

Provider Collaboration – Clinical Transformation: developing resilient & innovative services

Diane Wake

CEO DGFT & SRO BCPC

Sohaib Khalid

BCPC Managing Director

Dr. Jonathan Odum

BCPC CMO

Working in partnership

Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust,
The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust



Overview

1. **Introduction** – *Background and context to the BCPC ...*
2. **Challenges** – *What are the key clinical drivers ...*
3. **Approach** - *Our Vision, Objectives & Goals ...*
4. **Priorities** – *Our focus ...*
5. **Impact** - *Where are we now? ...*
6. **Future Ambitions** - *What are we focusing on and where might we be going?...*
7. **One Key message** – *that would support other systems in their work programme development ...*

Introduction

Policy Context

- Working together at scale: Guidance on Provider Collaboratives (*August 2021*)
 - *“All Trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.”*
 - Provider collaboratives are partnership arrangements involving at least 2 trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements to:
 - a. Reduce **unwarranted variation** and **inequality in health outcomes, access** to services and experience
 - b. Improve **resilience** by, for example, mutual aid
 - c. Ensure that **specialization** and **consolidation** occur where this will provide better outcomes and value
- In short ... a strong focus on **Quality**, with a by-product of **Productivity**

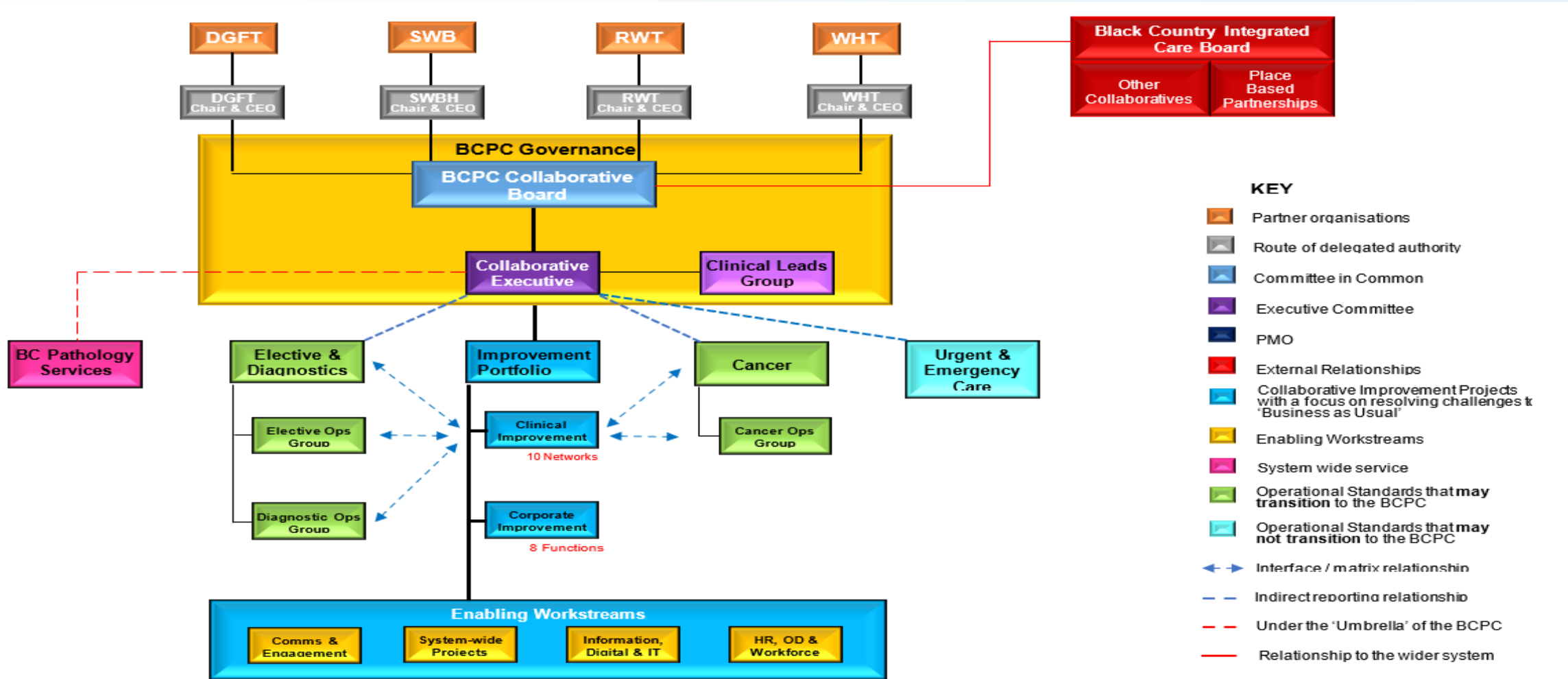
Our Journey ...



