NHS Providers

Welcome to today's event:

Using data to drive improvement and reduce clinical variation through provider collaboration

DIGITAL BOARDS

RACE EQUALITY

PROVIDER COLLABORATION

DEVELOPMENT

17th June 2024

Agenda

Welcome and introductions
Facilitated by the chair, David Williams – Head of Policy, NHS Providers

Part 1 - Case study 1: South East London Acute Provider Collaborative
- Fiona Howgego - Managing Director, South East London Acute Provider Collaborative
- Sue Field - Elective Care, South East London ICB/APC

Interactive Q&A
Facilitated by the chair

Part 2 - Case study 2: South East London Community Provider Networks
- Aisling Thompson - Director, South East London Community Provider Networks
- Natasha Ramnarine - Transformation Programme Lead, South East London ICS

Interactive Q&A
Facilitated by the chair

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 provider.collaboration@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions after each speaker
- Please feel free to use the chat box for questions and sharing examples of what has delivered sustained progress in your organisation
- 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 after today's event. Please take the time to complete it, we really do appreciate your feedback.

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PART 1: SOUTH EAST LONDON ACUTE PROVIDER COLLABORATIVE

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South East London Acute Provider Collaborative

NHS Guy's and St Thomas' NHS Foundation Trust

NHS King's College Hospital NHS Foundation Trust

NHS Lewisham and Greenwich NHS Trust

Using data to drive improvement

Fiona Howgego, Sue Field

17 June 2024

South East London Integrated Care System

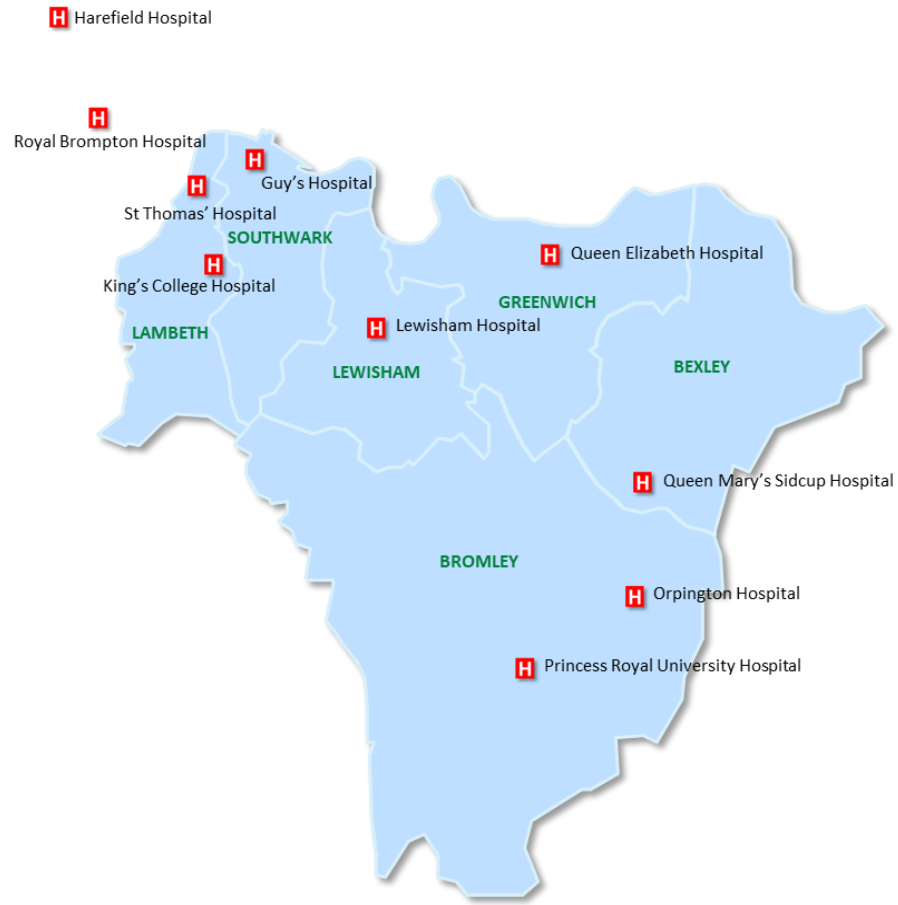
South East London Acute Provider Collaborative

Our collaborative brings together the NHS trusts that deliver acute hospital services in SEL

Guy's and St Thomas' NHS Foundation Trust
Guy's Hospital, St Thomas' Hospital; Evelina London Children's Hospital; Royal Brompton Hospital, Harefield Hospital; plus community services in Lambeth and Southwark and a number of services at Queen Mary's Hospital, Sidcup including cancer services and a kidney treatment centre.
c24,000 staff, £2.5bn turnover

King's College Hospital NHS Foundation Trust
King's College Hospital; Princess Royal University Hospital; Orpington Hospital; plus services operated at Beckenham Beacon and Queen Mary's Hospital, Sidcup.
c15,000 staff, £1.5bn turnover

Lewisham and Greenwich NHS Trust
Lewisham Hospital; Queen Elizabeth Hospital; plus community services and services at Queen Mary's Hospital, Sidcup.
c7,500 staff, £750m turnover



