NHS Providers

Connecting strategic decisions to collaborative and equitable improvement work

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: Stacey Lally – Deputy Director, Q Community

Presentation one:
Dr Seema Srivastava MBE - Deputy Medical Director, University Hospitals Bristol and Weston NHS Foundation Trust and Consultant in Medicine for Older People, North Bristol NHS Trust

Presentation two:
Dr Andy Heeps - Deputy Chief Executive and Chief Operating Officer at University Hospitals Sussex

Interactive Q&A
Facilitated by chair

Summary and close

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.

Reflections

What are you hearing that relates to improvement?

What are you hearing that relates to collaborative working?

What are you hearing that relates to equity?

What actions or next steps might you take following this learning?

NHS Providers

Presentation one:

Dr Seema Srivastava MBE - Deputy Medical Director, University Hospitals Bristol and Weston NHS Foundation Trust and Consultant in Medicine for Older People, North Bristol NHS Trust

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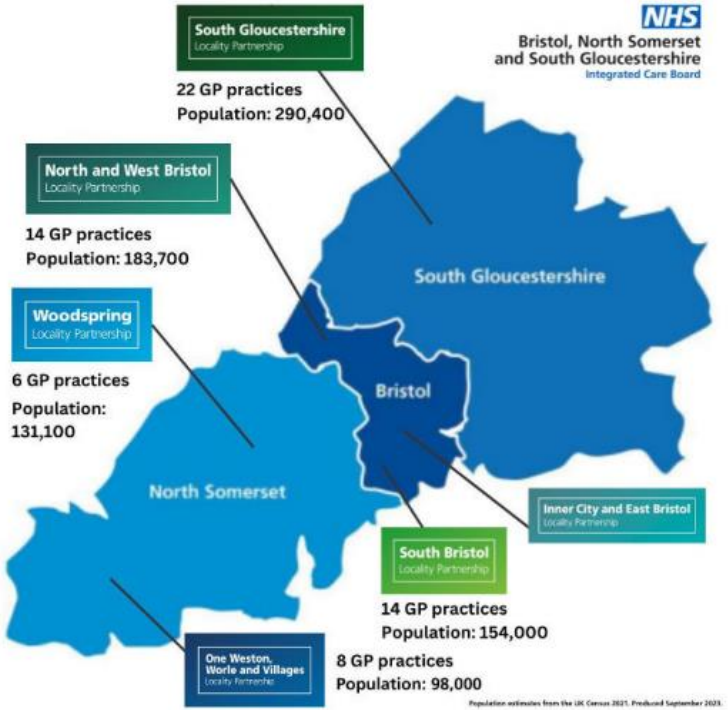
IMPROVEMENT

Provider collaboratives: improving equitably

Who are we? Bristol, North Somerset and South Gloucestershire (BNSSG)



Population of 1 million served by:

- 6 integrated locality partnerships
- 3 local authorities and Health and Wellbeing Boards
- 56 children's centres
- 278 care homes
- 1 GP Federation & 1 GP Collaborative with circa 80 general practices and 20 primary care networks
- 1 of each Medical, Dental, Optometry and Pharmacy Committees
- 1 Primary Care 24/7 and 111 service
- 169 pharmacies
- 114 dental practices
- 79 opticians
- 1 community care provider
- 1 Healthwatch
- 1 mental health trust
- 1 ambulance service trust
- 1 Academic Health Science Centre
- 2 acute hospital providers
- Hundreds of voluntary, community and social enterprise organisations

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

AROUND ONE MILLION PEOPLE LIVE ACROSS BNSSG

1 ICS

3 Places

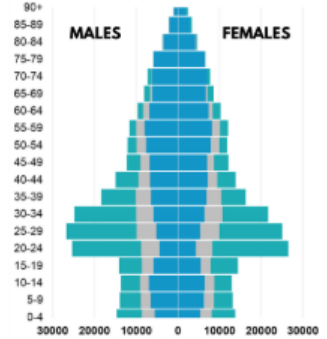
6 Localities

THE POPULATION IN BRISTOL IS YOUNGER WITH AN AVERAGE AGE OF 30 COMPARED TO 46 IN NORTH SOMERSET AND 40 IN SOUTH GLOUCESTERSHIRE

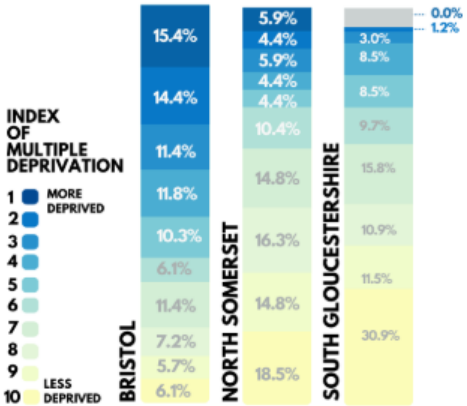
BRISTOL

NORTH SOMERSET

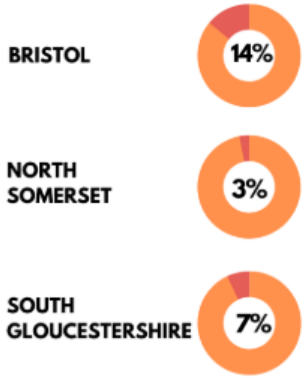
SOUTH GLOUCESTERSHIRE



THERE ARE WIDE VARIATIONS IN DEPRIVATION



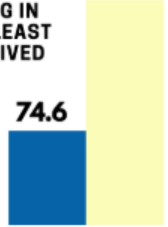
BLACK AND MINORITY ETHNIC GROUPS



THERE ARE LARGE DIFFERENCES IN LIFE EXPECTANCY BETWEEN THE MORE DEPRIVED AND LESS DEPRIVED AREAS

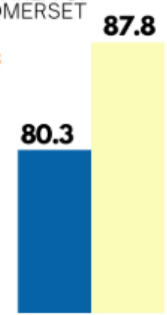
A MAN LIVING IN THE MOST DEPRIVED AREA OF BRISTOL

LIVES 9.9 YEARS LESS THAN A MAN LIVING IN THE LEAST DEPRIVED AREA



A WOMAN LIVING IN THE MOST DEPRIVED AREA OF NORTH SOMERSET

LIVES 7.9 YEARS LESS THAN A WOMAN LIVING IN THE LEAST DEPRIVED AREA



"Our Future Health"
Healthier Together BNSSG

Provider Collaboratives

National

- Since July 2022, as part of the introduction of ICBs, all provider organisations have a statutory duty to collaborate with other provider organisations in their system.
- Provider Collaboratives exist across the country in different shapes and sizes, with different level of maturity. How they are structured has been locally determined by each ICB and is not nationally mandated.

BNSSG

- BNSSG has three provider collaboratives at early stages of development:
  - Mental Health (AWP and other providers inc. VCSE),
  - Primary Care (GPs, Dentists, and Pharmacists) and
  - Acute (NBT & UHBW).

Acute Provider Collaborative (NBT & UHBW)

- There is on-going board level commitment to closer collaboration across both organisations that includes:
  - Board to Board Development Sessions & regular Executive Teams Meeting established
  - Support for the Joint Clinical Strategy & commitment to Shared Service Model for Corporate Services

Working together at scale: guidance on Provider Collaboratives (August 2021)

Deliver benefits at SCALE and provide mutual aid

by focussing on 4 key improvement aims

Reduce **unwarranted variation** and tackle **unequal access, experience and health outcomes**

Improve **resilience** by mutual aid

Ensure specialisation and consolidation occur where this will provide **better outcomes, productivity and value for money**

Support **broader social and economic development**

with opportunities in 3 areas:

Clinical Services

Clinical Support Services

Corporate Services

recognising that 5 enablers need to exist or be developed

Relationships – across the system

Clinical Leadership

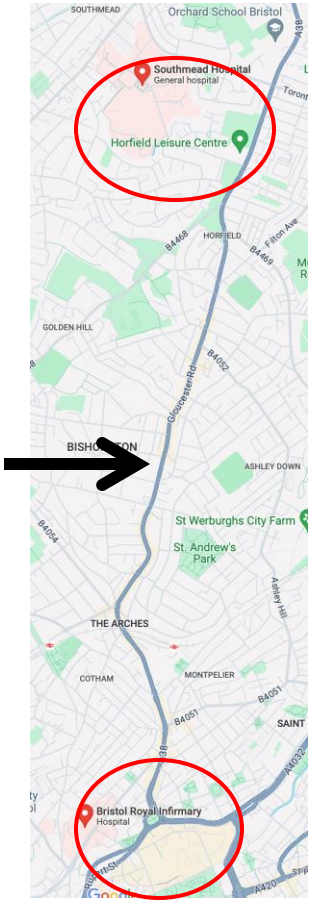
People & Communities – what matters most to our population

Data Sharing

Digital Integration

Working with place-based partnerships as part of the wider ICB development

Which way do I turn on the Gloucester Road?



NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Our Joint Clinical Strategy

Seamless, high quality, equitable and sustainable care

2024 – 2027

Seamless

Care is consistent and seamless.

No gaps, no barriers, no boundaries.

High Quality

High quality care means the best outcomes, experience and safety for every patient.

Our combined knowledge, skills and experience realises our potential to be world-class for innovative and modern healthcare.

Equitable

Care is based on the needs of our patients and populations.

We strive to eliminate inequalities in access to services, options for treatment, opportunities to participate in research and outcomes.

Sustainable

Care is sustainable now and for future generations.

Building on the strengths of each Trust, we achieve greater sustainability working together and at scale to provide comprehensive healthcare in Bristol and Weston, the wider South West region and beyond.

Governance and Enablers

Corporate Enablers

- Workforce
- Patient Engagement
- Finance
- Quality & Safety
- Communications & Engagement
- Ops & Performance
- Organisational Development
- Research, Education & Innovation
- Digital
- Estates & Facilities

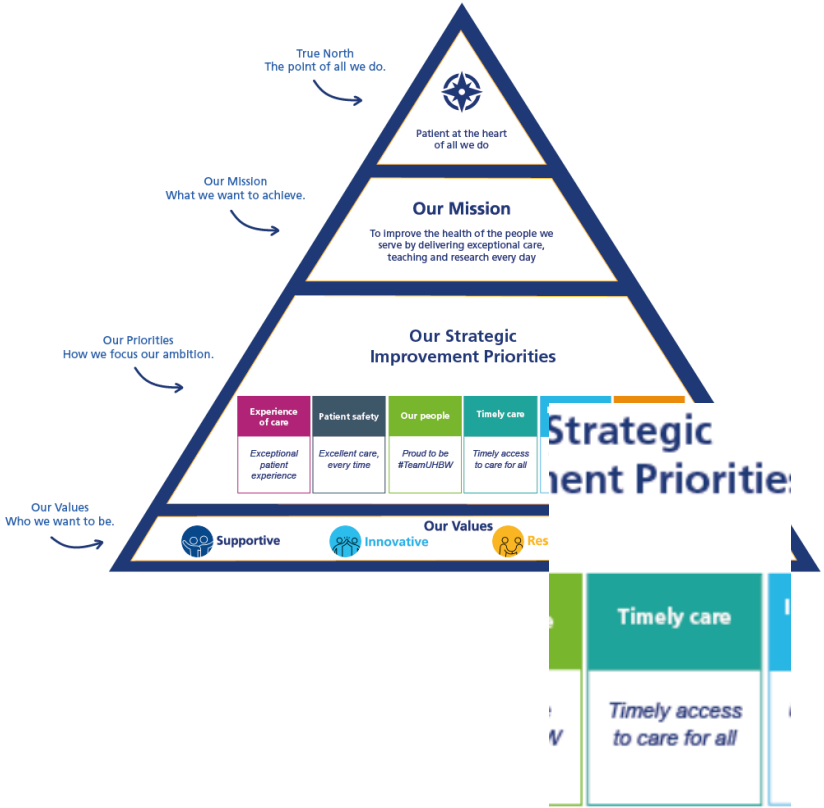
Digital

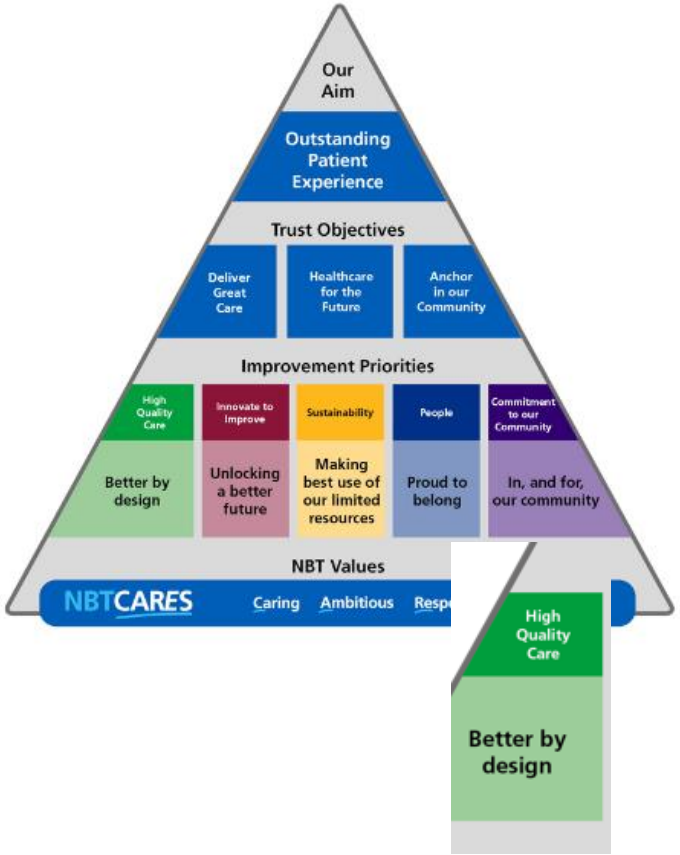
- Account access & creation
- Access to systems
- Document sharing for teams
- Shared care records
- Access to patient notes
- Information governance
- Software

Human Resources

- Recruitment processes
- Governance
- Contracts
- Training & Induction
- Job planning
- Branding
- Rotational/ secondment/ sessional arrangement
- Roles & banding
- Pay rates & incentives
- Policies & procedures

One Improvement Approach





UHBW Health Equity Delivery Group Objectives 2023-2025*(for patients and communities)*

University Hospitals Bristol and Weston NHS Foundation Trust

1. Improve access to, experience of and outcomes from our services
2. Collaborate with the Integrated Care Partnership to tackle health inequalities
3. Foster organisational capability, creating the foundation to drive forwards our health equity programme
4. Build the confidence and skills of our people to meet the needs of our diverse patient population
5. Develop patient EDI data and intelligence to inform planning and priority setting

Project Charter: NBT Inequalities Programme

Date Agreed: 29 April 2024

NHS North Bristol NHS Trust

Problem Statement

- There are widespread inequalities in health and care across our population which impact and are influenced by our services.
- NBT and wider NHS are aware of the impacts and scale of variation and through the CorePlus5 framework are seeking to make improvements to reduce inequalities
- We want to better understand and define the problem and to develop systematic and sustainable solutions
- We want to work with our system partners in defining and addressing inequalities for our population

Scope

- Health and care related inequalities from the acute perspective
- Primarily focussed on BNSSG
- Improving data quality and insights
- Make addressing inequalities a core element of Trust delivery

Project Goal

•Data – improve the data quality and insights from data
•Education & awareness – opportunities to share best practice, learn and improve
•Screening and prevention – support more patients to Tackle Tobacco Dependency (TTD)
•Access to care – make it easier to attend outpatient services.
•Understand and address the needs of priority inclusion groups: LD, Homeless, GRT, prisoners

Exit Criteria

- Individual projects to have defined exit criteria
- E.g. 80% ethnicity recording target

Sponsor & Project Team

Project Role	Name
SRO	S
Project leads	
Divisional leads	
Women's Health	
Ops & Perf	
Cancer	J

Governance Structure

Quality Committee (/Patient & Carers experience Committee)

Exec Quality Delivery Group

Inequalities Steering group

Project Roadmap & Timescales

Planning & scoping • Complete by April 2024

Act - Project delivery • May 2024– Jan 2025

Study and Act • Feb – Mar 2025

Critical Success Factors & Key Risks

- Clinical and Senior Leadership to sponsor programme and hold programme to account for delivery
- Capacity to deliver project workstreams
- Complex problems will require wider support to overcome barriers (e.g. data access, IM&T system changes, L&D support, Comms, external partners, etc)

