

Tackling the backlog in elective care: two CLEAR case studies

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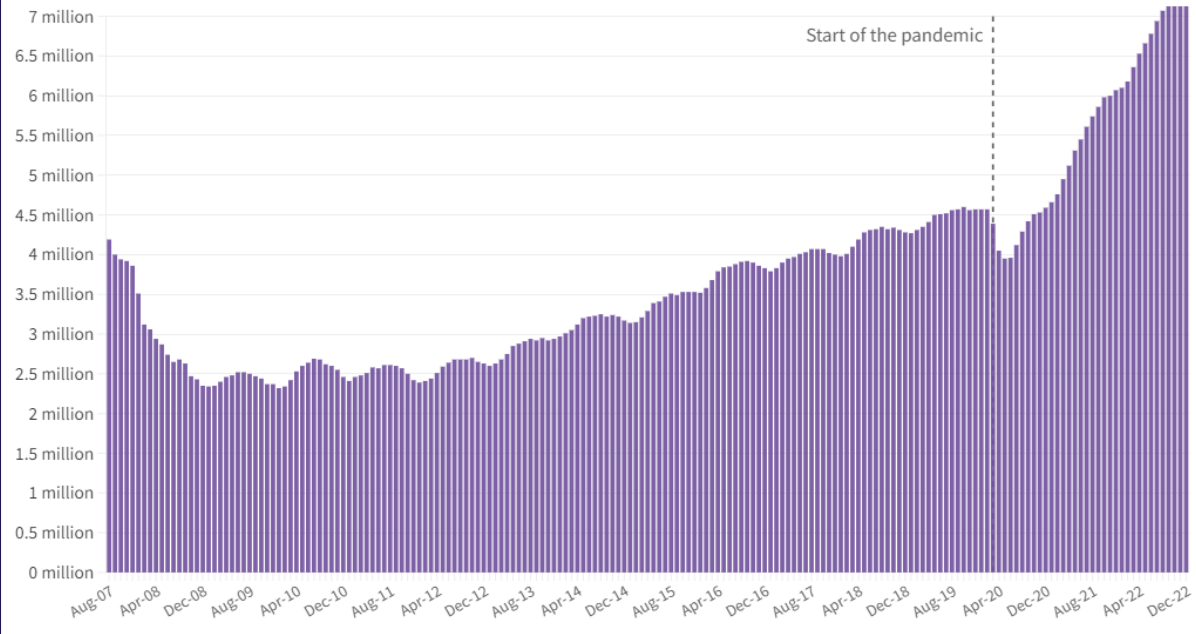
CLEAR Operating Theatres Lead

Agenda

1. Elective recovery – national context
2. Local challenges
3. CLEAR
4. Reflections

Elective recovery challenges

Number of people on NHS waiting lists for consultant-led elective care
September 2015 to December 2022



Source: BMA analysis of NHS England Consultant-led Referral to Treatment Waiting Times statistics • The data includes estimates for missing data. 



