

Reducing elective waiting lists through provider collaboration

This briefing covers the key messages from our webinar on reducing elective waiting lists through provider collaboration, featuring examples from two collaboratives, both working across the acute sector.

North East and North Cumbria (NENC) Provider Collaborative

The North East and North Cumbria Provider Collaborative is made up of all 11 foundation trusts within the integrated care system (ICS), including eight acute and/or community trusts, two mental health, learning disability and autism (MHLDA) trusts and one ambulance trust. They cover the largest ICS in the country and provide care to a population of 3.2 million. Together, the trusts employ 80,000 NHS staff and have an annual budget of £6bn.

The provider collaborative operates under a provider leadership model, taking collective responsibility on issues that affect every partner organisation, planning together for the future in a collaborative way. Their key principles and ways of working are:

- To support each other and provide mutual aid in times of pressure.
- Make shared decisions to speed up transformation and change.
- Challenge each other and hold each other to account.
- Always act in good faith and in the best interests of the people they serve.
- Empower staff to work with other trust staff to improve care.
- Make sure there is a strong clinical leadership and governance.
- Actively involve staff, patients, the public and wider stakeholders.
- Show solidarity when making decisions for the local population.
- Take responsibility for delivering on agreed priorities and manage risks together.
- Promote a high performing culture of teamwork, innovation and continuous improvement.

NENC has four key and priority programmes which include corporate, clinical support and development programmes, as well as a clinical programme, which includes their **elective care and recovery activity**.

Elective care and recovery programme

The provider collaborative's elective care and recovery programme has been in place for two and a half years and aims to restore and transform elective care services, eliminating long waits for treatment, reducing overall waiting times and addressing health inequalities by managing demand and maximising capacity. The programme's core priorities are:

- Improving access and eliminating long waits (Performance)
 - mutual support and mobilisation
 - validating waiting lists
 - improving patient experience of choice at the point of referral
- Improving capacity and productivity (Productivity)
 - focused on outpatients
 - use of theatres
 - perioperative care such as maximising use of available elective hub capacity, and using Get It Right First Time (GIRFT)
- System transformation and resilience (Pathways)
 - focused on data and reporting
 - ensuring clinical teams receive consistent metrics to identify key areas of variation
 - work with the integrate care board (ICB) to support the interface between primary and secondary care

Challenges

A key challenge for the collaborative in their elective work has been **digital** – there are differences across all their trusts in terms of the digital tools available, as well as the variety of tools in use. Even where the geography lends itself to collaboration, the trusts have reported that IT systems are often their biggest challenge when it comes to working together.

Other notable challenges have included the cultural shift in relationships across trusts, the ICB and NHS England, which has been overcome through investing time into these relationships.

The NENC team have worked closely with NHS England colleagues to ensure requests to trusts are coming through the collaborative, which avoids the potential for the duplication of efforts at different levels of the system.

Clinical leadership within their alliances has also been a challenge in terms of funding, however having clinician representation on their elective care board has helped to reduce the impact of this.

Benefits of working together on elective recovery

- Operational efficiency and improved communication across providers, driven by the elective care board and **sub-groups**.
- Stronger and more meaningful partnerships and providers feeling more empowered.
- Reduced duplication as one conversation is now being had instead of many.
- A culture of learning and developing, honesty and transparency which leads to sharing of practice including peer review.
- Multidisciplinary and collegiate working across the system, including NHS England and the ICB.
- Growing relationships between providers – e.g. over 535 patients have been transferred across the region through the collaborative so far in 2024/25.
- Evidence based decision making and strong clinical voices through their alliances and networks.
- Higher levels of trust.

Key messages for others

Using the skills of the people in the collaborative, drawing on their expertise and getting their commitment has been key to driving the programme forward.

Engaging their chief operating officers within their sub-groups, e.g. the Outpatients Transformation Group, Mutual Support Group and Theatre and Perioperative Group, has been important to making progress.

Creating the space for psychological safety and for trust to grow through open and honest conversations has also been crucial, as well as valuing the personal connections and strong relationships between individuals.

The Cheshire and Merseyside Acute and Specialist Trust Alliance (CMAST)

Cheshire and Merseyside Acute and Specialist Trusts Provider Collaborative (CMAST) was formed in spring 2021, following a system-wide focus on pandemic response. CMAST is a large provider collaborative covering a population of 2.7 million across rural and urban areas with high levels of deprivation. Organisations involved in the collaborative include:

- 12 trusts, including seven acute district general hospitals (DGHs)
- Five specialist trusts
- 10 Community Diagnostic Centres (CDCs)
- Four community and mental health hospitals
- Nine Places
- Nine local authorities
- One ambulance trust

The collaborative has four large programmes including clinical pathways, elective recovery and transformation, diagnostics and an efficiency at scale programme, with each programme having a chief executive attached, as well as a senior responsible officer and a programme director.

