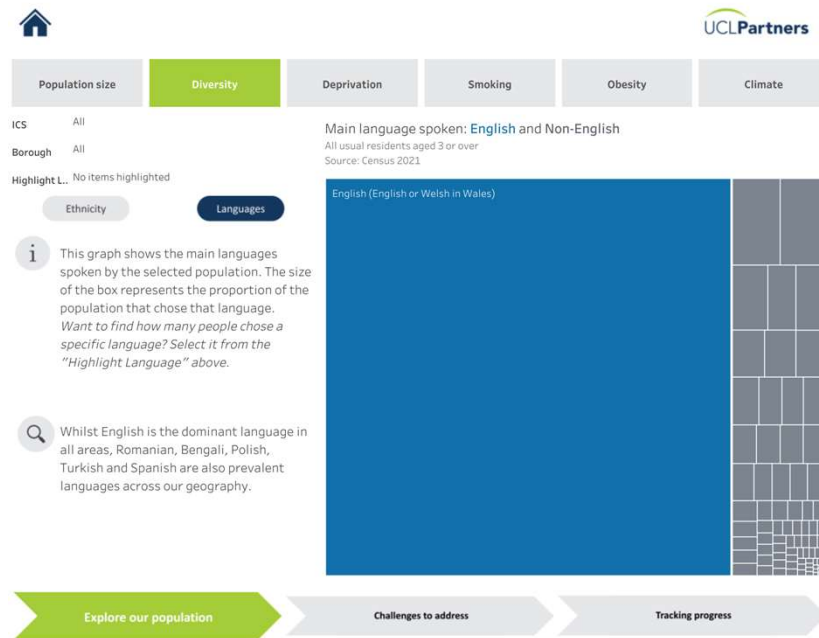



UCLPartners

UCLP Insights Platform



UCLP Insights Platform





**Making high quality
decisions using data is a bit
like Test cricket; a team
sport which doesn't always
lead to a clear result**



Thank you

For more information please contact:

Kate Cheema
kate.cheema@uclpartners.com

www.uclpartners.com

@uclpartners

uclpartners





NHSProviders

Case Study: West Yorkshire Association of Acute Trusts (WYATT)

- **Mark Liddington – Medical director for planned care (Leeds Teaching Hospitals NHS Trust) and Medical Lead for elective recovery (WYATT)**
- **Jack Dunne - Programme Analyst for planned care, West Yorkshire ICB**

In partnership with



Q is led by the Health Foundation and supported by partners across the UK and Ireland

IMPROVEMENT

Provider collaboratives: improving equitably



Provider Collaboratives: improving equitably 'Improving access: The value of a data driven approach'

WYAAT Elective Coordination Group

Mark Liddington – Medical Director for planned care, LTHT
Jack Dunne – Programme Analyst Planned Care WY ICB

13-09-2023



✉ WYAATProgramme@nhs.net

☎ 0113 2065684

🖱 wyaat.wyhpartnership.co.uk

🐦 @WYAAT_Hospitals

West Yorkshire
Association of Acute Trusts 

Elective Coordination Group Data

We are pulling together available data from commissioning data sets into a regular, neutral format to assure immediate team of progress against targets and to support development of collaborative working.

Regular reports collating commissioning data from the WLMDS and SUS OP collections to demonstrate collaborative progress towards RTT targets and to highlight areas of success and concern with a view to supporting operational discussions and agreements.

For example opportunities to provide mutual aid, or the potential for discussion of shared best practice and process e.g triage, pre op, RTT rules, theatre utilisation.

Over time this is generating and embedding shared understanding and to an extent language around how the issues are framed and approached.

Not an integration, not operational, not performance management. Trust data is richer, more timely, more established; analysts, service managers and operations teams know and trust how to use it, the aim is not to replace, to regionally integrate or transform how these functions work.