NHS

Delivery plan for tackling the COVID-19 backlog of elective care

February 2022

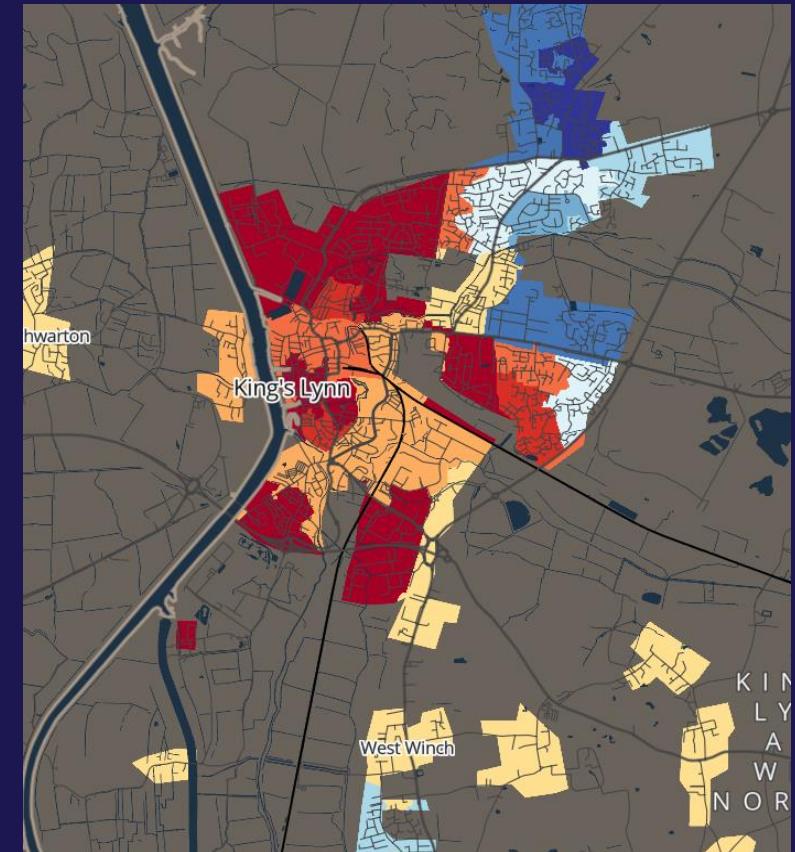
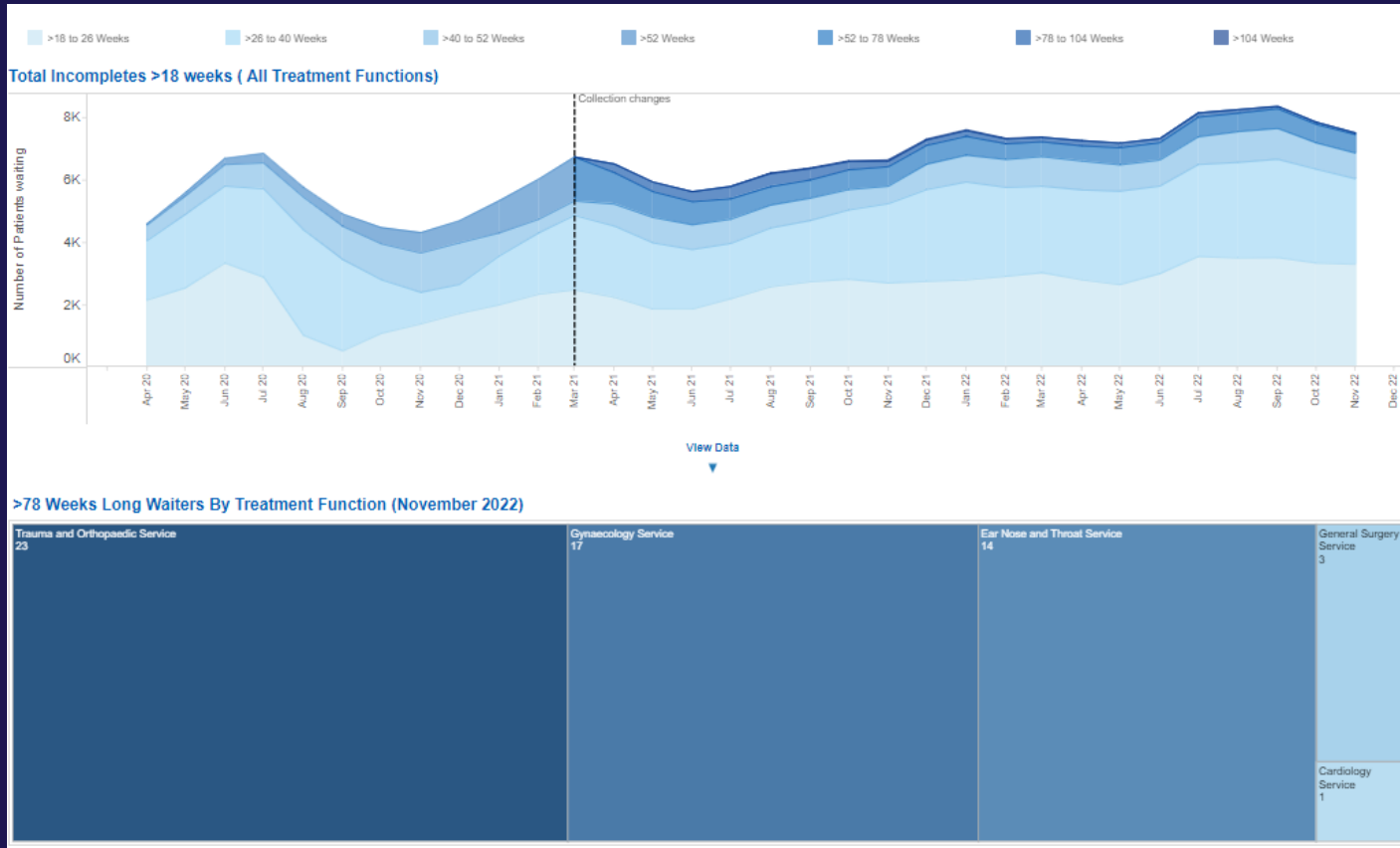
Targets