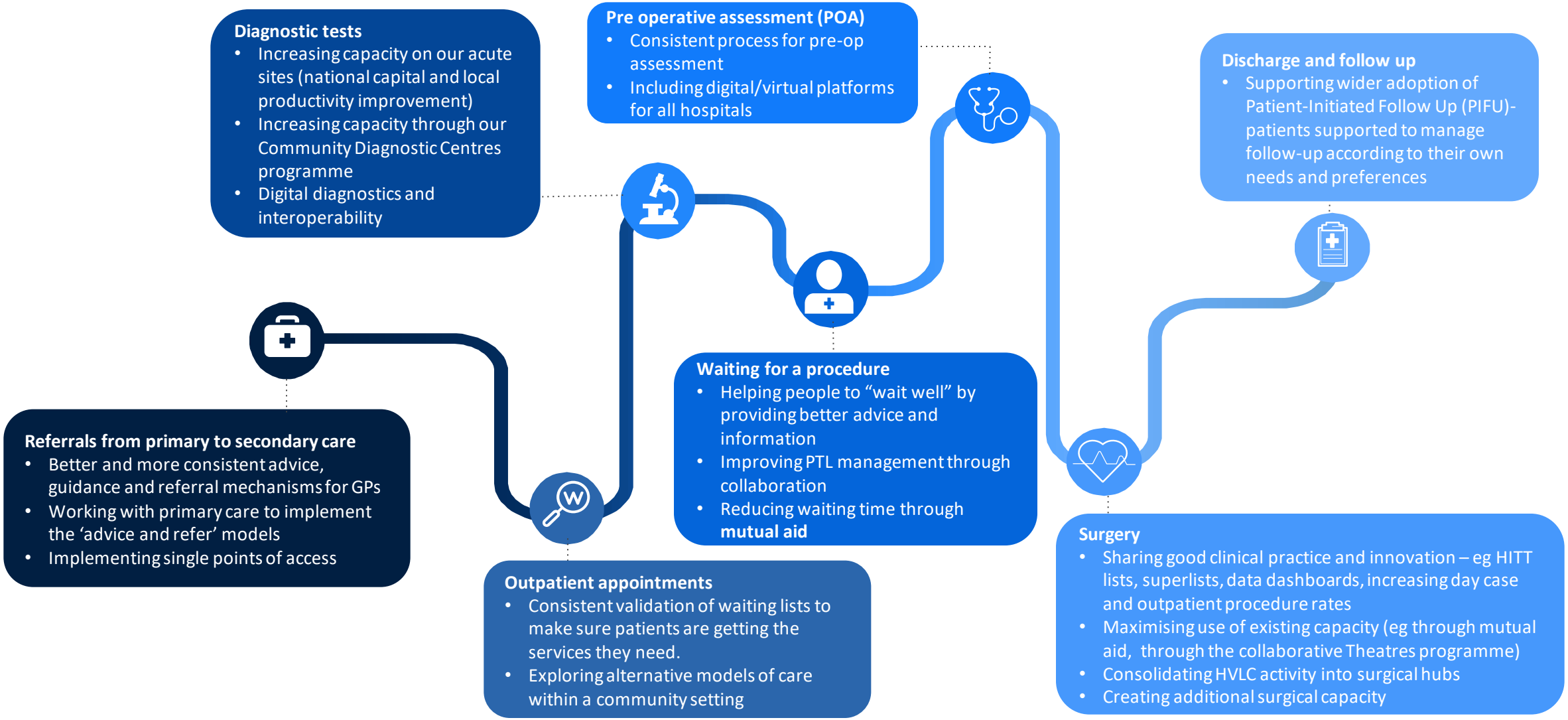
Supporting a local population of c2 million people

The APC primary purpose is to coordinate and deliver elective and diagnostic recovery across the three acute providers

South East London Acute Provider Collaborative

Our programmes of work aim to improve care right through the patient journey

Some examples of our programmes of work are highlighted in the simplified patient pathway below



South East London Acute Provider Collaborative

Shared data was fundamental to managing electives during Covid

Creating a "single view" enabled the equitable management of our waiting list – both urgents & long waiters

1 Pre Covid

SEL had a challenged waiting list – growth in overall size and long waits.

But:

- No detailed system or Trust view of waiting lists
- Reliant on monthly published RTT data – out of date and very limited in breadth and depth
- Acquiring additional information meant one-off requests to each Trust

2 Post Covid Wave 1

- Significant increase in long waiters following no elective activity during wave 1
- System overview of waiting lists required to inform elective recovery plans
- In September 2020 we established a SEL PTL:
  - Trust weekly submissions
  - Large range of data fields to help inform required recovery plans

3 Covid Waves 2 & 3

- Surgeons keen to do as much operating as possible - **BUT** significant reduction in theatre capacity, and different impacts at each Trust
- Local ISP capacity secured - **BUT** we needed to ensure optimal use

Agreement was therefore reached that theatre capacity should be managed on a system basis to ensure equity:

- Clinical Senate created
- Key principles & prioritisation criteria agreed
- Monitoring of P2s and clearance rates established
- The Clinical Senate used the data to flex theatre allocations to manage P2s
- SEL were recognised by NHSE as an exemplar for our management of urgent elective activity during waves 2 & 3

South East London Acute Provider Collaborative

The APC & ICB were keen to maintain a shared view of waiting lists post Covid

However, there were some key challenges to overcome to secure this and support our programme of elective recovery