Our Elective Coordination Group provides a forum where discussions around some of those processes can happen. Increasingly we are bringing in agenda items from trusts and programmes both in and outside of the collaborative to demonstrate more complex work to an engaged audience well placed to adopt/implement any processes or learning from that.

Elective Coordination Group Data Packs

Weekly report circulated to ECG members, trust operations teams, NHSE regional colleagues and WY ICB directorate staff. Most recent position for incomplete RTT pathways by admitted/non admitted, specialty, trust and clinical priority, with sub focus on pressured specialties

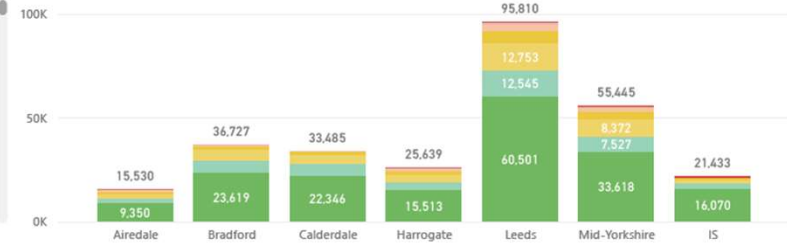
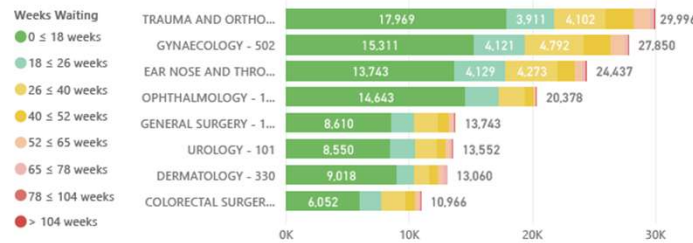
284,069

Total Patients

WYAAT RTT Waiting List
Trust view by Weeks Waiting (Full List)

All Specialties

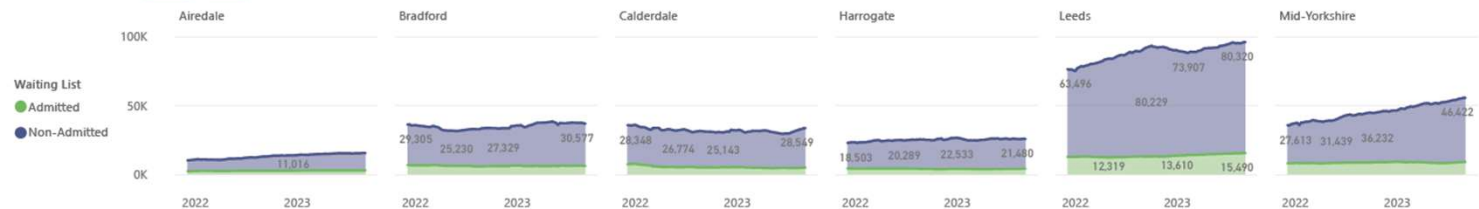
3/9/23



10 Specialties with highest number of open pathways

	0 ≤ 18 weeks	18 ≤ 26 weeks	26 ≤ 40 weeks	40 ≤ 52 weeks	52 ≤ 65 weeks	65 ≤ 78 weeks	78 ≤ 104 weeks	> 104 weeks	Total
TRAUMA AND ORTHOPAEDIC - 110	17,969	3,911	4,102	2,328	1,305	358	22	1	29,996
GYNAECOLOGY - 502	15,311	4,121	4,792	2,212	1,098	293	23		27,850
EAR NOSE AND THROAT - 120	13,743	4,129	4,273	1,416	607	233	34	2	24,437
OPHTHALMOLOGY - 130	14,643	2,663	2,171	721	166	13	1		20,378
GENERAL SURGERY - 100	8,610	1,840	1,927	912	333	92	29		13,743
UROLOGY - 101	8,550	1,981	1,738	730	391	160	2		13,552
DERMATOLOGY - 330	9,018	1,456	1,238	708	420	220			13,060
COLORECTAL SURGERY - 104	6,052	1,744	1,944	774	355	93	4		10,966
CARDIOLOGY - 320	8,545	1,287	878	131	14	2			10,857
GASTROENTEROLOGY - 301	7,718	1,114	936	367	170	61	2		10,368
Grand Total (All Specialties)	181,017	39,571	38,297	15,791	7,083	2,137	169	4	284,069