- **June 2022**
No waits > 2 years
- **April 2023**
No waits > 18 months
- **March 2025**
No waits > 1 year

Priorities

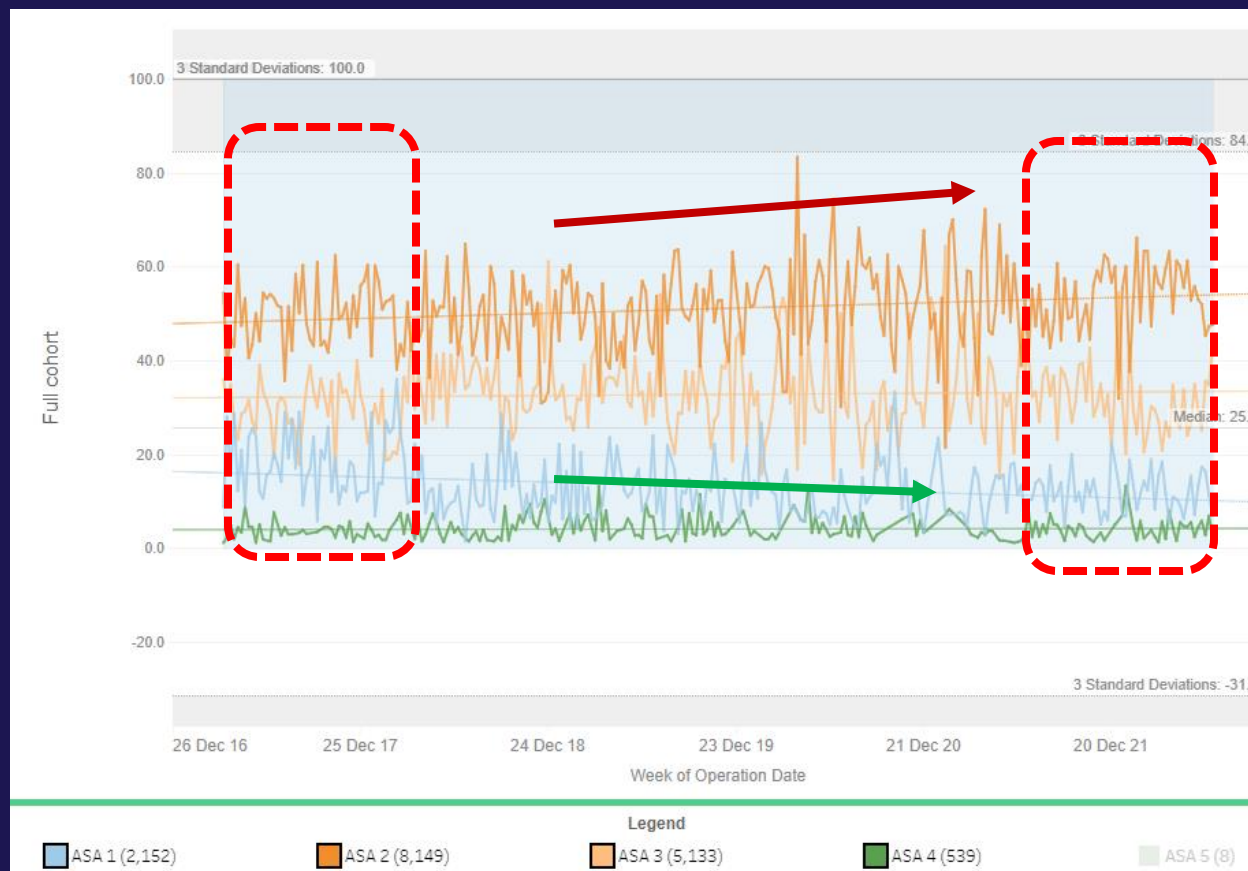
- Increase **capacity**
- Clinically **prioritise**
- Diagnostic and surgical **hubs**
- Empower **patients**