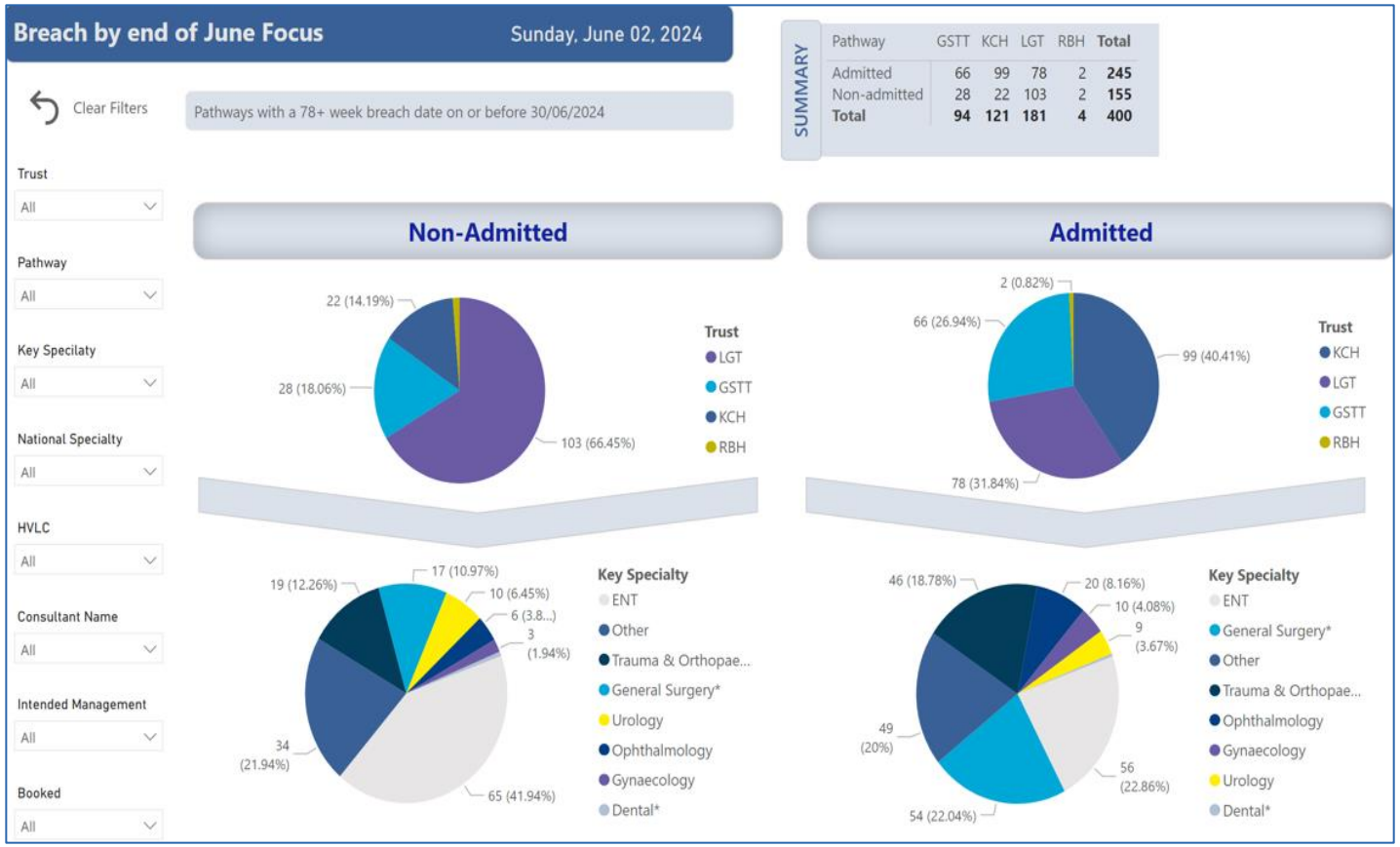
Initial key challenges	Approach
Reluctance by some individuals to share detailed, unvalidated waiting list data, wanting to return to pre-Covid way of working	• **Secured senior sign off** - acknowledging NHSE expected SEL to work as a system, the 3 acute CEOs supported creating a system view of SEL waiting list • **Used existing relationships** - Worked with key individuals in each Trust with whom there was a history of working and awareness of a shared, detailed understanding of Trust waiting lists • **Caveated reports** – explicitly stated data were unvalidated and therefore wouldn't align exactly with published monthly data - added additional Trust intelligence to explain movements • **Transparency** - All reports were shared with Trusts • **Stepped approach** – Reports developed in a phased approach, building step by step
Inconsistent data	• **Standardised approach** – created a submission template for Trusts and worked with Trust BI teams to map Trust- specific codes and methodology to create a consistent SEL data set • **Monitored key data fields** to ensure completeness and consistency
Identifying resources	• **Combined APC / ICB role** to scope reporting requirements & manage interface with Trusts • Technically supported by **ICB BI team resource**

South East London Acute Provider Collaborative

Visibility of shared, trusted waiting list data was key to driving our elective recovery plan

Our reporting has developed significantly over time

Initial reports		Current reports
Static waiting list view	→	Interactive – filtering & drill down to patient level information
Only looked at current & historic position	→	Includes forward view to track progress delivering specific waiting time targets
Excel based reports	→	Power BI dashboards
Emailed out	→	On SEL sharepoint



South East London Acute Provider Collaborative

There have been tangible benefits for patients, staff and the system as a whole…

Creating a "single source of the truth" underpins all our programmes and networks

Supporting equitable access for all patients

Shared PTL informing scope of mutual aid arrangements and use of ISP capacity to help reduce worst inequalities between Trusts, with thousands of patients having transferred between providers

Clinical network development

SEL data has helped networks collaborate and identify priority areas of focus e.g. SPOA, pathway transformation.

System-level reporting, eg meetings with NHSE

Aggregated SEL data has enabled discussions to move from trust to system focus

System-wide theatre demand & capacity planning

- Used combined waiting list data to develop specialty level models for six high volume surgical specialties/networks
- Modelling assessed the future demand for theatres based on clinical prioritisation, the profile of the current waiting list and expected additional monthly demand
- The analysis identified a significant shortfall and highlighted specialties with the biggest gaps
- This shared analysis underpinned our TIF2 bids in resulting in the capital funding of 2 new day case theatres to create a SEL ENT hub – currently under construction. This will also release space to create a SEL Urology hub on the same site.