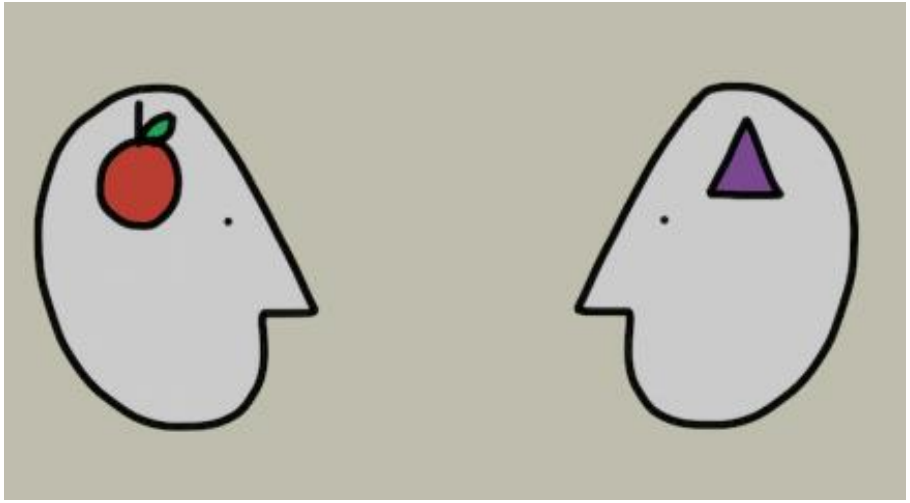
Project KPIs (Target)

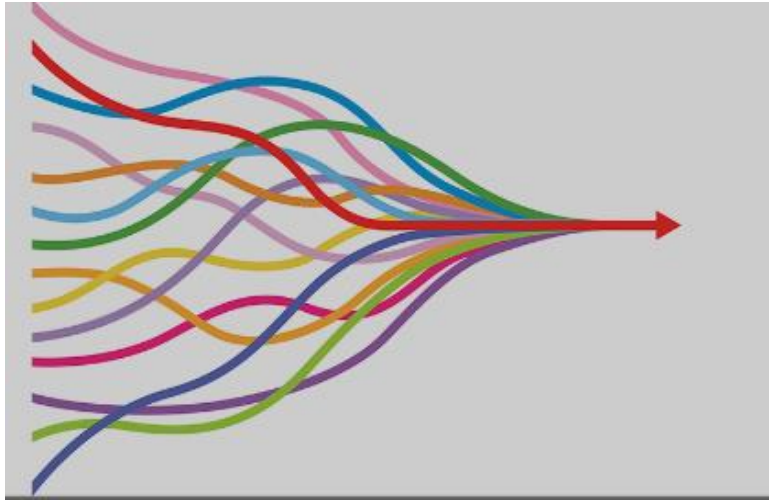
- Reduced DNA rate for target groups relative to all patient DNA rate
- Increased % of elective waiting list with known ethnicity – target 80%
- Increase number of patients supported to quit smoking per month to 35 per month

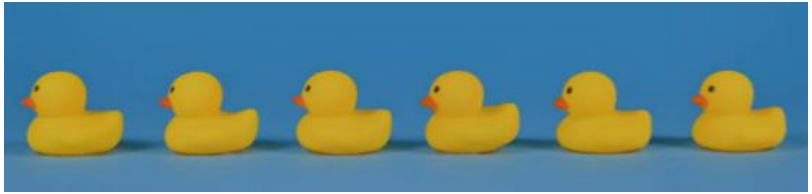
Benefits Realisation

- Improved outpatient utilisation will reduce waiting times and improve patient outcomes
- Improved data quality on patient demographics will enable equity of access monitoring and development of more effective interventions
- Reduction in patients smoking will reduce readmission rates and improve patient outcomes

Translation and alignment







Linking Health Inequalities improvement to joint strategic priorities

Priorities and operational planning guidance

Building on the measures outlined in the NHS Long Term Plan, eight urgent actions were identified to support NHS action in tackling healthcare inequalities. These have now been refined into the five key priorities, as set out in the operational planning guidance of 2021/2022:

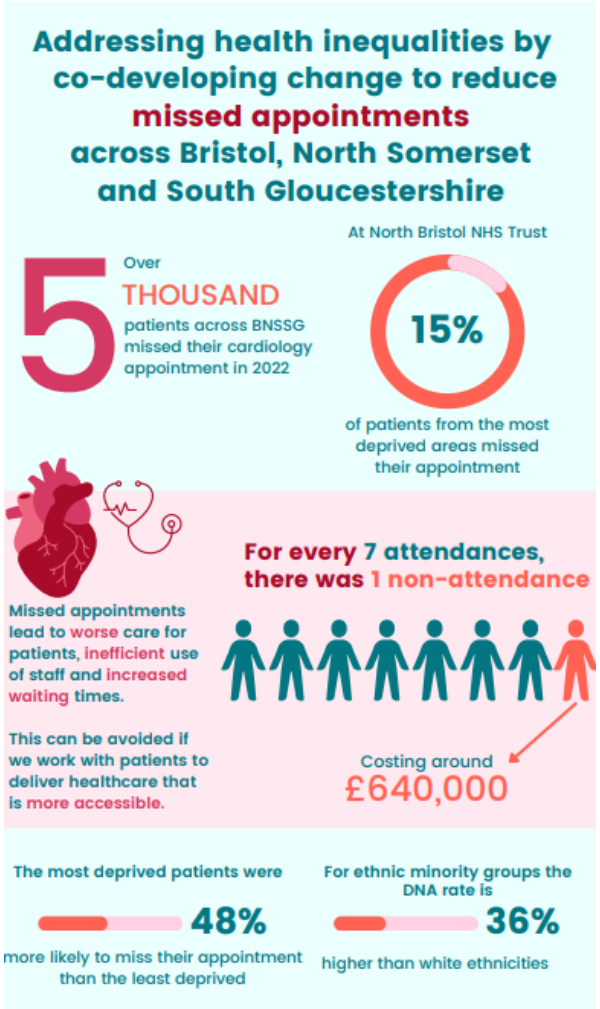
Priority 1: Restoring NHS services inclusively

Priority 2: Mitigating against 'digital exclusion'

Priority 3: Ensuring datasets are complete and timely

Priority 4: Accelerating preventative programmes

Priority 5: Strengthening leadership and accountability



Meet the team


Khadija Begum


Zoranna Gray


Abigail Jones


Dr Seema Srivastava MBE

Also: Tim Keen, Sanjoy Shah, Adwoa Webber, Fiona Spence, Monira Ahmed Chowdhury

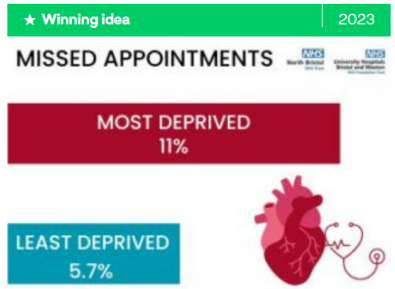
NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Q Exchange

Addressing health inequalities by co-developing change to reduce missed appointments

Patients from more deprived areas and ethnic minorities are more likely to miss their appointment and have poorer health outcomes. We'll work with them to identify and overcome barriers.



Project Charter Missed Appointments

Project Charter: Reducing inequalities in missed outpatient appointments **Date Agreed:**

Problem Statement

It is both a national and local priority to develop and implement elective recovery plans that do not create or exacerbate health inequalities but provide an integrated and holistic approach to reducing health inequalities.

Data from the Bristol North Somerset and South Gloucestershire (BNSSG) Elective Recovery Inequalities Working Group shows that:

- Residents of BNSSG who live in **more deprived areas, on average, attend fewer outpatient services than those who live in less deprived areas.**
- The Did Not Attend **(DNA) rate is higher for those who live in the most deprived areas** compared to less deprived areas.
- The **DNA rate for patients from ethnic minority groups is 59% higher than non-ethnic** minority groups.

There is a strong link between poor heart health and health inequalities. We want to understand issues and trial interventions for patients who attend both UHBW and NBT sites, so the project will focus on Cardiology as both UHBW and NBT have a high volume of Cardiology appointments, with high DNA rates in the target group.

Scope

In Scope:

- Outpatient appointments for Cardiology at NBT and UHBW, focused on IMD1&2 and ethnic minorities
- All appointment types: face-to-face, virtual and telephone
- Adult outpatient appointments

Out of scope:

- Outpatient services for children

Project Goal

Reduce the variance in missed appointment rate by socioeconomic factors and ethnicity across the BNSSG population.