Elective recovery and transformation programme

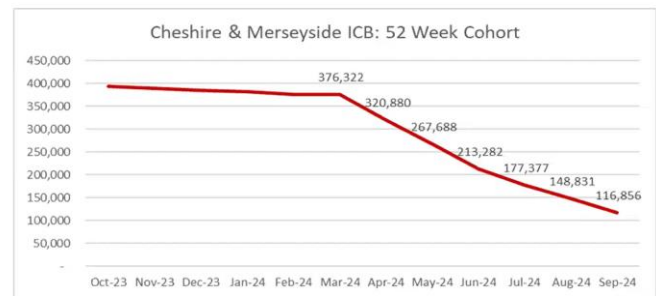
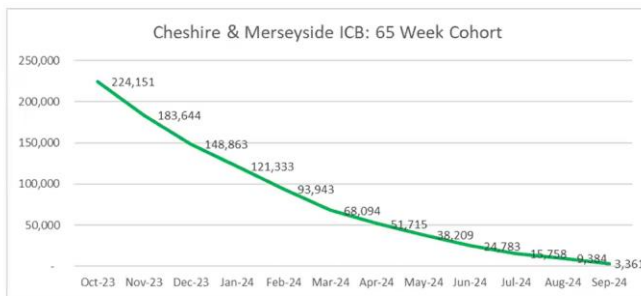
The elective recovery and transformation programme has been a key focus for CMAST since their formation, and the methodology for the programme was developed four years ago in December 2020, when they set out their three primary goals:

- **Waiting list management and recovery**, including reducing long waits and restoring activity level.
- **System productivity and resources**, including outpatient efficiency, theatre utilisation, elective hubs and cold site utilisation.
- **Reducing variation in care**, including levelling waiting times across Cheshire and Merseyside, mutual aid and shared resources.

Impact

The collaborative has seen dramatic improvements in relation to their first goal around waiting list management and recovery since its implementation, as detailed below:

- They have sustained their zero 104 weeks wait position since March 2022.
- They have reduced their capacity breaches for 78 weeks to eight.
- They have significantly reduced 65 week breaches, and the number is decreasing week by week as their clearance rate for 65 weeks remains around 1,400 per week.
- They are clearing over 6,000 of the 52 week cohort every week, with 84,730 to clear before the end of March.



In terms of **productivity**, they are also seeing impacts, including:

- They have consistently achieved their Elective Recovery Fund (ERF) target of 104.9% and have secured over £40m in additional funding.
- Their theatre utilisation is consistently improving, and they are achieving over 80% capped consistently, with several of their providers in the upper quartile.

It can be more difficult to measure **variation**, but they have reviewed the data available and a comparison between average waiting times for 2023/24 showed a range of between 51 and 13 weeks for surgery across the Cheshire and Merseyside geography, which has reduced to a 15 week difference this year. For outpatients, this range went from 36 weeks difference in average wait times to just eight weeks difference between providers.

Delivering the programme and the benefits

- CMAST's approach for the elective recovery programme is stitched into the centre of each participating trust's governance structure which means that they're able to ensure that they're not undertaking any formal performance management role.
- They act as a central point of contact for all reporting and requests from regional teams, so the collaborative is able to become a buffer for the trusts and engage with teams on their behalf, taking on that responsibility.
- They have shared facilities and programmes across the system which they take the lead on managing, but which benefit all providers involved, e.g. their elective hubs, mutual support

hubs and joint improvement programmes. They also organise cross organisational training programmes related to these areas which benefit all.

- They take a system first approach and measure performance centrally as one, with mutual accountability for waiting list management and performance against key targets, which protects individual trusts from being singled out and fosters trust and encourages collaboration for the good of the population.
- They also use their networks to support communication, sharing good practice and learning.

Key messages

- CMAST believe that the strength of their relationships at the executive, clinical and operational levels has been key in delivering the impacts they've seen since the beginning of the programme.
- They work well and have trusted relationships with the provider chief operating officers and chief executives.
- They believe that their clinical director for elective recovery provides excellent leadership and can provide a primary care lens which has added value to their work.
- They work closely with waiting list teams and outpatient teams and have weekly patient tracking list (PTL) catch ups with each provider. The CMAST team use these meetings to disseminate all the information to be shared that week.
- The programme aims to be a single point of contact for the NHS England regional and national teams, which means that CMAST can be a buffer for the trusts and answer questions and shape consistent messages on their behalf.
- The team provide a supporting and enabling role for and with trusts including in their interactions with the integrated care board (ICB). However, clarity of roles is important and linked to accountability with trust level performance discussions formally led by the ICB.