

REFERRAL TO TREATMENT

NOVEMBER 16

Sarah Tedford
Chief Operating Officer
BHRUT

Louise Mitchell
Chief Operating Officer
BHR CCGs



CONTEXT

- Significant issues were identified with how the Trust had historically reported RTT
- Reporting suspended in 2014 - processes improved and data validated
- Unacceptable waits for some patients
- CCGs responsible for contract management and assurance
- Havering lead CCG for the BHRUT contract – Directions issued by NHSE in June 2016.



IMPROVING CARE

System-wide approach to improvements, working together to treat patients who had been waiting too long.

Range of measures including:

- Validation
- Outsourcing
- Theatre productivity
- Enhanced resource
- Demand and capacity work
- GP Referral demand management.



CLINICAL HARM PROGRAMME

Review of information on patients waiting more than 52 weeks to identify risk of harm and ensure they are appropriately and efficiently managed

Phase 1

- Focused on patients on admitted pathway
- More than 900 reviews carried out
- No moderate or severe harm identified.

Phase 2

- Focused on patients on non-admitted pathway
- More than 3,500 reviews carried out
- No moderate or severe harm identified



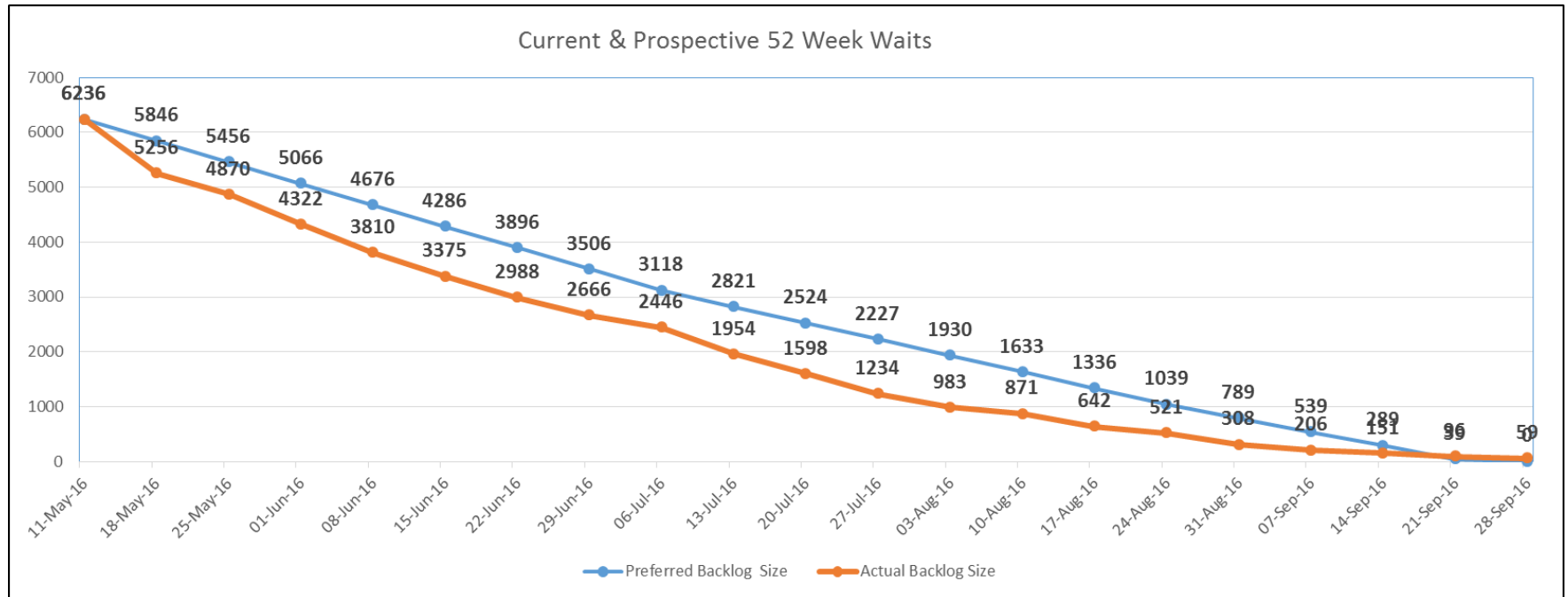
DEMAND MANAGEMENT

- RTT prioritised by all three BHR CCGs
- Delivery responsibility - avert 30k GP outpatient referrals in year
- Range of alternative independent sector and community providers identified and contracted
- New clinical pathways designed jointly with BHRUT clinicians
- 10,000+ patients redirected by GPs at end Oct 2016.



PATIENTS WAITING FOR 52 WEEKS

- Working with our system partners to improve access to elective care for patients
- All long waiting patients have now been seen or have their appointment



PATIENTS WAITING MORE THAN 52 WEEKS

- We had three patients who breached the standard we have set on having no patients waiting longer than 52 weeks for treatment by the end of September. All of these patients have treatment plans and dates for next events in place.
- At the end of September we also had 42 patients who had been waiting longer than 52 weeks because they either chose to wait longer, did not attend or respond to our efforts to treat them sooner, or they have clinically complex needs which are extending their pathway of care. All of these patients have treatment plans and a date for their next appointment.
- We will not tolerate a situation where patients are having to wait longer than 52 weeks for treatment, and will continue to reduce waiting times to prevent this issue from arising again.



RESPONSE TO LEGAL DIRECTIONS ISSUED TO HAVERING CCG BY NHS ENGLAND

- System wide recovery Plan submitted to NHSE end September 2016 in response to the legal Directions issued in June 2016
- Plan sets out the detailed recovery trajectory to achieve the national RTT standard of 92% completed within 18 weeks
- NHSE Board currently reviewing our response to Legal Directions we await response.



RETURN TO REPORTING

- External assurance of progress
- Governance and Assurance Framework developed with a clear reporting line
- Robust, system-wide recovery plan submitted to NHS England
- Plan to resume reporting of RTT performance in December, publishing October's figures.