Exit Criteria

- Understand the barriers faced by our target patient groups
- Co-design improvements with patients and implement these to test solutions
- Identify opportunities to extend learning to other specialties

Sponsor & Project Team

Project Role	Job Role Title	Name
Sponsor		
Clinical Lead		
Project Lead		
NBT Leads		
UHBW Leads		

Governance Structure

- Fortnightly project meeting
- Monthly update to Elective Recovery Working Group
- Progress reviewed at NBT Reset and Recovery Transformation Board
- Escalations to be raised to Sponsor

Project Roadmap & Timescales

Critical Success Factors & Key Risks

Success factors:

- We need to engage patients from a wide range of ethnicities and locations

Risks:

- It could be difficult to measure the impact of change as volume of patients is low
- Funding for project support ends in March '24 but will be needed for longer

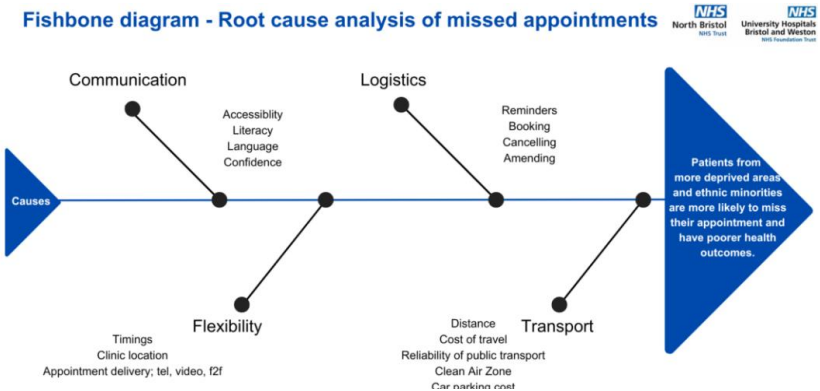
Project KPIs (Target)

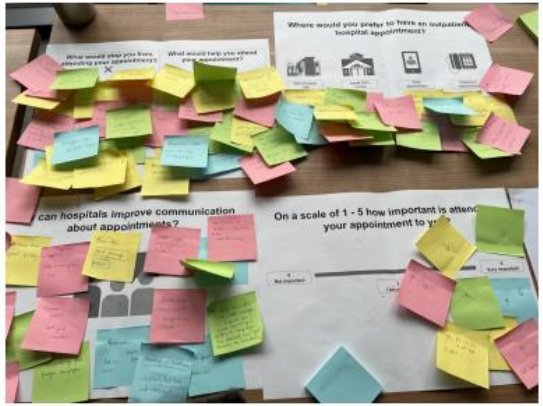
- Share insights on why patients miss outpatient appointments
- Reduce variance in DNA rate by socioeconomic factors in Cardiology
- Reduce variance in DNA rate by ethnicity in Cardiology, with improved ethnicity recording
- Engage patients from a broad range of ethnic categories

Benefits Realisation

- More patients will attend their outpatient appointments, getting the care they need to improve and manage their health. This will improve the health of our community.
- Clinicians will be able to spend their time caring for patients who need their help.
- Patients will be able see that their feedback and ideas have made a difference

Improvement and co-design methods





Did Not Attend feedback from: 137 patients from IMD 1&2 and BAME IMD3+.

Through survey, feedback was also sought from 129 patients outside of project inclusion group.

In total the project has gathered views from:

- 266 patients
- 22 community groups/champions
- 20+ members of staff
- 8+ GP colleagues across BNSSG
- Local communities by attending high footfall community events and community groups.

Top themes

Why is there a higher missed appointment rate in these patient cohorts?

Communication

Patients not receiving letters

Patients forgetting about their appointment

Patients not understanding what the appointment is for

Patients calling to cancel but not being inputted through the system.

Difficulty navigating the hospital (UHBW)

Language & trust barrier

Poor prior experience

Not knowing how to navigate the system – anxiety

No hospital recorded language therefore no provision of language support – awareness of dialect differences

Preference for F2F interpreter – difficulties understanding interpreter over the phone

Illiteracy in the spoken language

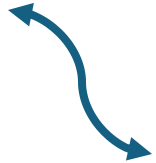
Transport

Poverty - Cost of travel – bus fare, car parking, taxi

Time taken to travel by bus

Insufficient parking nearby

Insufficient direct bus services to hospital e.g. especially Weston/rural areas



Flexibility

Shift workers, low-income workers etc. struggle to take time off work.

Reliance on another person to take them to an appointment.

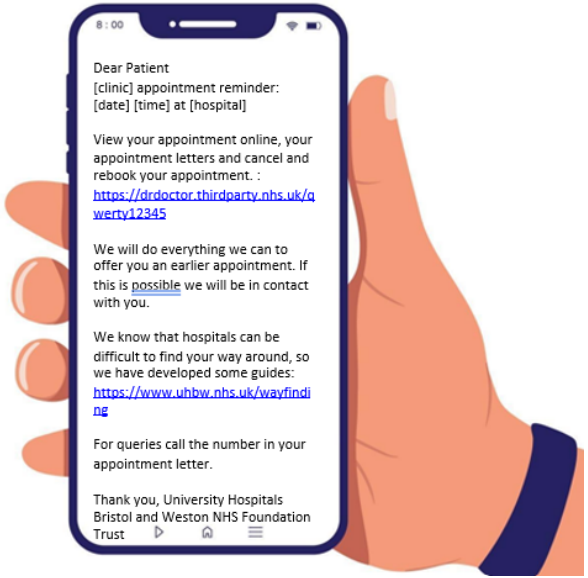
Caring responsibilities

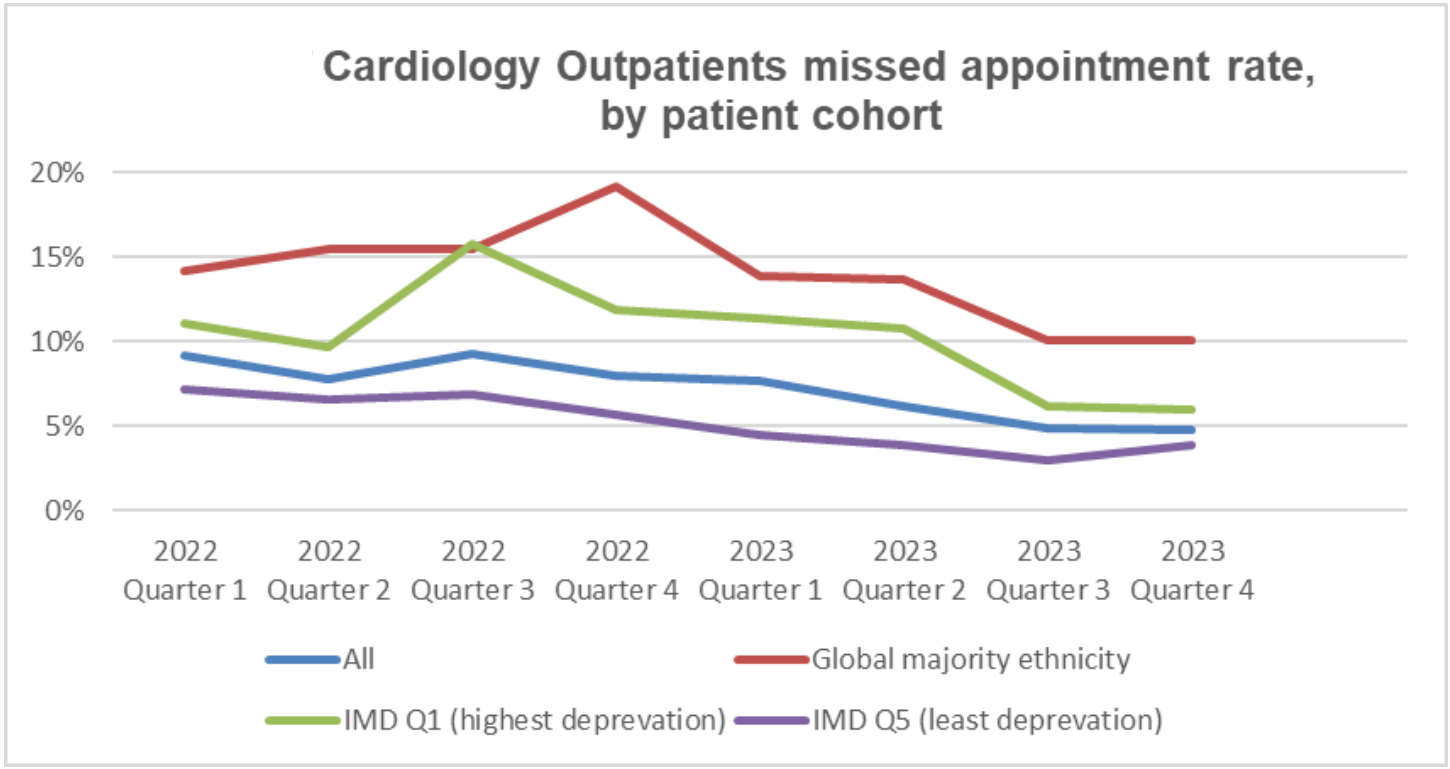
Difficulties in cancelling/amending

We understand the reasons for missed appointments in our target group are complex and can vary.