Open pathways between 5/12/21 and 3/9/23



Clinical Data Packs – Closer detail

More focussed drill down into development of list at specialty and provider level, to supplement Clinical Network activity.

Same comparative visuals and concepts being used in developing Children and Young People's focussed packs.

WYAAT

EAR NOSE AND THROAT - 120

Admitted pathways

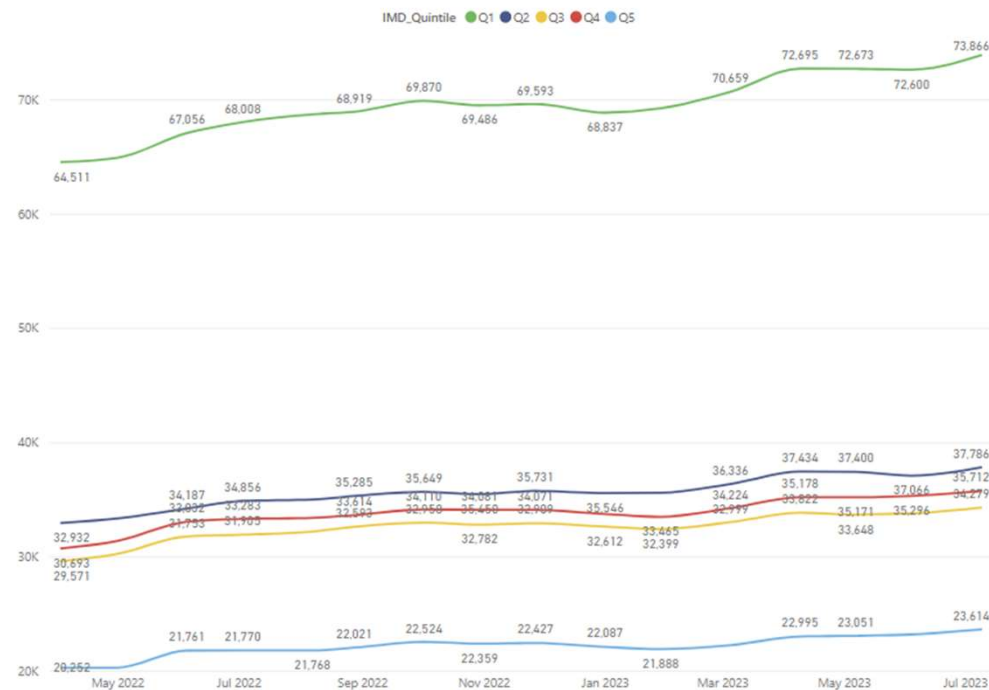
April 2022 2204
August 2023 3095
% Change 29%