Our Journey (2) ...

- In 2022/23, refreshed our governance arrangements
- Selected a permanent Chair (Sir David Nicholson)
- Established
 - A repositioned Collaborative Board (*Committee in Common*)
 - Collaborative Executive – Chaired by PC SRO (D. Wake)
 - Clinical Leads Group – Chaired by PC MD (Dr. J. Odum)
- New *'Terms of Reference'* ... reviewed frequently
- Strong focus on **inclusion, partnership working, building trust & relationships**, and changing the long-embedded culture of 'competition'

Our Current Governance arrangements ...



Challenges

Our Key Drivers...

- Poor and deteriorating **Cancer Health Outcomes**
- Increasing **elective** (waiting list) **'Backlog'** significantly impacted by the pandemic
- **Models of care** driven by previous competitive culture between Trusts needing improvement
- **New healthcare landscape** to emerge from the impending NHS Health & Care Act

Approach

Our Ambition ...

- To improve and be the best we can ... working ‘*Vision*’ statement:
 - “*One healthcare system, across multiple sites, working in partnership to provide better, faster and safer care to the population of the Black Country and beyond.*”
- Strong focus on a **Clinical Improvement Programme**
 - Clinical Networks – ‘bottom-up’ development ... mix of ‘quick’ wins and ‘strategic’ priorities
- Growing focus on a **Corporate Improvement Programme**
- Supported in parallel by a set of ‘**System Improvement / Transformation**’ priorities, and some **Enabling** priorities

Objective & Goals

Clinical Improvement Programme

Objective 1 - Improving patient care & experience through 3 key Goals:

- **Improving access** – supporting recovery & restoration.
- **Quality** – equity & health inequalities through standardisation of care and reduction of unwarranted variance.
- **System resilience & transformation** – new models of care, system strategic developments ... enhancing workforce recruitment & retention.

Corporate & System Improvement Programmes

Objective 2 – Best use of resources

- **Sustainability** - ensuring service productivity, efficiency and resilience at scale through consolidation where appropriate.

Priorities

Clinical Improvement Programme

- To support delivery of the challenges (Cancer Health Outcomes & Elective backlog) a range (9 initially now 11) key clinical networks were established:
 - *Breast, Colorectal, Critical Care, ENT, General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Pharmacy, SKIN, Urology*
- Each Clinical Network is led by an appointed Clinical Lead ...
 - Funded at 2 PA's per week
 - Supported monthly through a 2:1 meeting with the MD & CMO to help focus and unblock issues
- Each Clinical Lead is supported from the PMO by:
 - A Project Manager,
 - And where possible an Operational Manager
- Each Clinical Network meets monthly

Approach to Priority Development

- Developed ‘bottom up’ ... latitude given to be ‘creative’ and ‘innovate’
- Developed through Clinical Leads and their Clinical Networks
- Initial parameters were to focus on ‘Quick wins’ and **some** longer-term transformative activities
- Emerging set of (55+) priorities fell into three key buckets:
 - **Improving access** (recovery & restoration)
 - **Quality** – equity & health inequalities through standardisation of care and reduction of unwarranted variance
 - **System resilience & transformation** – new models of care, system strategic developments ... enhancing workforce recruitment & retention

Approach to Priority Development (2)

- Series of Clinical Network ‘*away days*’ ...
 - Urology (04/22), Ophth (04/22), Ortho (05/22), Crit Care (06/22), SKIN (07/22), Gynae (07/22), Colorectal (09/22), ENT (09/22)
 - Lots of ‘*energy*’, ‘*enthusiasm*’, and ‘*engagement*’
- Further refinement and clarity leading to updated list of priorities
 - Focus on ‘Quick’ wins
 - ‘*levelling up*’, *standards or harmonisation of care pathways*
 - Working on ‘big ticket’ strategic items that will enable pathway transformation
 - *Elective ‘North hub’, Elective ‘South Hub’, Surgical Robotics BC, MoHs BC*

Overview of Priority Numbers

Network	Improving Access	Quality	System Resilience & Transformation	Totals
Breast	2	3	6	11
Colorectal	1	3	2	6
Critical Care	2	1	3	6
ENT	2	1	1	4
Gynaecology	11	0	1	12
Ophthalmology	3	2	1	6
Orthopaedics	1	1	1	3
SKIN	3	1	2	6
Urology	1	1	1	3
TOTALS	26	13	18	57