Queen Elizabeth Hospital, King's Lynn



Key challenges

How do we recognise, optimise and plan for a progressively higher risk population?



Qualitative feedback

- Increasing patient complexity is resulting in longer resulting in more complex care requiring longer periods of time.
- This trend is potentially resulting in under allocation of resources

Quantitative review

- Increasing proportion of **mild systemic disease, ASA II (dark orange)** and severe systemic disease, ASA III (light orange) as proportion of total patients
- Decreasing proportion of **healthy, ASA I (light blue)** patients
- As of 2021-2022, there are now **a 10% larger cohort of ASA II, III, IV** than there were in 2017-2018

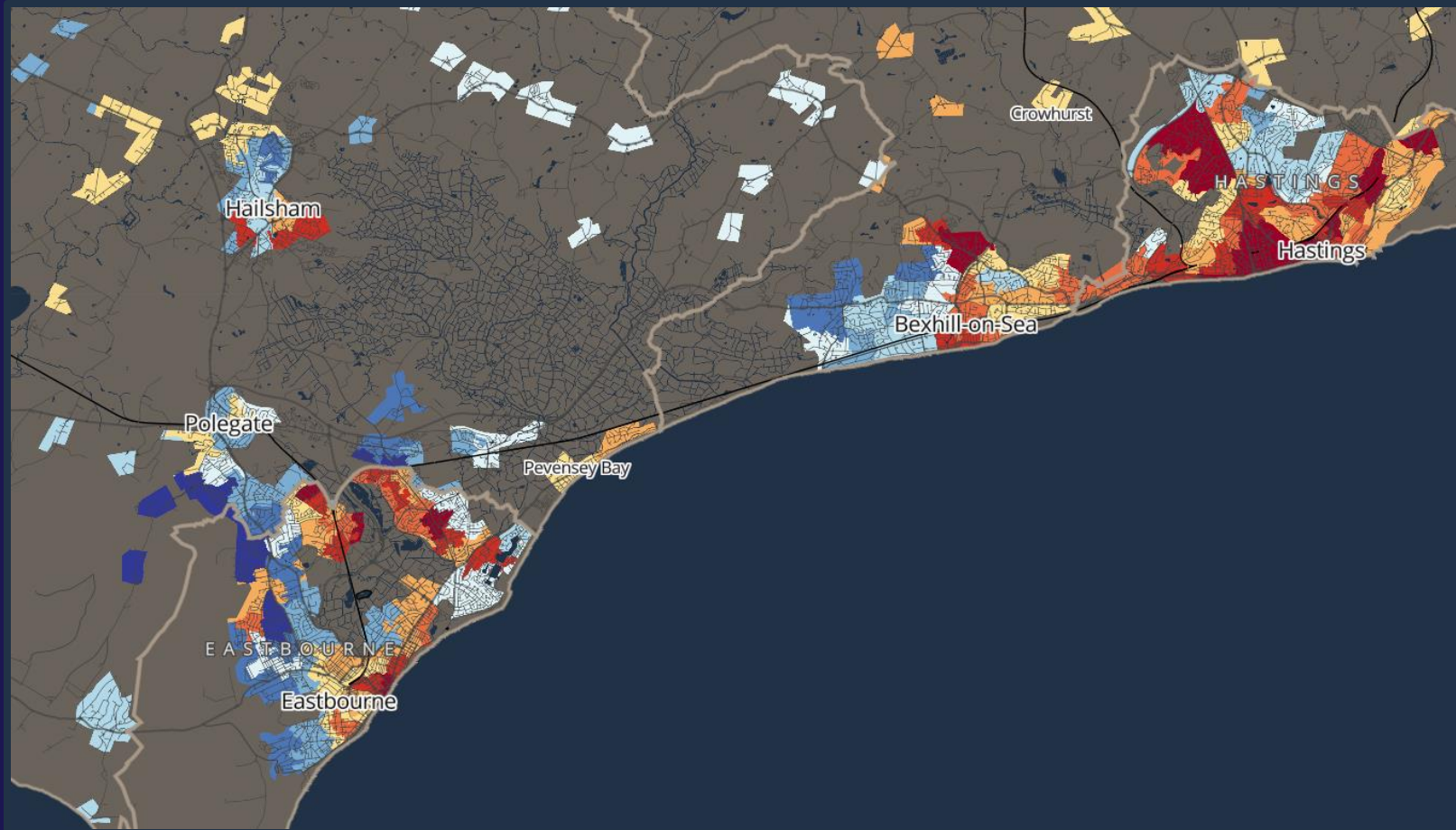
Key opportunities

- **Two thirds of late cancellations can be prevented** with improved perioperative assessment and stronger hospital/patient engagement
- Trends of **patient complexity is increasing** and high risk patients now account for a 10% larger cohort compared to 2017
- Challenging **peri-operative estates and admission processes** can potentially lead to lost operating theatre time to the tune of 600 operating hours/ 160% increase in hospital length of stay
- **Trauma demand is exceeding trauma capacity** resulting in overrunning lists and inefficient use of half day trauma lists
- **Workforce satisfaction and career development opportunities** should link to new models of care and workforce to improve recruitment and retention.