Specialty	0 ≤ 18			18 ≤ 26			26 ≤ 40			40 ≤ 52			52 ≤ 78			78 ≤ 104			> 104			Total		
	E	L	%^	E	L	%^	E	L	%^	E	L	%^	E	L	%^	E	L	%^	E	L	%^	E	L	%^
EAR NOSE AND THROAT - 120	680	931	27%	301	496	39%	414	836	50%	330	441	25%	370	376	2%	88	15	-487%	21	0%	2204	3095	29%	
Admitted	680	931	27%	301	496	39%	414	836	50%	330	441	25%	370	376	2%	88	15	-487%	21	0%	2204	3095	29%	
Leeds	162	269	40%	66	155	57%	108	254	57%	73	174	58%	76	192	60%	11	9	-22%	7	0%	503	1053	52%	
Mid-Yorkshire	130	174	25%	41	110	63%	80	205	61%	74	102	27%	83	140	41%	4	5	20%			412	736	44%	
Calderdale	121	184	34%	68	78	13%	66	156	58%	54	89	39%	95		0%	52		0%	5	0%	461	507	9%	
Bradford	188	185	-2%	87	85	-2%	133	118	-13%	121	38	-218%	111	36	-208%	21	1	-2000%	9	0%	670	463	-45%	
Harrogate	63	103	39%	33	59	44%	24	86	72%	8	35	77%	3	8	63%	2		0%			131	291	55%	
Airedale	16	16	0%	6	9	33%	3	17	82%	1	3	67%	2		0%						27	45	40%	
Total	680	931	27%	301	496	39%	414	836	50%	330	441	25%	370	376	2%	88	15	-487%	21	0%	2204	3095	29%	

Elective Coordination Data – Health Inequity Assurance

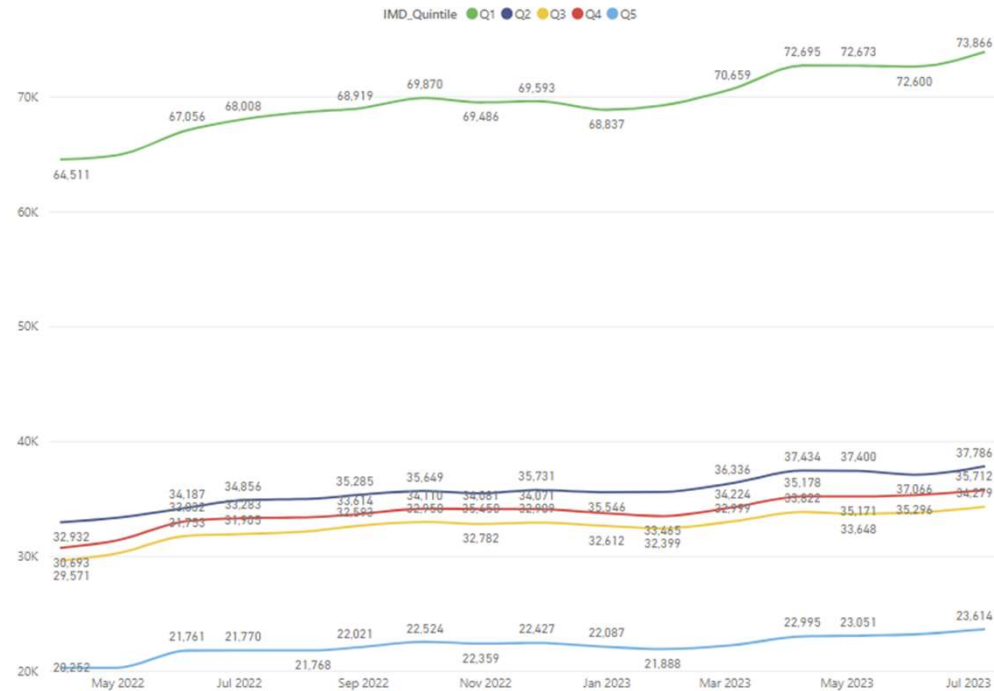
Total open pathways (absolute numbers) by deprivation quintile.



