

NCA Elective Care Recovery

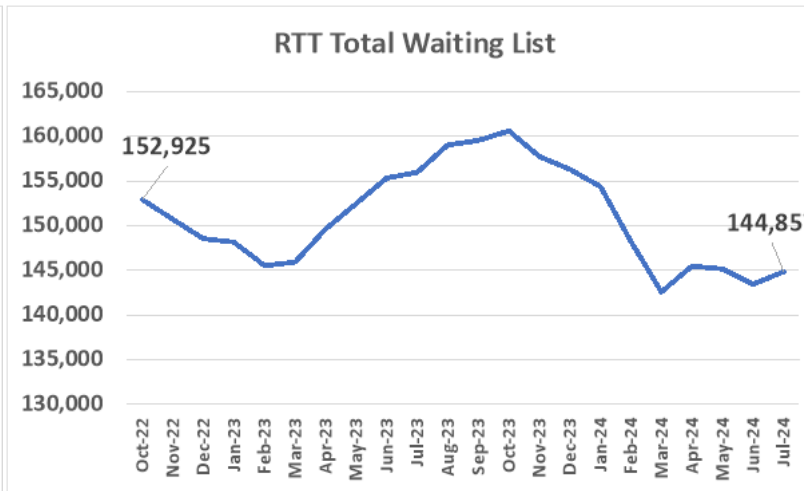
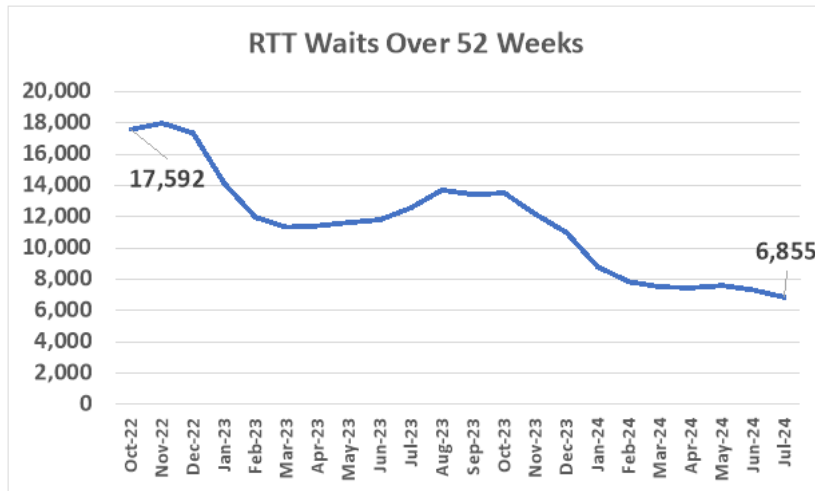
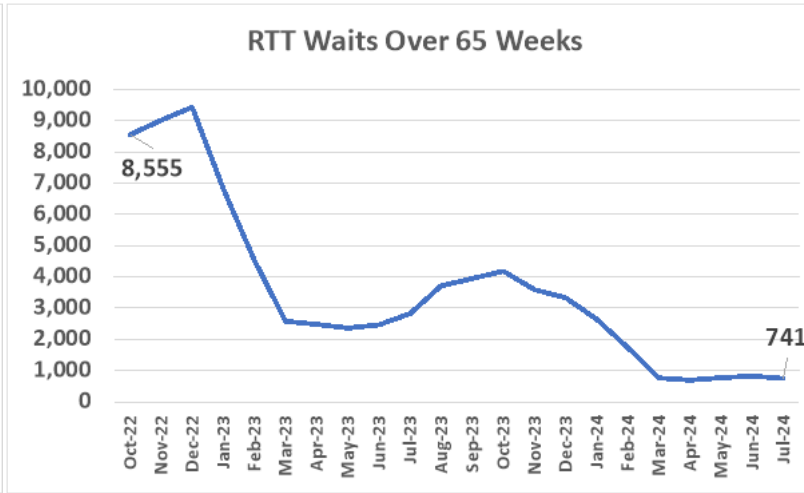
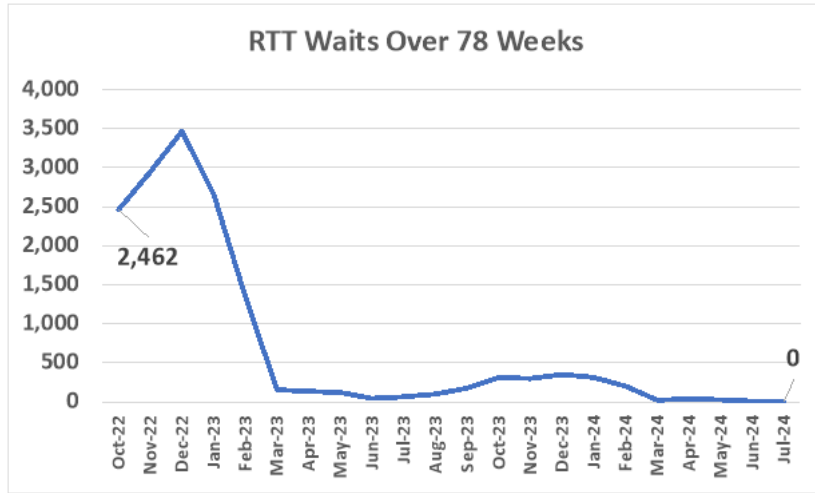
31st October 24

