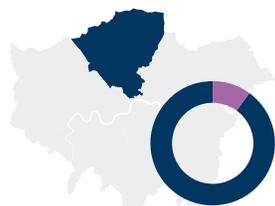


# North Central London's Accelerated Elective Recovery Programme

## Learning summary, October 2021

### Background

In early 2021, North Central London (NCL) Integrated Care System (ICS) was appointed as one of the national Accelerator Systems for elective recovery, which aims to address the backlog of patients on the waitlist as a result of services closed or reduced in the early waves of the COVID-19 pandemic.



In May 2021 there were **211,756** patients waiting for elective care in NCL. **20,259** had waited more than 52 weeks.

The ICS set an ambitious trajectory to increase capacity 110% of baseline delivery by the end of July 2021, through the delivery of 5 interventions:

1. Extended hours
2. Outsourcing within the NHS
3. Use of the Independent Sector
4. Demand management capabilities
5. One system Patient Tracking List (PTL)

UCLPartners worked as a learning partner to the NCL team, adopting a learning health system methodology. Activities included:



Site visits



Interviews



Data analysis

**UCLPartners**

### Findings

#### Patient perspectives



Reflections on the impact of the programme on patient experience.

- Efforts were made to support patients to make **informed decisions** around their treatment options, such as alternative treatment centres, independent sector, or delaying care
- There was **hesitancy to change** hospital provider once patients were on the secondary care pathway
- **Continuity of care** is an important consideration

#### Staff perspectives



Reflections on staff experience, the benefits and challenges of new ways of working.

- Aligning around a **common goal** created commitment
- Staff exhaustion is highly prevalent in certain staff groups, managers are attempting to **prioritise staff wellbeing**
- There was increased **burden on administrative staff**

#### New ways of working



Reflections on processes and pathways put in place or adapted to support the programme.

- **Collaboration within and between organisations**
- The **complexity of cases and patient choice** impacted the utilisation of the independent sector
- The **tight timescale** of the programme added pressure to the system and staff

### Recommendations

- **Continuity of care** – Consider the wider impact on patients of moving between providers on pathway of care
- **Communications strategy** – Increase the consistency of communication content and channels used
- **Embed patient feedback** – Collect more data on patient experience, directly from patients and their families, through multiple channels
- **Staff wellbeing** – How to address sustainability and **burn out concerns**, informed by embedded insights from staff and job plan review
- **Administrative support** – Potential solutions highlighted include: a centralised administration team within the ICS, digital solutions to streamline processes, development of common tools and approaches
- **Communications strategy** – To widen awareness of the programme, increase engagement and levels of buy in for the different interventions
- **Whole system response** – Ensure organisations are willing and able to ask for help, automate thresholds at which demand smoothing or mutual aid will be required and actioned
- **Best use of data** – Develop a clear plan for different stakeholders' use of the data (PTL) platform, use whole system metrics to reinforce common goals
- **Service consolidation** – Identify opportunities for service consolidation where centralising on one site can bring operational and outcomes benefit
- **Independent Sector utilisation** – Understand where they can have greatest value

### Wider Reflections



How should the programme best mitigate widening **inequalities of access and in post referral management?**



Implementation within the context of the **whole pathway** – What impact does increasing capacity have on **follow ups, rehabilitation and follow on care?**