Date	Q1	Q2	Q3	Q4	Q5	Total
03/04/2022	66,917	35,091	35,370	39,753	30,004	207,135
01/05/2022	67,486	35,601	36,251	40,714	30,307	210,359
05/06/2022	69,898	36,619	38,011	42,650	32,113	219,291
03/07/2022	70,909	37,410	38,390	43,136	32,336	222,181
07/08/2022	71,714	37,513	38,834	43,540	32,566	224,167
28/08/2022	72,026	37,902	39,205	43,735	32,931	225,799
02/10/2022	73,147	38,359	39,720	44,538	33,536	229,300
30/10/2022	72,619	38,177	39,612	44,655	33,645	228,908
27/11/2022	72,997	38,511	39,740	44,669	33,563	229,480
01/01/2023	72,615	38,515	39,548	44,294	33,236	228,208
29/01/2023	73,079	38,579	39,391	43,979	33,223	228,251
05/03/2023	74,885	39,585	40,164	44,769	33,643	233,046
09/04/2023	77,023	40,751	41,212	46,052	34,660	239,698
07/05/2023	76,974	40,728	41,045	46,258	35,067	240,072
04/06/2023	76,954	40,357	41,205	46,385	35,403	240,304
09/07/2023	78,393	41,182	41,850	46,813	35,877	244,115
06/08/2023	79,623	41,965	42,296	47,610	35,930	247,424

Elective Coordination Data

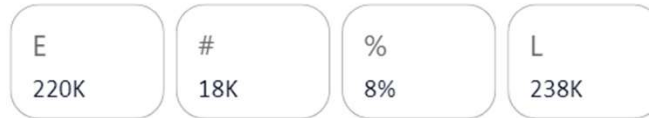
Total open pathways (% breakdown) by deprivation quintile, closely mirrors percentage split in WY overall population.



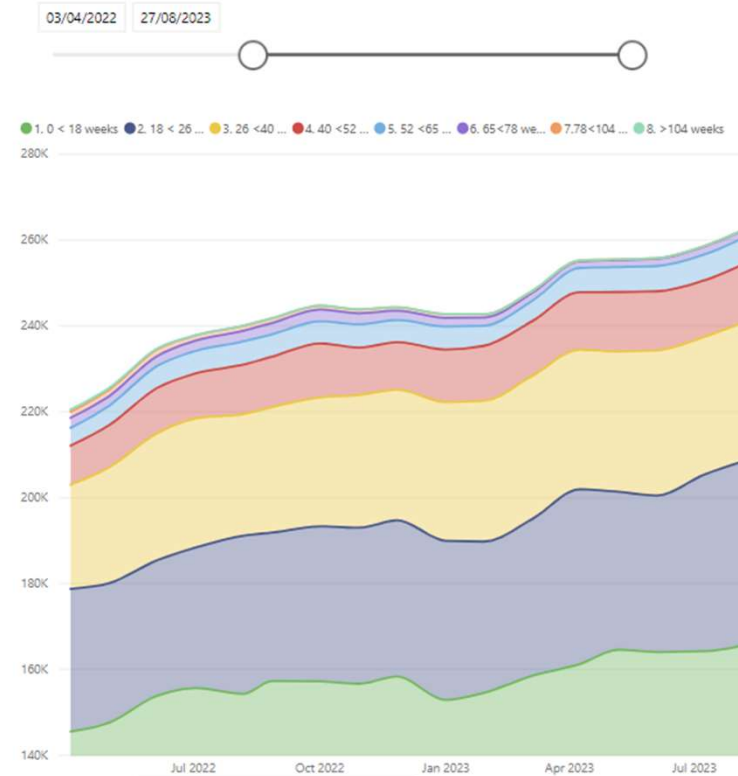
Date	Q1	Q2	Q3	Q4	Q5
03/04/2022	32.31%	16.94%	17.06%	19.19%	14.49%
01/05/2022	32.08%	16.92%	17.23%	19.35%	14.41%
05/06/2022	31.87%	16.70%	17.33%	19.45%	14.64%
03/07/2022	31.91%	16.84%	17.28%	19.41%	14.55%
07/08/2022	31.99%	16.73%	17.32%	19.42%	14.53%
28/08/2022	31.90%	16.79%	17.36%	19.37%	14.58%
02/10/2022	31.90%	16.73%	17.32%	19.42%	14.63%
30/10/2022	31.81%	16.68%	17.30%	19.51%	14.70%
27/11/2022	31.81%	16.78%	17.32%	19.47%	14.63%
01/01/2023	31.82%	16.88%	17.33%	19.41%	14.56%
29/01/2023	32.02%	16.90%	17.26%	19.27%	14.56%
05/03/2023	32.13%	16.99%	17.23%	19.21%	14.44%
09/04/2023	32.13%	17.00%	17.19%	19.21%	14.46%
07/05/2023	32.06%	16.96%	17.10%	19.27%	14.61%
04/06/2023	32.02%	16.79%	17.15%	19.30%	14.73%
09/07/2023	32.11%	16.87%	17.14%	19.18%	14.70%
06/08/2023	32.18%	16.96%	17.09%	19.24%	14.52%