Joint Health Scrutiny Committee

Elective Recovery (Referral To Treatment)



Northern Care Alliance
NHS Foundation Trust



Progress is being made with fewer Referral To Treatment (RTT) long waits. We have treated more patients than last year and more than before the pandemic.

- Waits over 78 weeks reduced to zero
- Waits over 65 weeks reduced by 91% (7,814)
- Waits over 52 weeks reduced by 61% (10,737)
- Total waits reduced by 5% (8,086)



Elective Recovery (Referral To Treatment)



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Actions

- Speed up non-admitted pathway stages (outpatient appointments, diagnostics, and outpatient procedures) - The biggest proportion (80%) of our waiting list is patients in non-admitted stages of treatment
- Utilising our Community Diagnostic Hubs to support speeding up Non-Admitted pathway stages
- Implementing Getting It Right First Time (GIRFT) clinically-led best practice approaches
- Ensure capacity and demand are aligned and take actions to close gaps to meet both recurrent (new referrals) demand and non-recurrent demand (backlogs)
 - Increased productivity, e.g., reducing Did Not Attends (DNAs)
 - Utilisation of Mutual Aid from other NHS hospital trusts
 - Use of non-core capacity (overtime and Independent Sector providers) to clear backlogs

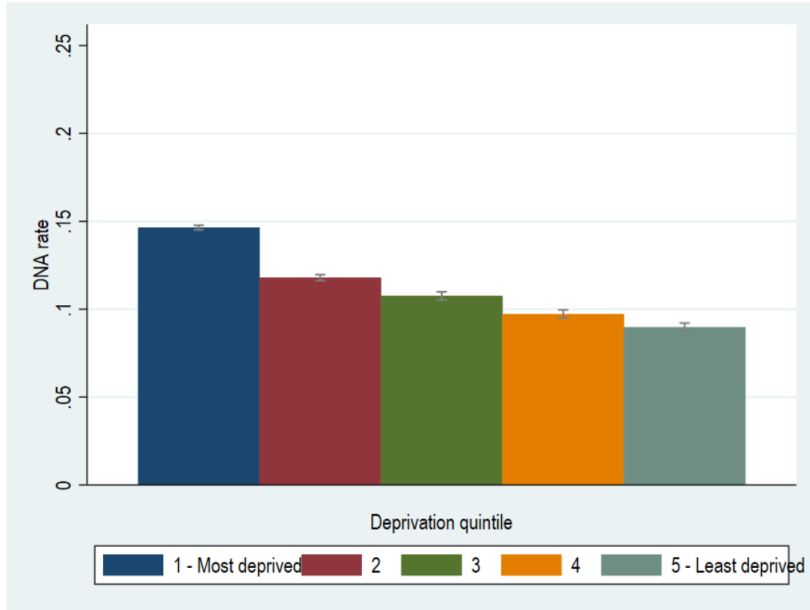
Health Inequalities

- We aim to consider health inequalities when developing improvement plans. The work we have undertaken to reduce Outpatient DNAs (Did Not Attends) illustrates this.