Example interventions being tested

- Acknowledgement
- Signposting
- Booking
- Validate




Cardiology Outpatients missed appointment rate, by patient cohort
20%
15%
10%
5%
0%
2022 Quarter 1
2022 Quarter 2
2022 Quarter 3
2022 Quarter 4
2023 Quarter 1
2023 Quarter 2
2023 Quarter 3
2023 Quarter 4
All
Global majority ethnicity
IMD Q1 (highest deprevation)
IMD Q5 (least deprevation)

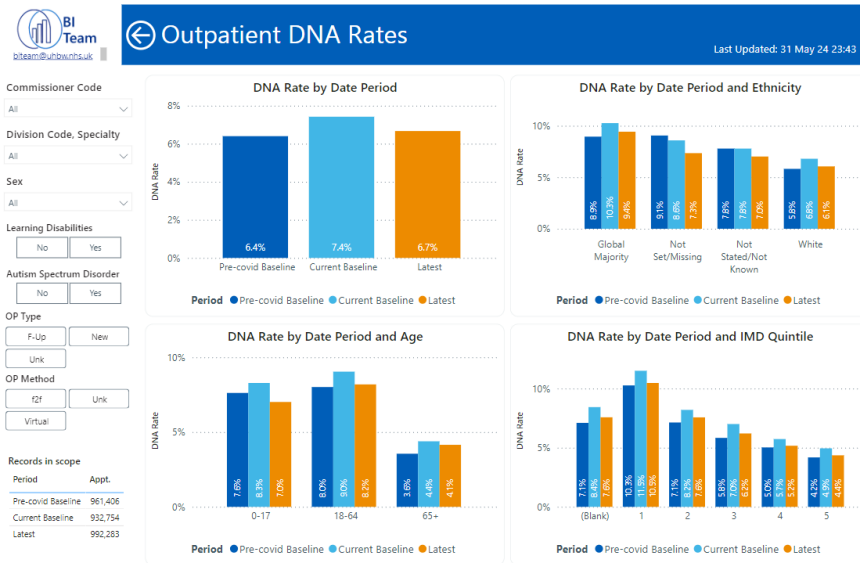
Acute Provider Health Inequalities Shared Priorities

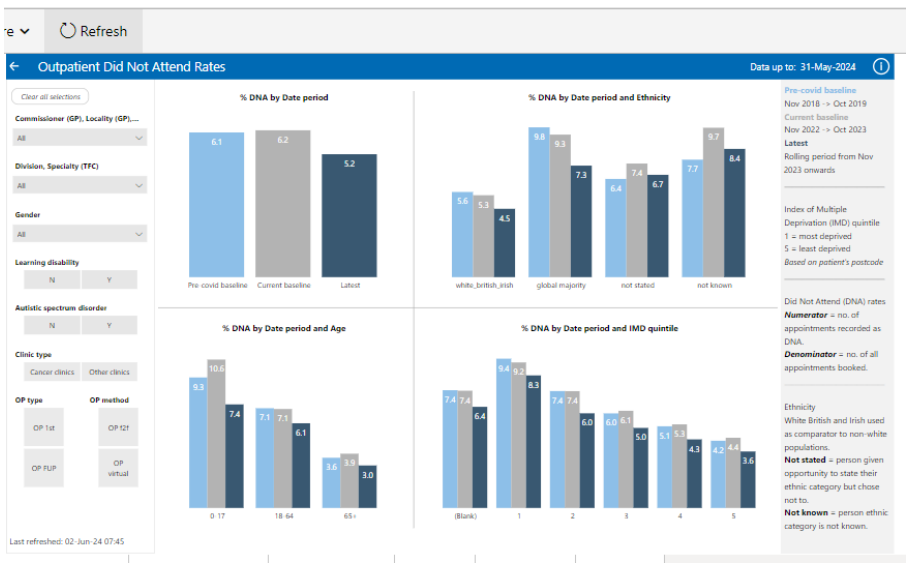
NHS North Bristol NHS Trust

NHS University Hospitals Bristol and Weston NHS Foundation Trust

Priority focus	24/25 acute Core20Plus5 projects
Smoking cessation: playing our role in tackling tobacco dependency and preventing health harms in our population	• Improving on recording of patient smoking status • Patients routinely offered VBA and prescribed NRT on admission + referral into specialist TTD service • Pilot and then role out of smoking cessation service for staff
Outpatient access: improving access to routine care	• Complete the Cardiology Missed Appointments Outpatient project and evaluation and disseminate the findings • Adopt learning into other specialties
Inclusion health: targeting improving access for specific communities that experience poorer access to service and worse health outcomes	• Joint NBT/UHBW focus on homeless, GRT communities, people with learning disabilities, reasonable adjustments in cancer care • NBT specific project on prostate cancer pathways for IMD Q1 and Black men • NBT community engagement project: health check day • UHBW adult projects on faster diagnosis cancer in minoritised groups and Maternity. • UHBW CYP projects on Oral health and asthma
Data sharing	• Improving understanding of population and patient needs through sharing data • Developing and expanding use of system-wide dashboards
Staff health	• UHBW Cervical screening project • NBT specific projects on health checks • Staff smoking cessation service (piloting at NBT, potential to expand to UHBW)

Aligning internal Health Inequalities dashboards





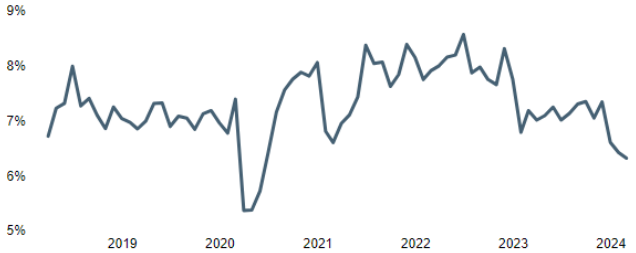
Development of ICS Planned Care Inequalities Dashboard

Monthly trend of DNA rates

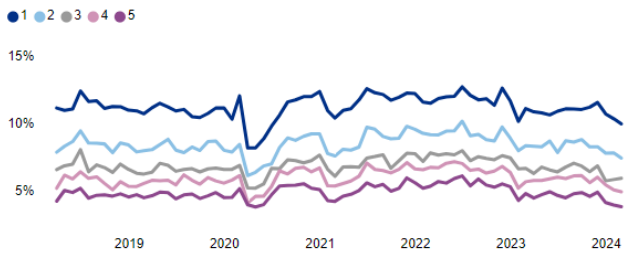
Bristol, North Somerset and South Gloucestershire Integrated Care Board

Provider		Appointment method		Age			Specialty
NBT	UHBW	1st Appointment	Follow-up	0-17	18-64	65+	All