Simplified overview

Better categorisation of work:

- **30 Tasks** – An activity that needs to be completed within defined period of time - one off
- **17 Critical Milestones** – Significant stage of development for a project/key dependency
- **13 Projects** – A series of tasks and milestones that need to be completed to reach a specific outcome

Clinical Network Priorities

Quick selection

- **Breast** - pursuit of new model of care (e.g. Breast Unit Consolidation, Radiology Alliance, Plastics), development of GP direct access services
- **Critical care** – review of care pathways; ACCU capacity requirements; Level 1-3; RSUs
- **Colorectal** – Early rectal cancer; Advanced rectal cancer; Emergencies (Colonic stenting);
- **Gynaecology** - pursuit of new model of care through specialisation and ‘centres of excellence’, development of GP direct access services
- **Head & Neck** – Pursuit of 2 x 2 site working through ‘specialisation’ and ‘centres of excellence’
- **Ophthalmology** – development of standards for cataracts, glaucoma, and medical retina
- **Orthopaedics** – implementation of the ‘cold site’ elective care model at Cannock
- **Skin** – Business Case for MoHs surgery, and roll out of tele-dermatology; One-stop shop; CNS harmonisation
- **Urology** – GIRFT UAN model for the delivery of service.

Delivery / Impact

Progress Summary

- Still work in progress ...
- Good momentum ... *'energy', 'enthusiasm' & 'engagement'*
- Continuing to increase our conversion rates
 - From *'Planning'* to *'Implementation', 'Adopt & Adapt'*
- Impact is being measured and we hope to see an active contribution to the two key 'exam questions' ... *Improvements in **Cancer Health Outcomes**, & **Elective Recovery***
- Preparing for future *'Service Change'* processes
 - Finesse and finalise proposals to enable due process to commence

Positive Progress to date ...

▪ **Cancer Health Outcomes**

- **Breast** – Implementation of Breast Pain clinics at all 4 Trusts ...
- **Colorectal** - FIT programme being actively rolled out
- **SKIN** – Tele-dermatology services being actively rolled out
- **Urology** – Surgical Robot delivered, and first procedures undertaken at both new sites

▪ **Elective Care**

- **ENT** – Vertigo pathway being finalised
- **Gynae** – one-stop PMB Clinics at WHT with DGFT to follow
- **Gynae** – 2 wk referral pathways developed and awaiting commissioning
- **Gynae** – Menopause clinic established at WHT
- **Ophthalmology** – progress in Glaucoma and Medical Retina to ‘level up’ across the BC
- **Ortho** – Joint MSK care pathway to enable better referral management from Primary care

Positive Progress to date ...(2)