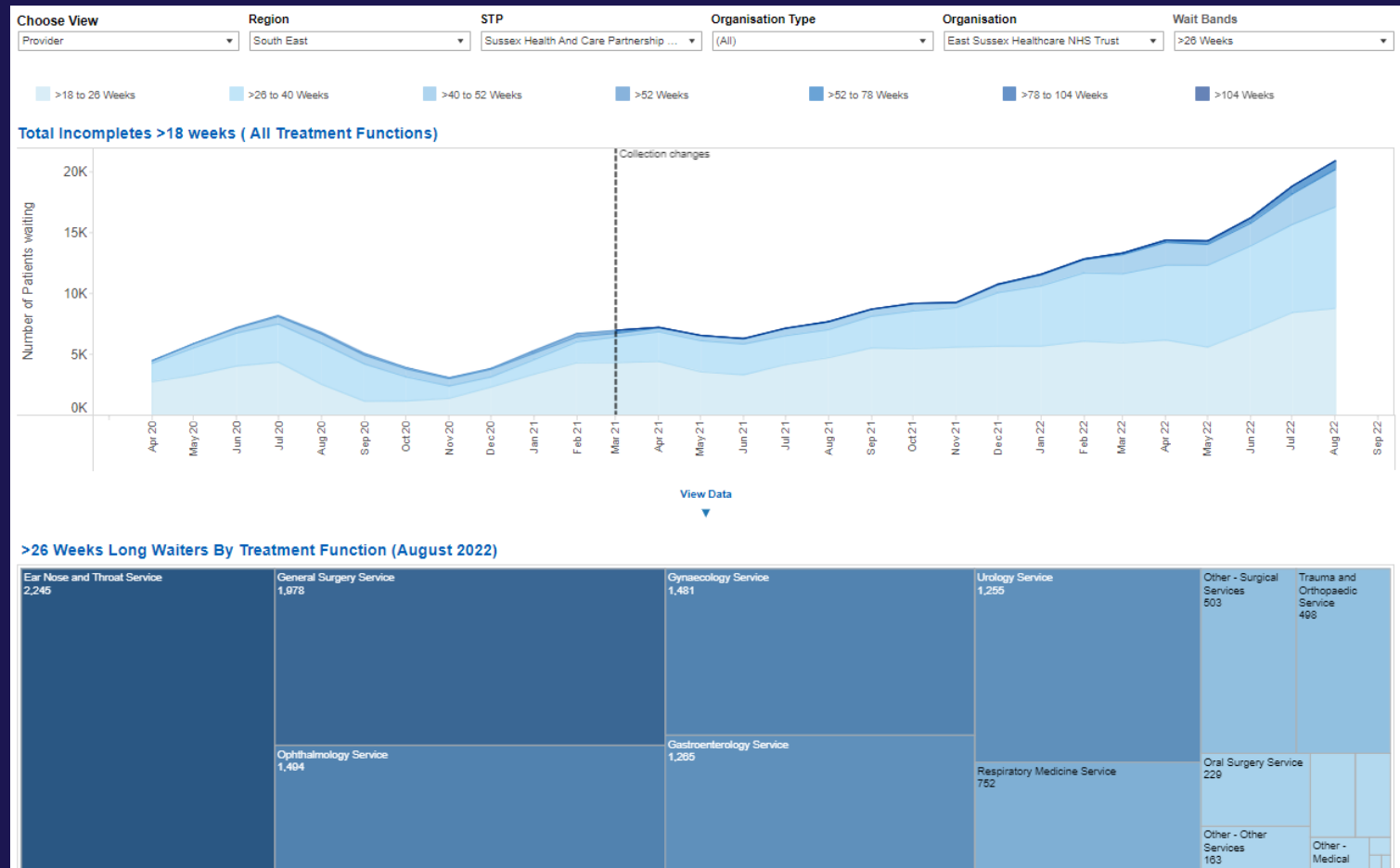
Projected impact

- **Potential 12% productivity gain** if opportunities addressed
- **Improved patient flow pre and post operatively** using locally developed new models of care
- **Workforce development opportunities** improving workforce recruitment and retention e.g. Elective care coordinator role to validate and coordinate bookings with teams and patients.
- **Reduction in late cancellations** with better patient coordination and communication
- **Optimised use of trauma capacity** through better organised full day sessions
- **Improved patient care** through enhanced patient contact during pre-operative journey supported by early specialist input.