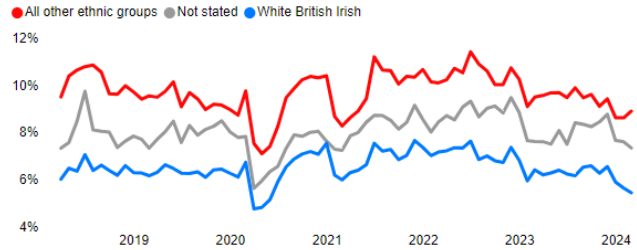
Overall DNA rates



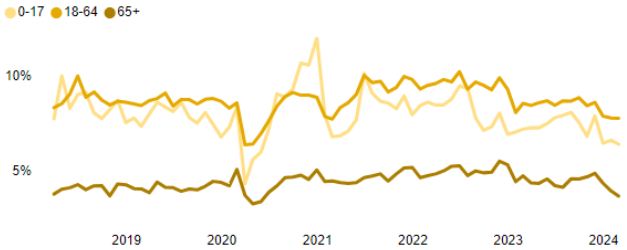
DNA rates by IMD quintile



DNA rates by Ethnicity



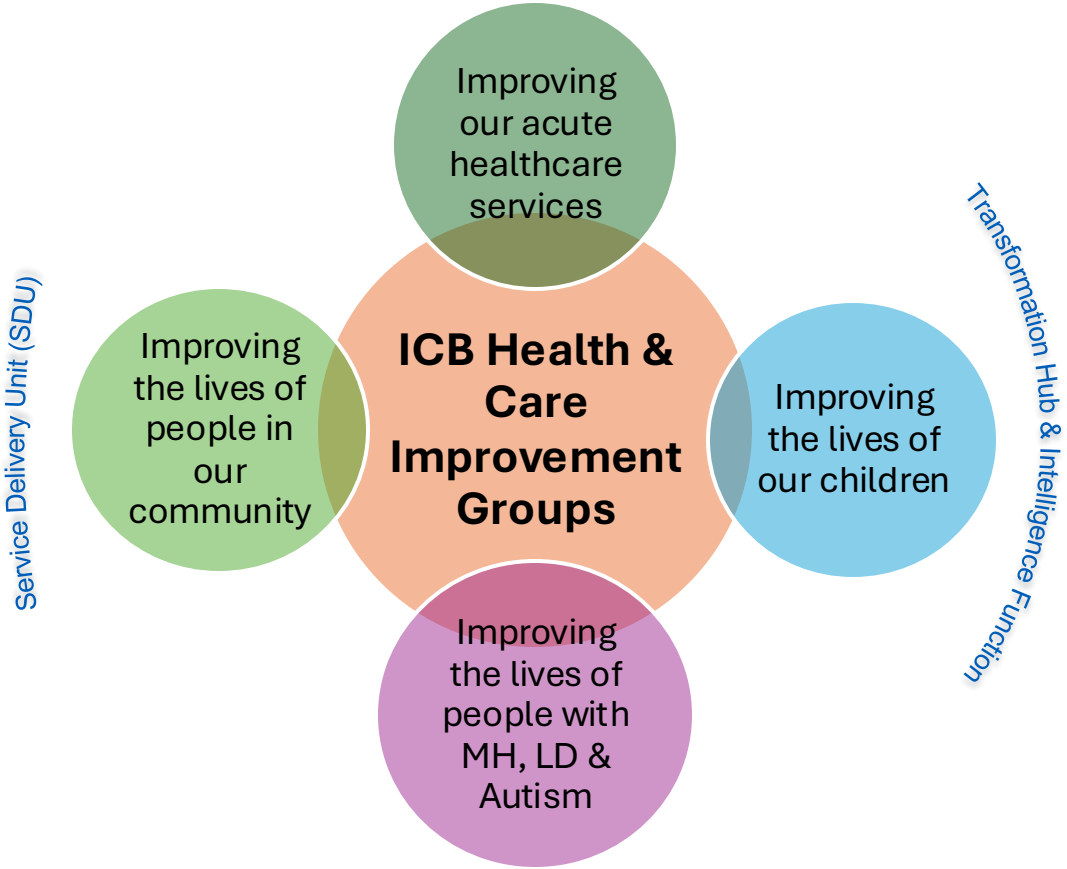
DNA rates by Age group



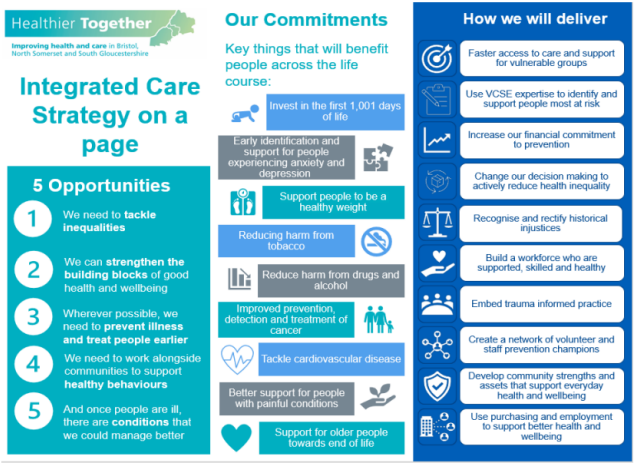
IMD 1 = Most deprived
IMD 5 = Least deprived

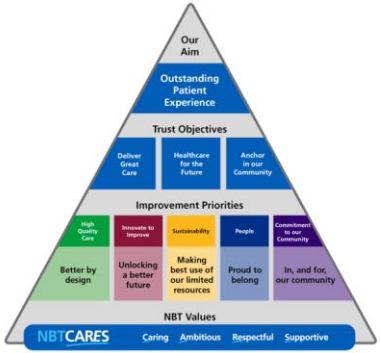
Virtual appointments excluded

BNSSG ICB Health and Care Improvement Groups



Ongoing challenge of strategy alignment





NHS Providers

Presentation two:

Dr Andy Heeps - Deputy Chief Executive and Chief Operating Officer at University Hospitals Sussex

In partnership with

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

IMPROVEMENT

Provider collaboratives: improving equitably

University Hospitals Sussex
NHS Foundation Trust

Connecting Strategic Decisions to Collaborative and Equitable Improvement Work in Practice

Dr Andy Heeps MSc MRCOG
Deputy Chief Executive and Chief Operating Officer
Consultant Obstetrician and Gynaecologist

6 June 2024

Setting the context

University Hospitals Sussex NHS Foundation Trust

- COVID – unique opportunities to rethink and reshape our health systems
- Pandemic disproportionately affected the most vulnerable populations – we risk forgetting the first nine months of the pandemic
- At the peak of the first wave of the pandemic, Black Londoners had approximately two and a half to three times the risk of dying from COVID-19 within 28 days of diagnosis compared to White Londoners. People of Asian ethnicity faced up to twice the risk.
- During the second wave, Asian Londoners experienced a higher risk, being 1.7 times more likely to die from COVID-19 within 28 days of diagnosis compared to the White population. For Black Londoners, the risk was 1.5 times higher, although this was a reduction from the first wave.
- Asian Londoners were particularly hard hit in the second wave, partly due to the virus's spread pattern, which initially affected boroughs in the north-east of the capital, home to many of London's Asian communities.
- Before wide rollout of the vaccine in early 2021, we observed an increase in COVID-19 cases among our Black communities, rising from about 10% of cases in early December to nearly 15% by mid-January. Similarly, Asian Londoners accounted for around a quarter of the cases in January, despite comprising just under 20% of London's population.

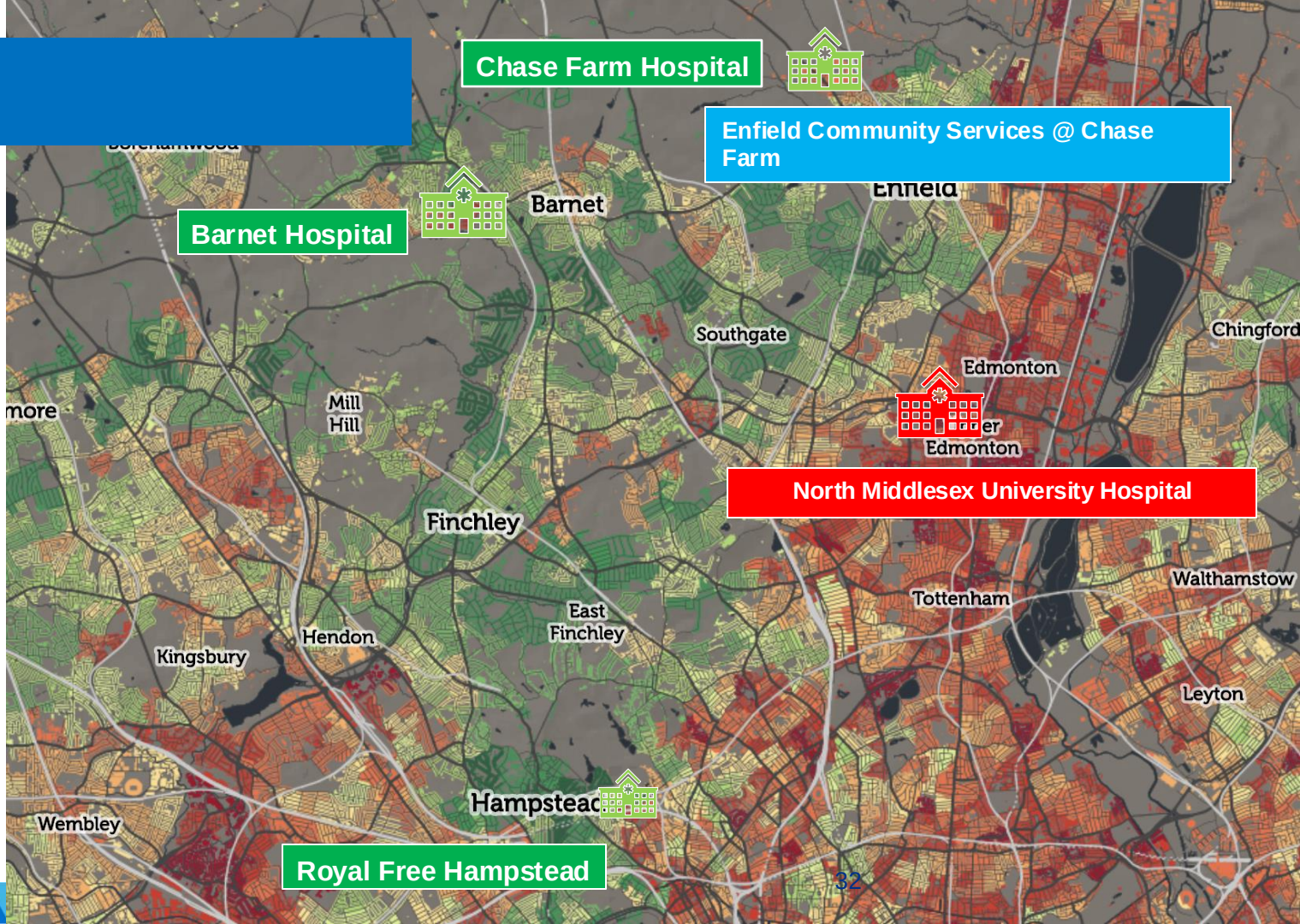
Our context

Index of Multiple Deprivation 2019

The Indices of Deprivation for England in 2019 - showing the overall rank (out of 32844), split into deciles.