Elective Coordination Data Weeks waited grouping

List development by weeks waited grouping, highlighted areas of success in reducing long waiters in line with targets.



Weeks Waited	Earliest	Latest	# Change	% Change
1. 0 < 18 weeks	145,410	152,109	6,699	4%
2. 18 < 26 weeks	33,236	36,610	3,374	9%
3. 26 < 40 weeks	24,255	30,458	6,203	20%
4. 40 < 52 weeks	9,076	12,127	3,051	25%
5. 52 < 65 weeks	4,127	5,205	1,078	21%
6. 65 < 78 weeks	2,368	1,789	-579	-32%
7. 78 < 104 weeks	1,378	124	-1,254	-1011%
8. > 104 weeks	555	1	-554	-55400%
Total	220,405	238,423	18,018	8%

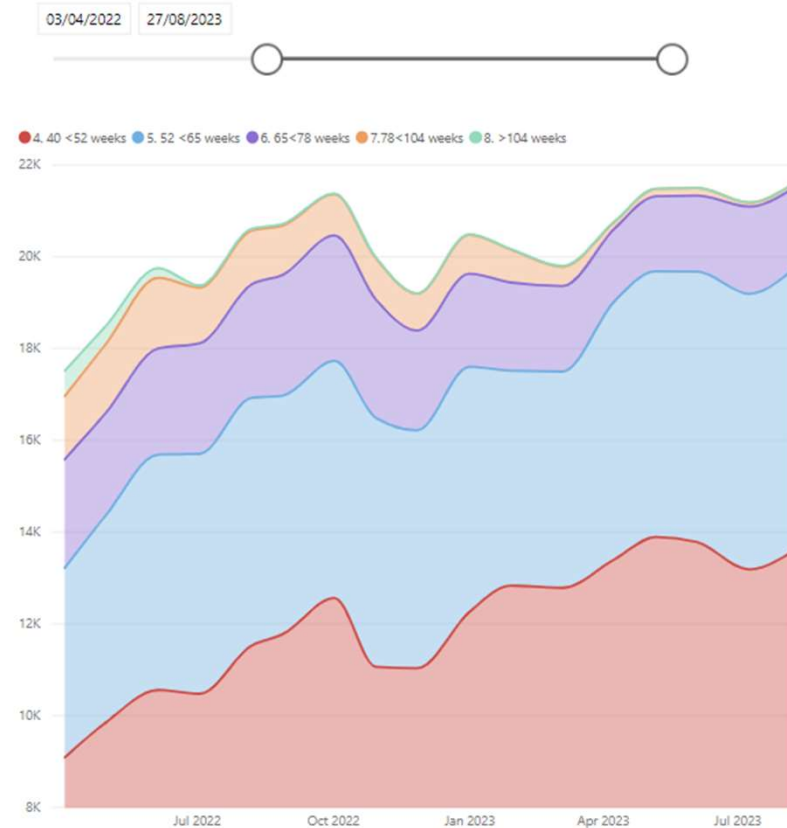


Elective Coordination Data – Longer waiters

E	#	%	L
18K	2K	9%	19K

List development by weeks waited grouping, focus on long waiters shows sequential nature of achievement and upcoming challenges posed by future targets.