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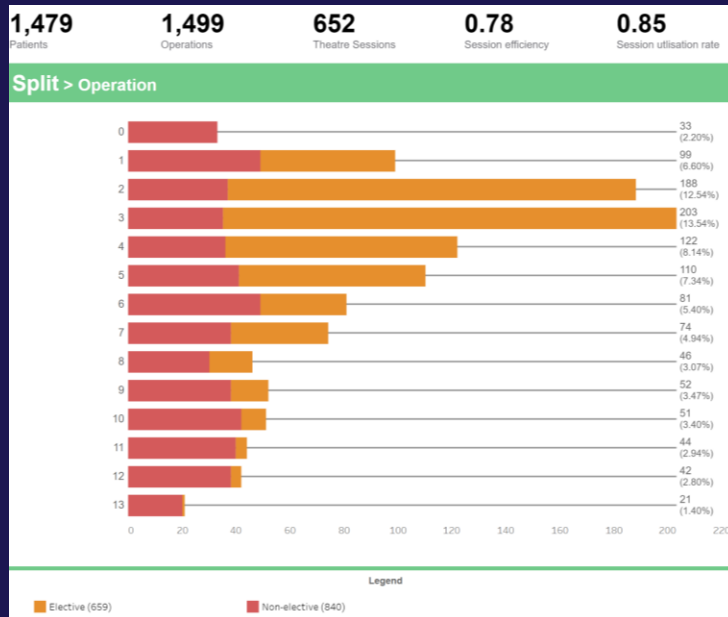
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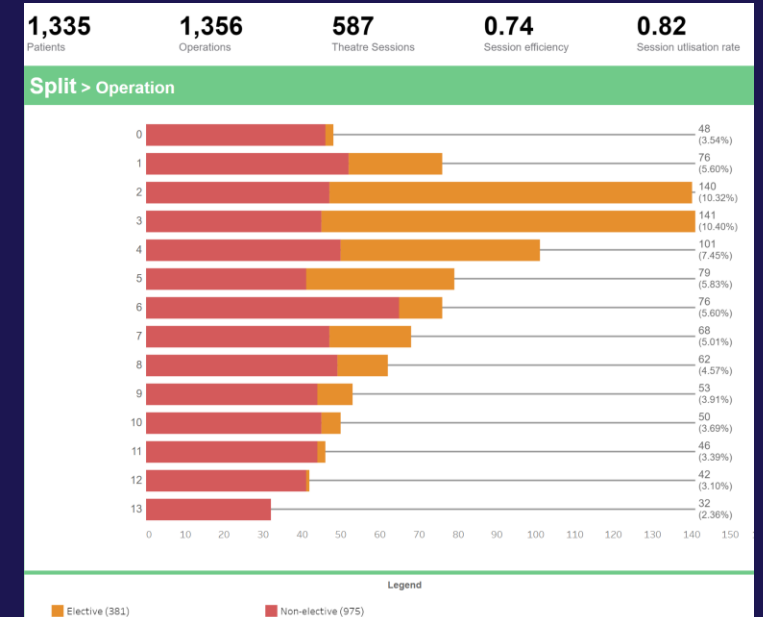
2018 - 2019

Trauma and orthopaedics procedures and their length of stay (LOS)

2021-2022



LOS (days)	2018 – 2019		2021 – 2022	
	# Ops	Total LOS (days)	# Ops	Total LOS (days)
0	33, 2.2%	0, 0%	48, 3.5%	0, 0%
1 to 5	722, 48.2%	2,122, 14.2%	537, 39.6%	1,578, 9.9%
More than 5	744, 49.6%	12,874, 85.8%	770, 56.8%	14,442, 90.1%
Total	1,499	14,996, 100%	1,356	16,020, 100%



- In the top 10 most performed T&O elective and non-elective procedures, inpatient LOS from 2018 to 2019 compared with 2021 to 2022
- Despite less patients having operations post COVID-19, there is a larger proportion of patients staying more than 5 days. (~5%)
- A LOS of more than 5 days is likely to result in increased hospital costs and reduced elective operating capacity the following week (in the context of an already constrained elective bed base)
- The increase in patients who stay 5 days or more equates to an **extra 1,568 admission days, resulting in an additional 4 beds per year**, costing circa £600,000 per year

Key opportunities

- **Systems and processes**
Booking, validating, optimising, coordinating and communicating with patients for surgery
- **Hospital capacity and patient flow**
Ensuring continuous patient flow to minimise disruption to planned care bed base
- **Patient complexity and COVID-19**
Recognise increasing complexity to allow planning with appropriate resource allocation
- **Workforce recruitment and retention**
Developing workforce roles and responsibility to deliver better patient care

Projected impact

- **10% productivity gain** in the number of cases performed across all engaged specialities valued at c£1.4m
- **Reduced hospital length of stay** through implementation of seven-day physiotherapy service, gaining up to £629,600
- **Integration of new technology (CCS)** into normal working practices
- **Further workforce development opportunities** improving workforce recruitment and retention e.g. Elective care coordinator role to validate and coordinate bookings with teams and patients.
- **Reduction in late cancellations** with better patient coordination and communication
- **Improved patient care** through enhanced patient contact during pre-operative journey supported by early specialist input.



Thoughts and reflections



Thank you!



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Next session today

**Panel discussion – recovery and transformation,
can the NHS achieve both in equal measure?**

 22/03/23

 14:00-14:30pm

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