Download these data

Most deprived decile
2nd
3rd
4th
5th
6th
7th
8th
9th
Least deprived decile
Data missing
Data not available



Health inequalities in North London

- The 2019 English Indices of Multiple Deprivation, published in October 2019, showed Enfield rising from the 12th to the 9th most deprived London borough. Enfield is an outlier in terms of homelessness, use of temporary accommodation and low pay.
- Due to the inequality between the east and west of Enfield, borough averages often hide the true extent of deprivation across a wider range of measures.

Our context - Enfield

11th highest
rate of child poverty in the country[5]

1 in 5
workers are low paid[6]

49%
of pupils in reception class have English as an additional language (EAL)[7]

19.7%
of all households in Edmonton Green Ward living in overcrowded homes

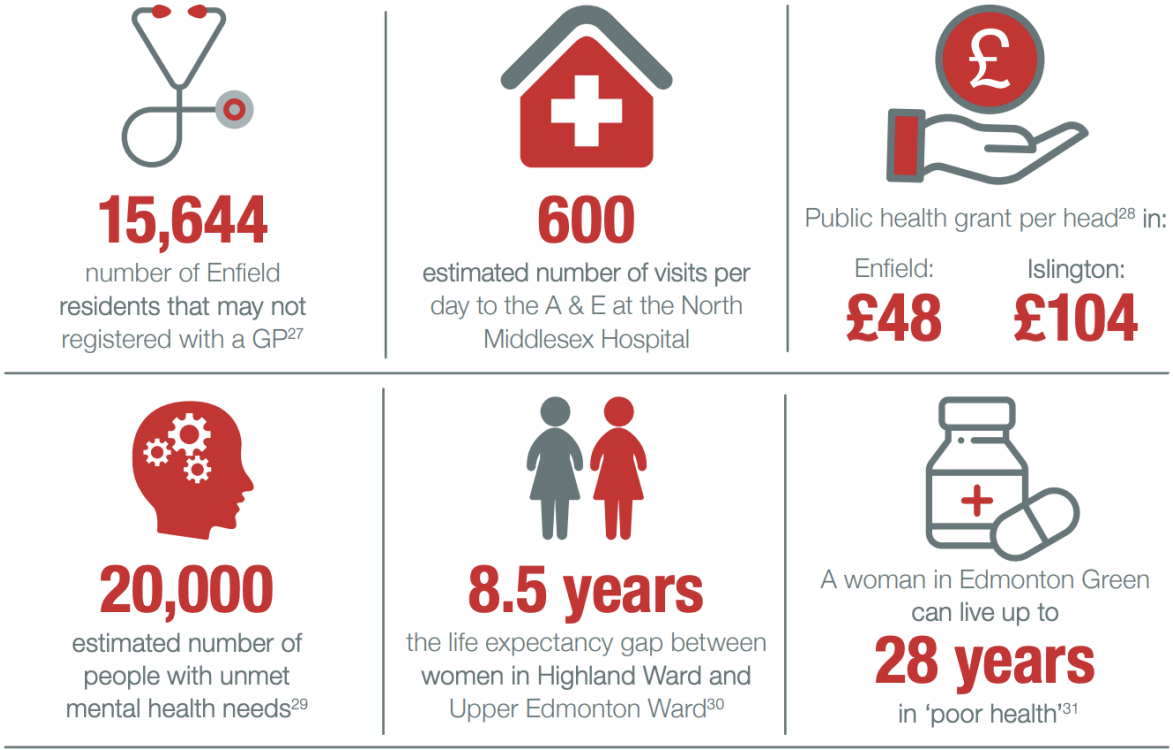
1st
in London for evictions from private rental properties in London[8]

2nd
Enfield now has the 2nd highest level of serious youth violence in London[9]

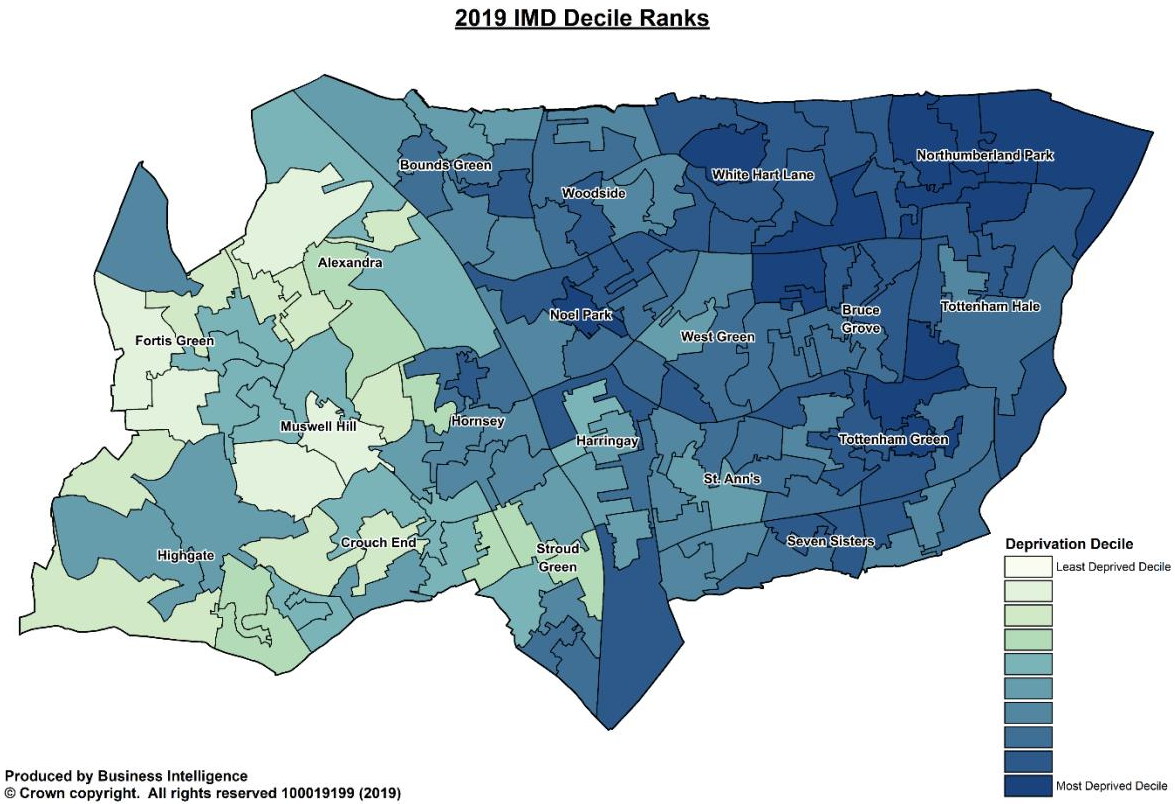
28 years
the length of time a woman in Edmonton Green can expect to live in ill-health[10]

Enfield Poverty and Inequality Commission (EPIC) (2020)