SEL APC Theatre capacity "bridge" analysis:

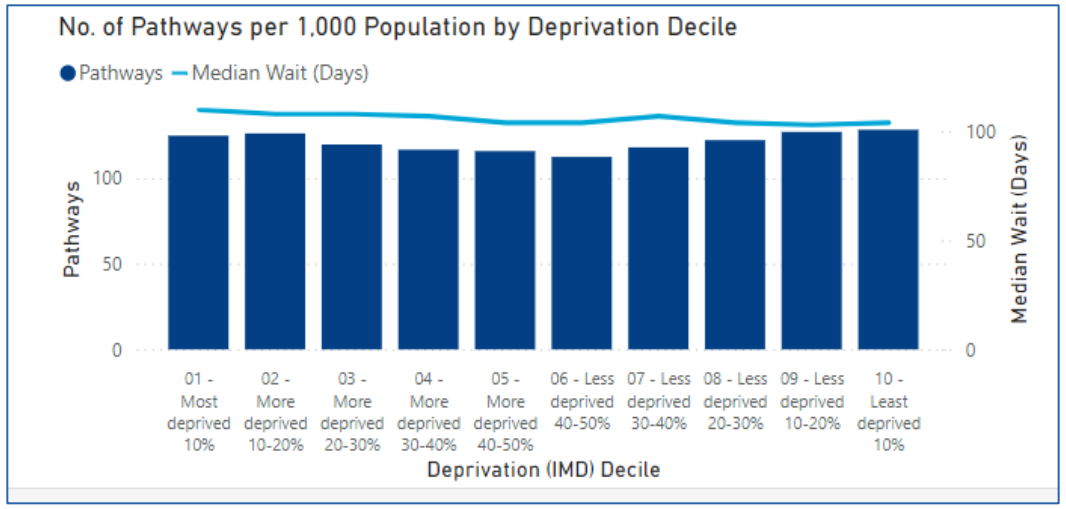
- Built on combined waiting list data for major high volume surgical specialties
- Showis impact of planned developments including productivity improvements

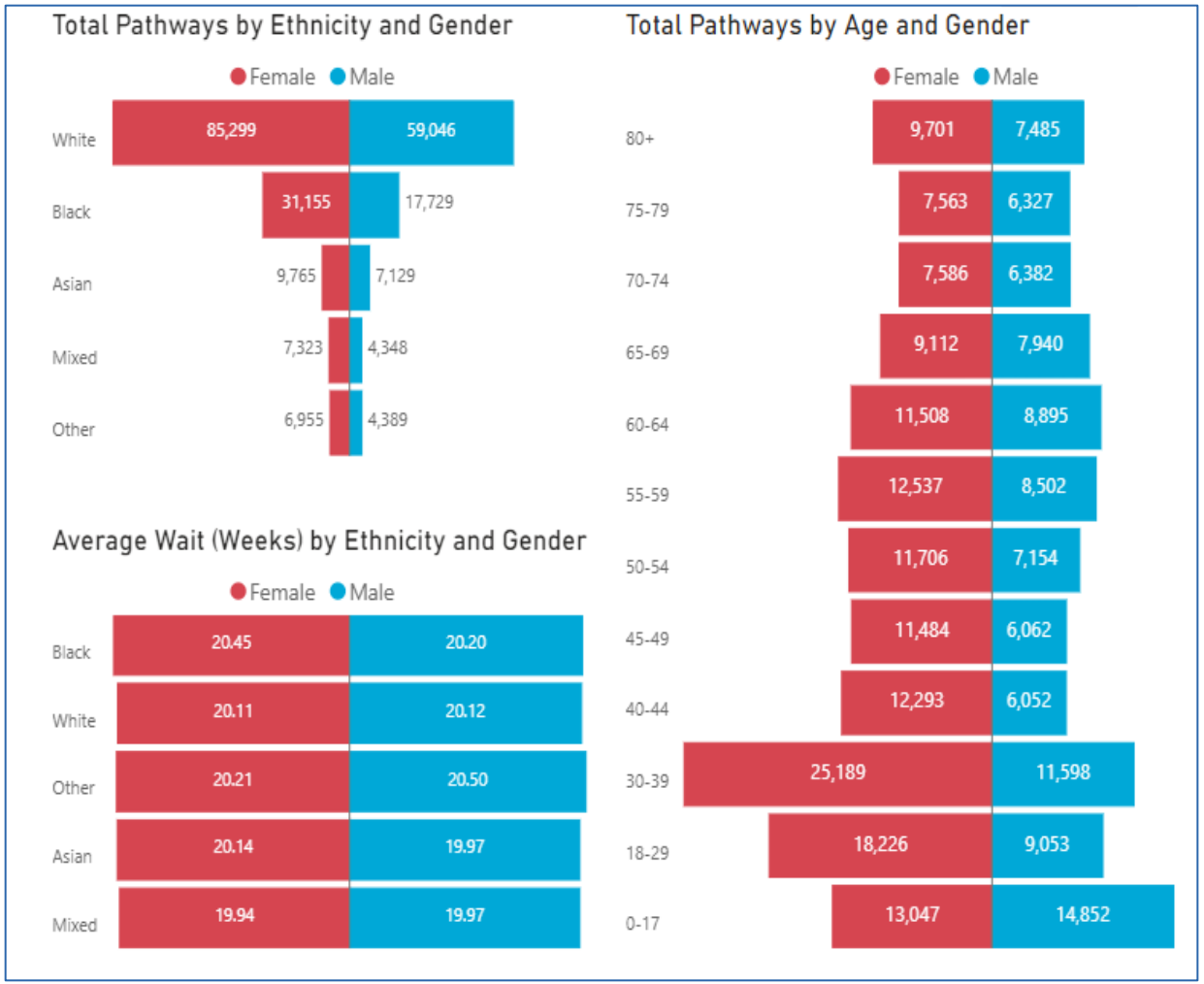
South East London Acute Provider Collaborative

…and this has also allowed us to develop our understanding of health inequalities