Weeks Waited	Earliest	Latest	# Change	% Change
4. 40 <52 weeks	9,076	12,127	3,051	25%
5. 52 <65 weeks	4,127	5,205	1,078	21%
6. 65 <78 weeks	2,368	1,789	-579	-32%
7. 78 <104 weeks	1,378	124	-1,254	-1011%
8. >104 weeks	555	1	-554	-55400%
Total	17,504	19,246	1,742	9%

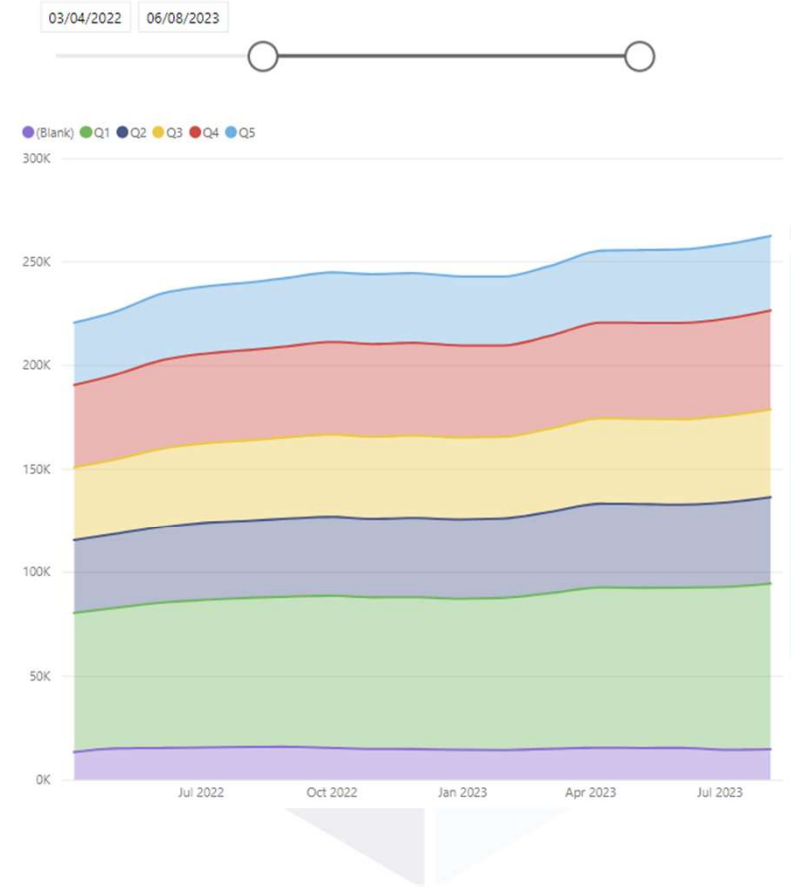


Elective Coordination Data – List growth by IMD Quintile

E	#	%	L
220K	42K	16%	262K

IMD breakdown of list development highlighted comparative increase by Quintile

IMD_Quintile	Earliest	Latest	# Change	% Change
Q1	66,917	79,623	12,706	16%
Q2	35,091	41,965	6,874	16%
Q3	35,370	42,296	6,926	16%
Q4	39,753	47,610	7,857	17%
Q5	30,004	35,930	5,926	16%
Total	207,135	247,424	40,289	16%