Our context - Enfield

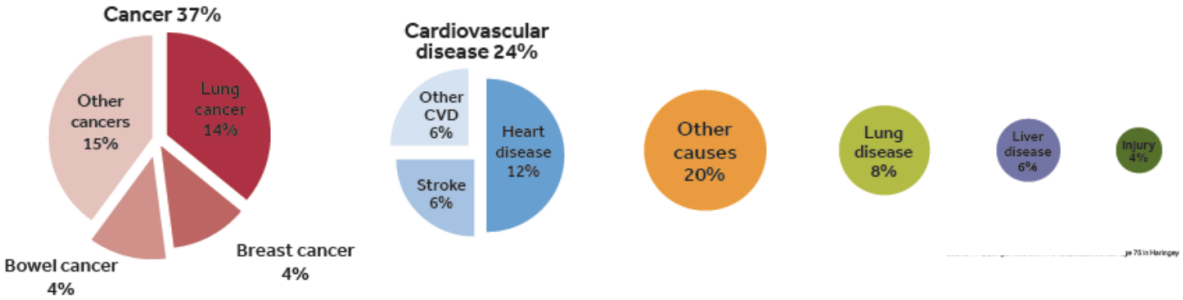


Our context - Haringey

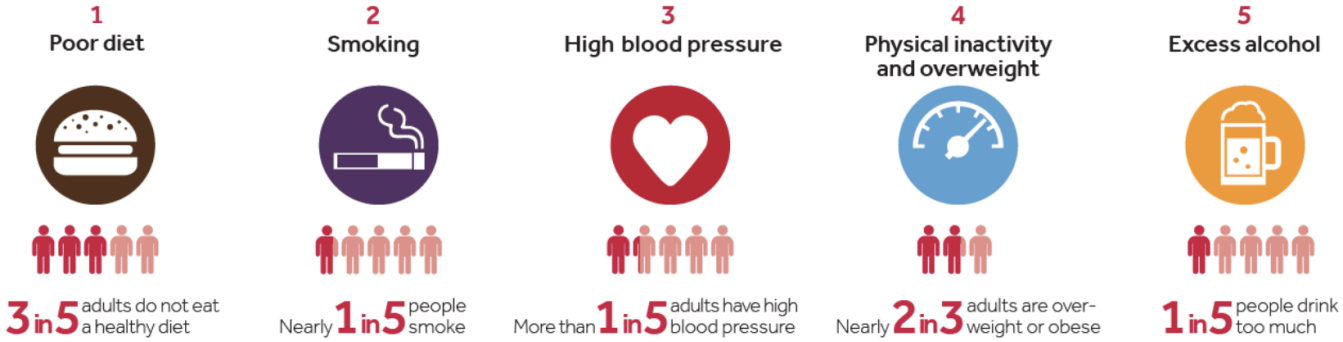


Our context - Haringey

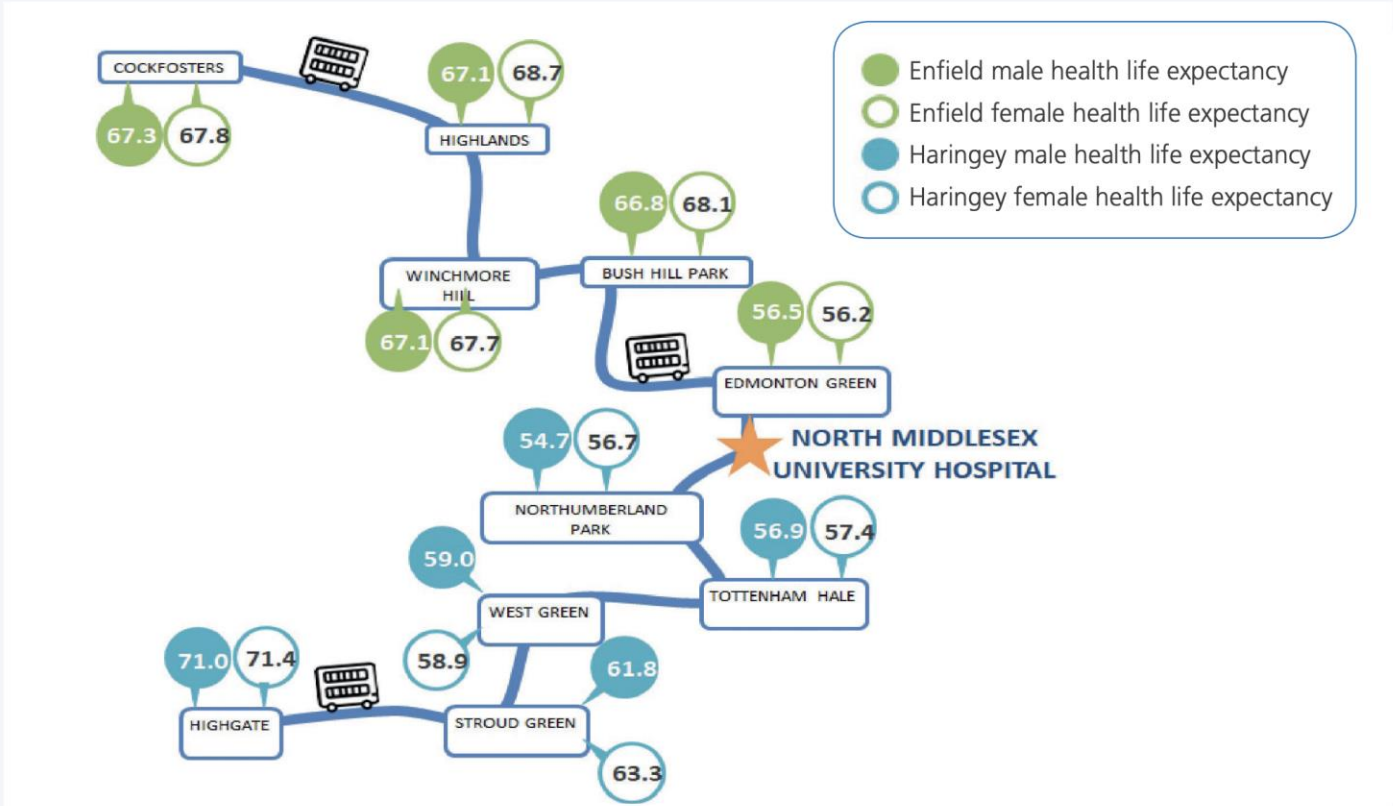
Main causes of early death in Haringey



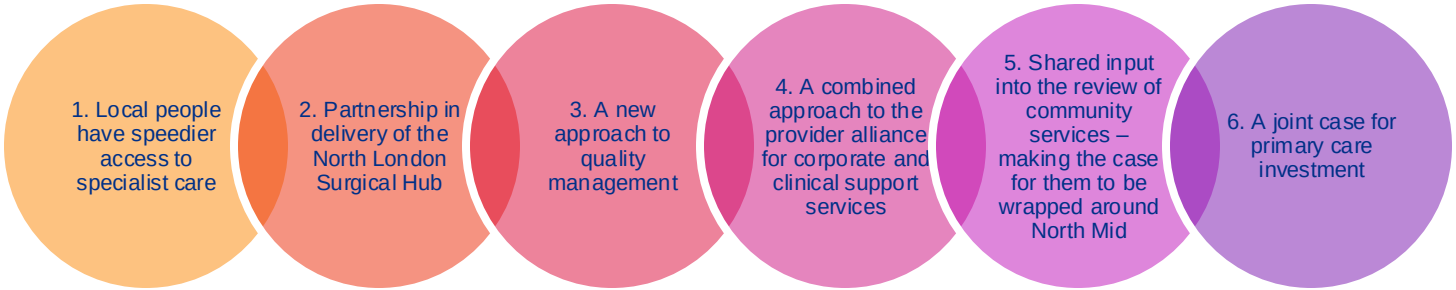
Top 5 risk factors for long-term conditions, poor health and early death in Haringey



Healthy life expectancy across Enfield and Haringey via bus route



Partnership Agreement



North London Surgical Hub @ Chase Farm

University Hospitals Sussex
NHS Foundation Trust

North Middlesex University Hospital/Royal Free London Partnership

Chase Farm Hospital (part of the Royal Free London group of hospitals)

The new Chase Farm Hospital was completed in July 2018 and is at the forefront of pioneering new ways of working to deliver better, safer and more efficient care to the local population. The addition of a dedicated orthopaedic operating theatres would make even better use of the investment made by the NHS.

North Middlesex University Hospital NHS Trust

The North Mid. has a well-established day-surgery unit and an active A & E department. Our proposals will improve bed capacity at the hospital and therefore minimise cancellations for a range of care that the Trust offers patients.

Engaging our partners

Any partnership agreement should:

1. Bring additional money and resources to support North Mid
2. Clearly demonstrate benefits and how services could be improved for local people
3. Demonstrate understanding of the local population's needs and how to deliver services effectively
4. Guarantee that North Mid remains accountable to local people and stakeholders
5. Demonstrate what additional support would be provided to staff working at North Mid

How would any proposed future partnership:

a) Address staff recruitment and retention?
b) Impact on local access to services?
c) Improve the relationship between the hospital and local GPs?
d) Improve the relationship between the hospital and local social care systems?
e) Make it easier to identify and prevent 'at risk' patients from becoming sicker?
f) Save money?
g) Reduce waiting times?
h) Allow partners to learn from each other and share best practice?

Principles

- Shared Vision and Goals
- Inclusivity and Equity
- Transparency and Trust
- Community Engagement
- Data-Driven Decision Making
- Sustainability
- Intersectoral Collaboration
- Capacity Building
- Adaptability and Innovation
- Accountability and Continuous Improvement

Evaluation

Tell us what you think

Scan here to access our evaluation or use the link in the chat
(https://www.smartsurvey.co.uk/s/PCIE5s/**)**

Upcoming events

Book now/save the date:

Wednesday 10 July | 2.30pm – 4.00pm

Using quality improvement to enhance maternity and neonatal outcomes

NHS Providers

Thank you for attending

In partnership with

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