SEL health inequalities dashboard

- Refreshed monthly using the most the current waiting list minimum data set
- Provides both SEL provider view and SEL ICB view
- Allows analysis by age, sex, ethnicity and deprivation by Trust, specialty pathway and borough/PCN
- Flags also included for patients with learning disabilities and severe mental illness
- The data are being used to inform work on our emergent APC Health Inequalities Programme





South East London Acute Provider Collaborative

We continue to develop our collaborative working approach – despite ongoing challenges

Strategies for successful collaborative working

Creating a strong collaborative forum – the APC Performance & planning group

- Collaborative decision-making forum – initially met weekly
- Embedded in overarching APC governance - reports to an APC meeting of COOs/Site CEOs
- Trust, APC & ICB planning, performance & BI leads – common expertise, interests and concerns
- Shared problem-solving eg collective agreement on responses to regional/national asks collectively
- Oversees the development of future SEL-wide reporting eg creation of a theatre dashboard

Making good use of subject matter experts

- Identified experts in managing patient pathways & data validation
- Share expertise across the systems
- Ensure consistency

Developing shared tools - "once for SEL"

- Developed SEL Access Policy

Ongoing challenges

Growing PTLs masking any improvements

- Multiple drivers include:
  - increasing emergency & cancer demand
  - Industrial action
  - migration to new EPR

Data quality challenges continue to arise

- Skews data
- Risks influencing wrong decisions

Data limitations

- Depth of recording isn't keeping pace with the way services are managed, limiting the way data can be used, eg limited sub-specialty data, lack of acuity information on PTLs

Any Questions?

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PART 2: SOUTH EAST LONDON COMMUNITY PROVIDER NETWORKS

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Provider Collaboration:

Using data to drive improvement and reduce clinical variation through provider collaboration

South East London Community Provider Networks

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Integrated Care System

South East London Community Services Providers Network (CPN)

Guys and St Thomas's NHS Foundation Trust, Bromley Healthcare CIC, Oxleas NHS Foundation Trust, Lewisham and Greenwich NHS Trust.

The CPN comprises all of south east London's physical health community providers and is an informal network rather than a formal collaborative. The CPN is focussed on working together to define and implement common standards and a core community offer for south east London residents.

Partners involved in this collaborative

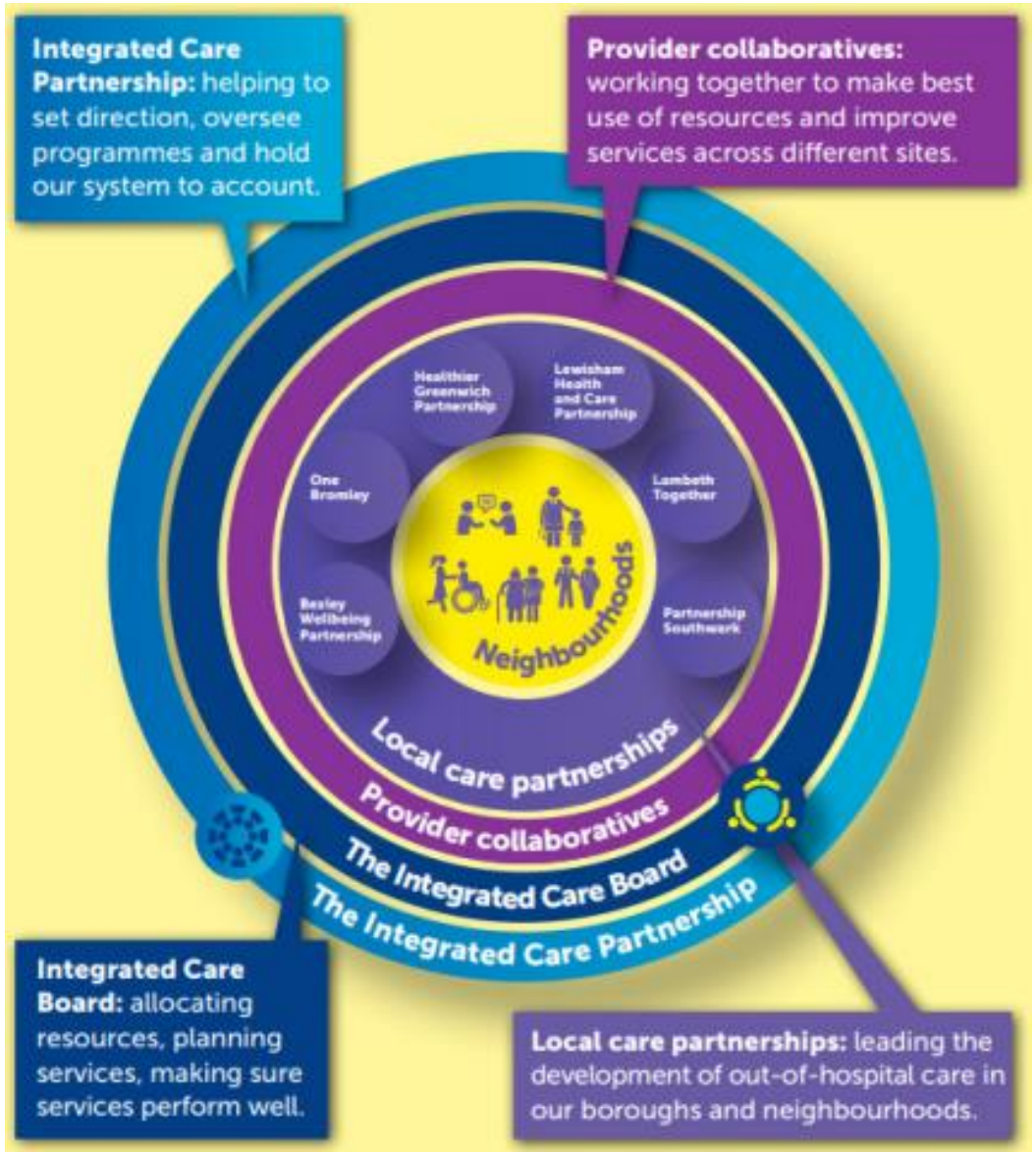
NHS Guy's and St Thomas' NHS Foundation Trust