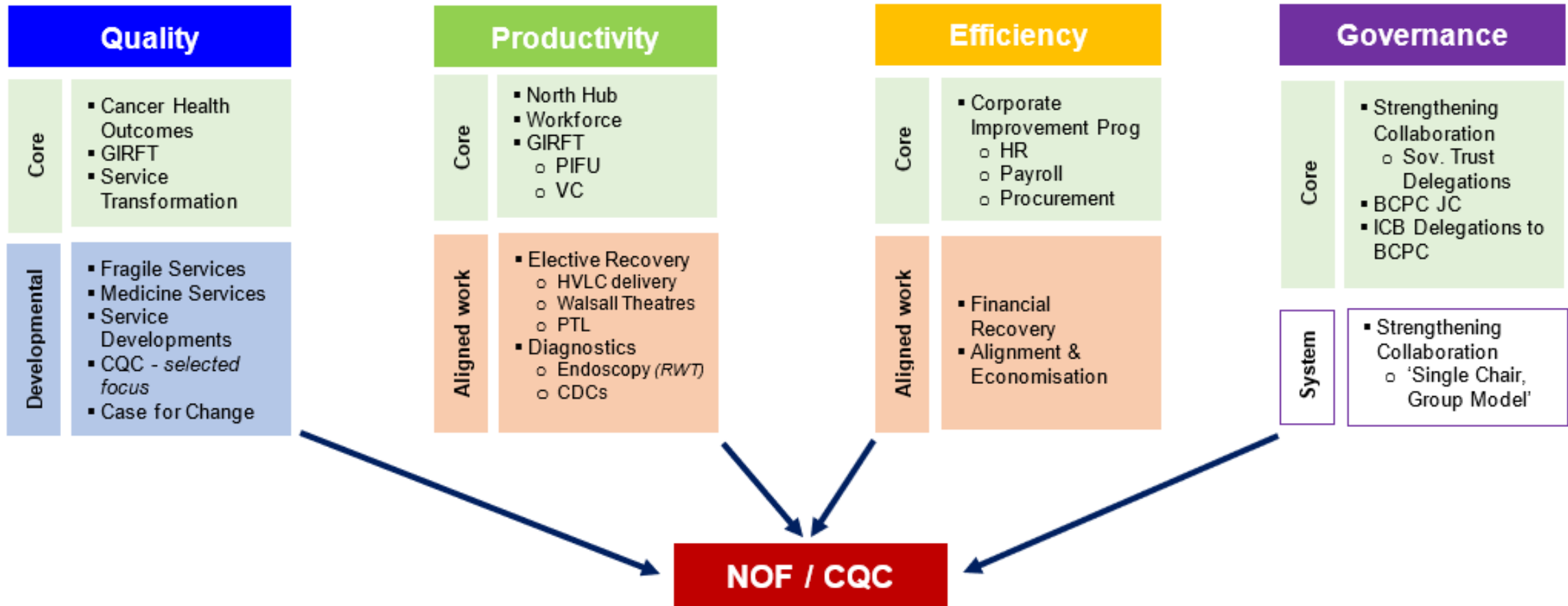
- **System Resilience & Transformation**
 - **Crit Care** – 8 out of 15 ACCP (WM allocation) posts secured for the Black Country
 - **Ortho** – ‘North Hub’ accreditation visit undertaken, FBC being established
 - **SKIN** - Mohs service being established and to commence in Q1 23-24
 - **System** - Robots procured, CDCs being established, Diagnostic equip secured
- **General system performance**
 - **Cancer** - NHSE ‘Deep dive’ review:
 - sufficiently assured that the system has good understanding and oversight of its current performance, where the risks and issues are, and what actions are being taken to address them
 - **GIRFT** – review from national GIRFT team was very positive:
 - Well received, commended for focus, use of ‘Model Hospital data’, understanding of issues, progress to date, and future plans to deliver improvements.

Future Ambitions

Our environment ...

- System finances
 - Can't ignore the scale of the financial challenge
- Evolving Black Country system
 - Continued evolution of the system landscape ... from 'TOM' to 'FOM'
 - Delegations
 - Different responsibilities & accountabilities
- BCPC Priorities for 23-24
- '*Strengthening Collaboration*' & evolving governance arrangements

Our 'Line of Sight'



BCPC Priorities for 23-24

Recently reviewed, developed & agreed ...

■ Clinical Improvement Programme

- **Cancer Health Outcomes** – with a focus on supporting delivery of 2 of the 3 NOF targets
- **GIRFT priority pathways** - Delivery should result in better **Health Outcomes and improved productivity**, creating the space for additional activity to be undertaken, hence aligned to the attainment of HVLC targets
- **Service transformation** – pursuit of ‘Centres of Excellence’ and Black Country wide ‘Networked single service solutions’ e.g. *BC Stroke, BC Renal, BC SKIN, BC Vascular, BC Plastics, BC Endoscopy etc.*

■ Corporate Improvement programme

- Pursuit of a small selection initially e.g.
 - HR,
 - Payroll,
 - Procurement

BCPC Priorities for 23-24 (2)

- **System & Transformation** priorities
 - **Elective Care** – TIF developments, HVLC delivery, support R&R, PTL, Shared Consent Forms
 - **Diagnostics** – pursuit of 2 further CDCs
 - **Cancer** – support the development of a BC Strategy
- **Other enabling priorities**
 - **Stronger Collaboration** – wider engagement to explore closer working with Primary Care
 - **Data, Digital & Tech** – 5 key themes
 - **Workforce** – Reducing vacancies, processes & systems, easier staff movement
 - **Service Change** – Compliance with NHSE assurance processes – North Hub, Centres of Excellence, BC Single service solutions
 - **Governance** – evolution of BCPC

One Key Message

Some thoughts ...

- *Ensure that there is good (reputable) clinical leadership which is appropriately resourced and supported.*
 - Empowered, enabled, and engaged
 - Energy & enthusiasm
 - Input, Buy-in & Ownership
- Engagement, engagement, & engagement
- Ensure that decision making (governance processes) are optimal to ensure successful outcomes are attained (delivery and impact) and not stifling of progress

Thank you.