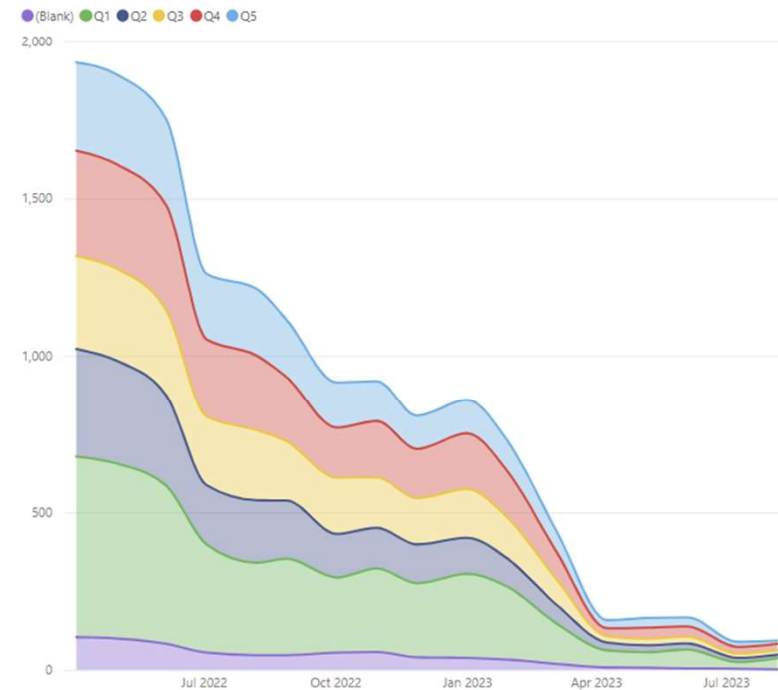
Elective Coordination Data – Long waiters position development by IMD Quintile

E # % L
2K -2K -1978% 93



IMD breakdown of list development in long wait categories, highlighted comparative reduction per quintile

IMD_Quintile	Earliest	Latest	# Change	% Change
Q1	573	35	-538	-1537%
Q2	344	11	-333	-3027%
Q3	296	15	-281	-1873%
Q4	335	20	-315	-1575%
Q5	281	10	-271	-2710%
Total	1,829	91	-1,738	-1910%



Qualifications, Challenges and future plans

High level view, this is by design and has proved valuable as a supplementary element of ECGs ongoing work and the groundwork for establishment of Clinical Networks.

Focussed on the end of the pathway i.e. post referral, initial patient access is implicit, so not a comprehensive lens through which to consider ongoing barriers to access in terms of follow ups or ongoing communication and engagement with the service.

Ongoing work in parallel with ECG in Outpatient transformation, Clinical networks, DNAs, Peri-operative and pre-assessment working groups aims to encompass HI concerns more directly.

Data supplementing this is going to be more complex in generation, content and analysis, but we are better placed to achieve this using same principals as ECG, openness, cooperation, honesty, trust in a more targeted setting with colleagues used to working in a collaborative way.

✉ WYAATProgramme@nhs.net

☎ 0113 2065684

🖱 wyaat.wyhpартnership.co.uk

🐦 @WYAAT_Hospitals

West Yorkshire
Association of Acute Trusts



The West Yorkshire Association of Acute Trusts (WYAAT) is part of West Yorkshire and Harrogate Health and Care Partnership.

WYAAT is made up of: Airedale District Hospital NHS Foundation Trust, Bradford Teaching Hospitals NHS Foundation Trust, Calderdale & Huddersfield NHS Foundation Trust, Harrogate & District NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Mid Yorkshire Hospitals NHS Trust.



BREAKOUT SESSION

In partnership with



Q is led by the Health Foundation
and supported by partners across
the UK and Ireland

IMPROVEMENT

Provider collaboratives: improving equitably

Tell us what you think



Scan here to access our evaluation or
use the link in the chat



Upcoming events

Book now/save the date:

Wednesday 18 October | 12.00pm – 3.30pm

Creating an enabling environment to improving equitably

Tuesday 5 December | 1.30pm – 3.00pm

Improving waiting lists equitably: The importance of a partnership approach





Thank you for attending

In partnership with



Q is led by the Health Foundation
and supported by partners across
the UK and Ireland

IMPROVEMENT
Provider collaboratives: improving equitably