Bromley Healthcare better together

NHS Oxleas NHS Foundation Trust

NHS Lewisham and Greenwich NHS Trust

SE London Integrated Care System



Community Providers

NHS Guy's and St Thomas' NHS Foundation Trust

Bromley Healthcare better together

NHS Oxleas NHS Foundation Trust

NHS Lewisham and Greenwich NHS Trust

Bexley Wellbeing Partnership

ONE BROMLEY

Lambeth together

Healthier Greenwich Partnership

Partnership Southwark

lhcp Lewisham Health and Care Partnership

35 Primary Care Networks

214 GP Practices

341 Pharmacies

10 Hospitals

NHS England London

South East London Integrated Care System

Spectrum of collaboration

Informal arrangements		Formal agreements		Group model		
Informal collaboration	**Strategic collaboration**	**Committees**	**Joint ventures**	**Lead provider**	**Shared or joint leadership**	**Single provider/ merger**
• May have advisory group • May have non-binding memorandum of understanding • High level shared principles for working together / collaboration • No shared decision-making - advisory / recommendations only • May make use of existing authority of individuals to make decisions for their organisation • Can be a stepping stone towards strategic collaboration	• Advisory group or leadership board • Memorandum of understanding / partnering agreement • Terms of reference for leadership board • Advisory group only or decisions through individual exercise of delegated authority • Shared information to discuss relevant matters • Joint decisions by consensus • Aligned decision making but not shared decision making	• May be statutory committees in common or statutory joint committee • Memorandum of understanding / collaboration agreement • Terms of reference for committee(s) • Collective exercise of delegated functions • Shared information to discuss relevant matters • Committees in common aligned or virtual joint decision-making • Joint committee shared decision-making by unanimous or majority voting	• Contractual or corporate • Management board • Contractual joint venture agreement or company documents • Services agreement • Principally a mechanism for service delivery • Can permit joint decision making on management board for contracted out services • Note restricted NHS trust powers for companies	• Contractual joint venture • Main contract held by lead NHS provider • Alliance / consortium agreement • Sub-contracts between lead provider and other NHS / non-NHS providers • Principally a mechanism for service delivery • Can permit joint decision making on alliance / consortium management	• Same person or people lead each provider involved • Boards of NHS Trusts or FTs appoint same person to multiple posts • Enables aligned or virtual joint decision making • May enable actual joint decision-making if combined with a joint committee	• Governance and legal advice required to determine feasibility • Must comply with NHS England transactions guidance e.g., full business case and due diligence requirements • Internal and external approvals process • Statutory transfer document and legal agreements • Results in single board for organisation

Browne Jacobson

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Core Offer Programme

South East London Community Provider Networks

Community Provider Networks - Introduction

Since 2019, the four community health providers and six local authorities in SE London have worked collaboratively on aspects of adult community health services through the Community Provider Network (CPN). In 2021, a children and young people's (CYP) community health services network was established.

Since 2019, the Community Provider Networks have:

- Developed a robust infrastructure that has enabled the four community providers to identify shared strategic priorities and develop joint operational work programmes.
- As part of a national accelerator project, developed five Place-based urgent community response services that consistently meet/exceed national targets.
- Attracted significant funding into SE London to upskill our clinical workforce.
- Developed a SE London-wide core offer programme in adult and CYP services, developed and implemented by senior clinicians; the programme defines the essential pathways in a number of clinical conditions, and aims to reduce the risks of health inequalities.
- Established a cross-provider data users group that has improved data quality in community services dataset submissions and developed a multi-agency urgent community response services dashboard.
- Raised the profile of community health services within the Integrated Care System (ICS).

Community Provider Network – Core Offer Programme

The Core Offer Programme takes a collaborative, clinically-led approach to care pathway transformation to reduce unwarranted variation, reduce health inequalities and deliver transformation based on national standards of good practice across the four community providers.

The development of an active community of best practice for clinicians and managers has resulted in agreed common standards for core offer services and has facilitated the piloting and subsequent scale-up of models of care that have been shown to work at neighbourhood level.

- Across adult services pathway reviews and core offers include community nursing, Urgent Community Response, community neuro-rehabilitation, dietetics, enhanced support to care homes, catheter care, wound care, specialist end of life, asylum seekers, refugees and people arriving in the UK under Government sponsored schemes.
- The CYP core offer programme is addressing variation across autism assessment, asthma, continence and children's Hospital at Home pathways and will include community paediatrics and Speech & Language Therapy as its next priority area.
- The core offer programme supports transformation locally and across SE London utilising a consistent approach to gap analysis, pathway review and development of recommendations.

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Stroke & Neurorehabiliation Core Offer Programme

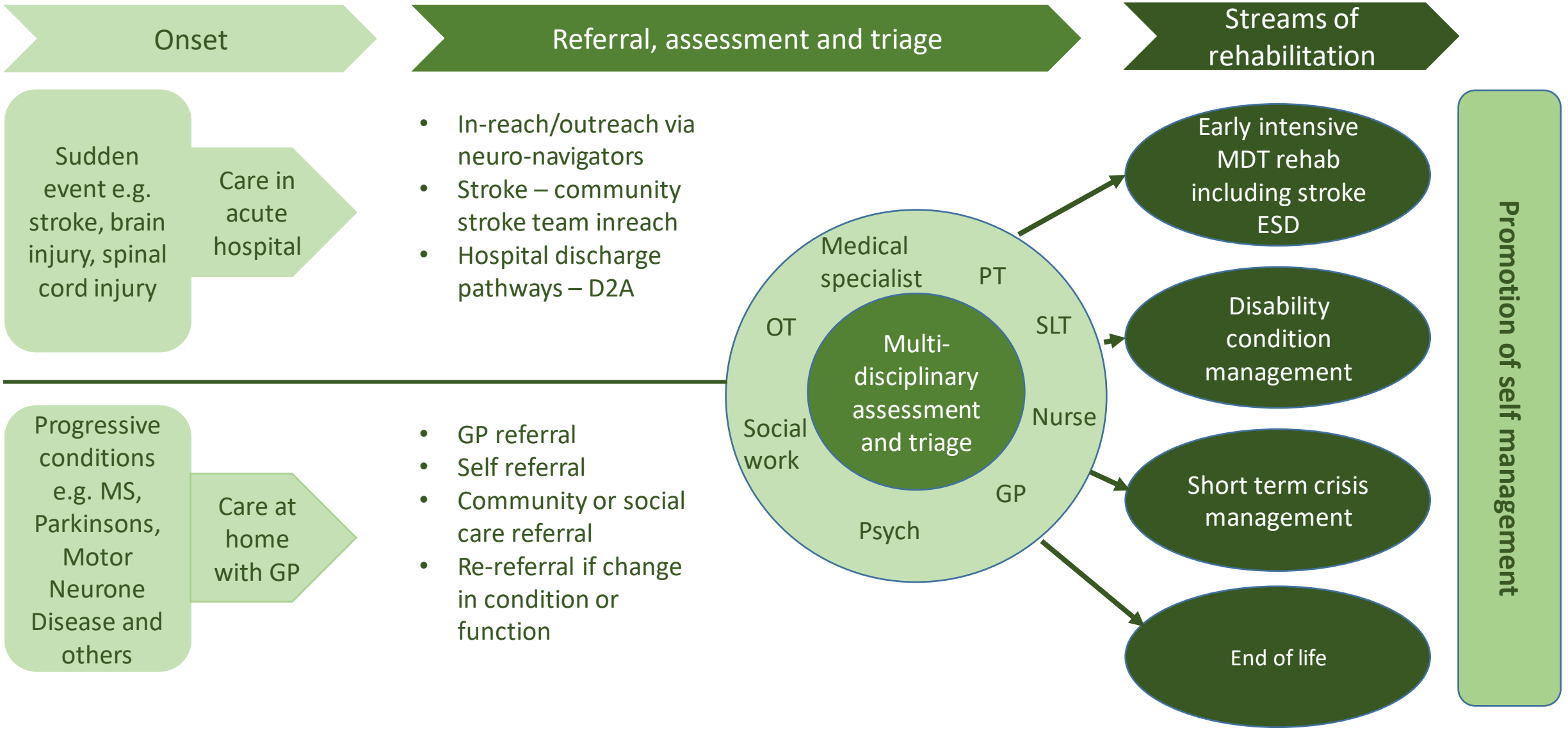
South East London Community Provider Networks

Stroke & Neurorehabilitation Core Offer

- SEL Neuronavigator evaluations of Community stroke & neuro services 2017/18
- NICE scholarship report benchmarking against guidelines 2018
- “Coming Together”- commissioners, managers, clinicians 2019
- HC seconded to lead core offer development. SEL teams self assessment, stakeholder consultation, measured against evidence based practice & national guidelines Nov 2020-Mar 2021
- Core offer report with recommendations May 2021

Community neuro rehabilitation

Onset, referral, assessment and triage into the streams of rehabilitation and supporting services



Community neuro rehabilitation - elements of care for each stream of rehabilitation
Underpinned by promotion of self management

	Essential elements of care	Transition options	Outcomes
Early intensive MDT rehabilitation	Response time – <2 days Intensity/frequency – 45 mins daily for 2 weeks; then in line with need LOS – review fortnightly in line with personal goals and EDD	Discharge – with agreed review timetable (see below) and option to re-refer if change in conditions or function Review – 6 weeks (consultant led); 6 months (community neuro team) and annual (GP). Can include option for self review Vocational rehab	Work on outcomes to be agreed as part of the SE London clinical network work that is about to commence. Likely to include: Documented reviews with service user input; Improvement in function; Impairment based outcome measures; Quality of life/wellbeing; Dependency measures Palliative care outcomes; PROMS – experience and feedback
Disability condition management	Response time – <2 weeks Intensity/frequency – variable from daily to fortnightly in line with care plan LOS – review fortnightly in line with personal goals		
Short term crisis management	Response time – <2 days Intensity/frequency – in line with crisis care plan LOS – short term; likely to be max of 2 weeks before moving to new rehab stream		
End of life	Response time – according to need Intensity/frequency – in line with care plan LOS – in line with personal goals		

Underpinning elements of care:
Case management
Supporting services including dietetics, equipment, orthotics, wheelchair, opthalmology, spasticity, clinical nurse specialists, reablement – in house or provided via SEL network

Governance and Implementation of core offer

- Monthly steering group. Representatives from each SEL community provider (Operational Lead, Clinical Lead); workstream leads reporting on progress, stakeholders (stroke consultants, rehab medicine, KHP neurosciences)
- Regular updates to CPN.
- Workstreams on specific themes for improvement- Vocational Rehabilitation, Education, Spasticity Pathway Project Planning Group, Technology in Aphasia, Outcomes, Self-Management champions. Some ad hoc workshops- managing waits, case management, streams of rehab

Recommendations and Outcomes: Phase 1

Recommendation	Outcome
Borough specific actions- MDT approach, enhanced MDT leadership, core offer streams and processes	New leadership posts in Bexley, Bromley, Greenwich. Reorganisation in Bromley neuro, incorporating SLT, taking on MND patients. SEL workshops on implementing rehab streams
Sector wide approach to neuropsychology	Initial plans impacted by recruitment and retention challenges, shortage of neuropsychologists. Now several new posts recruited to & SEL network in development
Explore technological development, starting with 6m stroke reviews	SEL technology in aphasia group produced guidance, some boroughs exploring email for 6mRs, Now 6m stroke reviewers in all boroughs, coordinator recruited
Training in self-management approach	Staff from all 6 boroughs trained in “Bridges”, champions identified, working together to redesign processes using self-management principles
Establish a common set of outcome measures	All teams using EQ5D-5L. Oxleas report this on RiO

Evidence of improved equity of service across SEL

- Additional therapy staff in provider teams has enabled reduction in waits and improvement in service offered to new stroke patients
- Providers cite improved staff retention, successful in internal trust awards.
- 6- month stroke reviews in all boroughs
- Access to stroke consultant/neurologist in all boroughs
- Access to psychology/neuropsychology all boroughs
- In reach to stroke units/ co-ordinated discharge model
- Stroke Association PREM audit showed SEL had best scores in London for patient experience - attributed to positive joint working in this sector through core offer and ISDN

Recommendations and Progress Phase 2

Spasticity Pathway

- Since Jan 2023, 6-weekly project planning meetings to audit current status, examine best practice and guidelines, evaluate changes needed and design new “Hub and Spoke” model.
- Next steps- train more community injectors (at least 1 per borough).

Vocational Rehabilitation

- VR workstream has met for approx. 1 year. Conducted audit of current VR offer from community teams in SEL. All teams able to offer basic level of VR.
- Successful bid for Stroke Quality Improvement catalyst funding (SQuIRe) from NHSE. This is for provision of training, input from specialist OT and Neuropsychologist to complex case panel open to SEL and project lead to further evaluate need and make case for SEL community-based specialist VR service (currently only available out of area , with long waits)

Deliver 7 Day Service

- Some services were already offering extended services (6-day phone assessments, 7-day visits as needed etc)

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Next steps and learning

South East London Community Provider Networks

Community Provider Networks – 2024/25 Priorities

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1. **Reducing Community waits**
    - Reducing waiting lists for areas with longest waits eg community paediatrics/therapies
    - Mutual aid and cross-border issues
    - Supporting LDA funding to clear 16.5 – 18-years-olds on ASD wait lists
2. **Further development of Urgent Community Response**
    - Scaling up activity across boroughs
    - Supporting integration across SDEC, UCR, primary and community services
3. **Developing a common data set**
    - To aid transparency
    - To gain a better understanding of where the community offer is or isn't meeting population needs population
    - To demonstrate the *impact and scale of community services* so that they are seen on an equal footing with acute and primary care.
4. **Working at Neighbourhood level and the primary care / community services interface**
    - Support multidisciplinary and integrated ways of working
    - Developing ways of working with the Primary Care Collaborative
    - Identifying workforce challenges and support offers
5. **Core offer transformation and implementation**
    - Taking forward agreed core offer areas in line with provider and LCP priorities
    - Change methodologies etc. and supporting where needed

Community Provider Networks – 2024/25 Core Offer Priorities

South East London Integrated Care System

Adult CPN priorities

- *Core offer implementation and review*
  - Catheter Care
  - Woundcare
  - Neurorehabilitation – spasticity and vocational rehab
  - District Nursing
  - End of Life
  - Dietetics
- *New core offers*
  - End to end pathway review
  - Intermediate Care

CYP CPN priorities

- *Core offer implementation*
  - Expansion of H@H services
  - ASD / ADHD pathway improvements
  - Asthma – diagnostic hubs, workforce, **asthma-friendly schools**
- *New core offers*
  - SLT (under 5s)
  - Community paediatrics
  - Sickle Cell (tbc)

Community Provider Networks – Learning to date

South East London Integrated Care System

- Strong senior support from ICS and providers that has enabled joint working at ICS and Place level.
- Core offer approach has helped to address variation and has resulted in strong ongoing communities of practice eg neurorehabilitation, autism
- High engagement levels from clinical and operational service leads and their willingness to be transparent and share their challenges/successes across the region.
- Focused work programme that has resulted in improvements in key areas for community providers e.g. UCR, Community Nursing, CYP Hospital @ Home.
- Track record - Adult CPN has been in place since 2019 so there is a 'habit' of collaboration.
- Helpful to involve NHSE London colleagues who can offer support, expertise

Community Provider Networks – Issues & Barriers

South East London Integrated Care System

- It is difficult to address historical differences in funding/commissioning across boroughs however having robust data can support better identification of the impact of shifting resources.
- Limited project management resource at provider/place level to take forward/implement the transformation work that is needed.
- Greater emphasis on shared priorities required so focus on what can be achieved is not diluted.
- Data quality and data-sharing needs to improve to facilitate better understanding of outcomes/impact of investment in community services.
- Governance needs to be refreshed and clarified in the new landscape.

Community Provider Networks – Future Scope

South East London Integrated Care System

- With the move to increased delegation of out of hospital services planning and transformation to Place, the CPN will continue to play an important role in supporting adoption of common standards across SE London, highlighting variation and the impact of variation across the providers/boroughs.
- The CPN will increase its role in sharing and scaling up best practice and improvement.
- A move to a more formalised arrangement with providers, possibly with a MOU, would enable more sharing of information and data across providers to enable measuring of the impact of community services on the system.
- Closer working arrangements with out of hospital partners including primary care and social care to facilitate scale-up of neighbourhood models and integrated models.

Any Questions?

Book now:

Webinar | Tackling the productivity challenge through provider collaboration | Monday 23 September | 2.00pm – 3.30pm

Peer learning forum | All sectors | Friday 19th July 2024 1.00pm-2.30pm

Tell us what you think

Scan here to access our evaluation or use the link in the chat

URL
https://www.smartsurvey.co.uk/s/6H282W/

Thank you for attending