CARE
APPRECIATE
INSPIRE

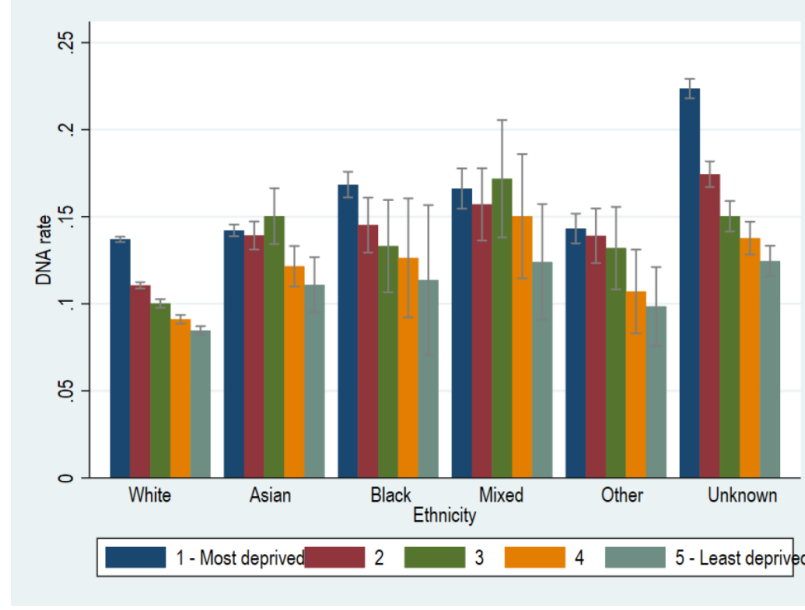
Outpatient Did Not Attends: Health Inequalities

IMD (Index of Multiple Deprivation) combines information about income, employment, education, disability, crime, living environment and barriers to housing and service to produce a relative measure for small geographical areas. 1 is the most deprived quintile and 5 is least deprived quintile



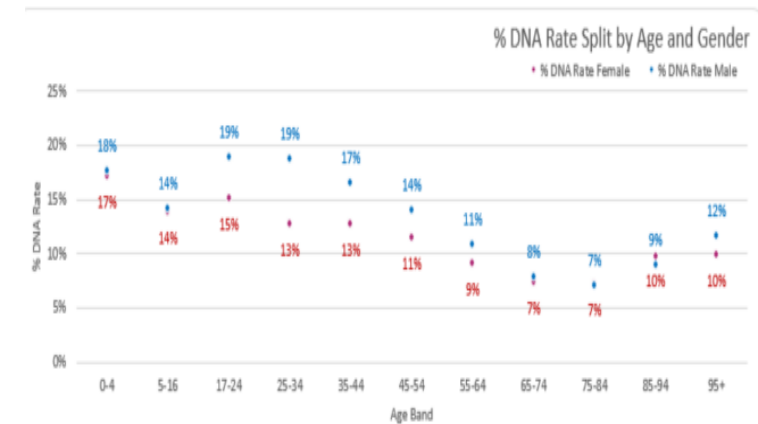
Deprivation

People living in the most deprived areas have higher DNA rates (14.6%) than those living in the least deprived areas (9.0%). 45% of the NCAs patients live in the most deprived quintile. This pattern is repeated across England for each organisation regardless of individual NHS Trust overall DNA rate.



Ethnicity

People from minority ethnic backgrounds had higher DNA rates than our white population. The relationship between deprivation and ethnicity is complicated and affected by smaller volumes.



Age & Gender

Male DNA Rates are higher than female for ages 17 to 54 years. This matches regional patterns.

The biggest gap in DNA rates are ages 17 to 44 where male DNA rates are 4% to 6% higher than female.

Other factors

We found that DNA rates are higher for appointments with more than 3 weeks' notice

Outpatient Did Not Attends: Health Inequalities

There are many reasons why people may not attend their outpatient appointment, some of which are not reliably captured within our data systems, for example, language, learning disabilities, sub-categories of ethnicity for white populations, etc. Our improvement plans reflect what we have learned about health inequalities using our data.

- **Improve data and intelligence**
 - Record first language of patients
 - Expand ethnicity codes – e.g., White Roma, Traveller and Gypsy
 - Reliable recording of learning disability and neurodiversity
 - Continue to develop dashboards to assist easier monitoring of health inequalities
- **Implementation**
 - Training for staff on health inequalities and the importance of data capture
 - Increase roll out of virtual appointments where appropriate that mitigates some barriers to accessing care (access to transport, travel costs, time to attend, etc.)
 - Pilot reminder phone calls to people waiting outpatient appointments that prioritises the areas our data tells us are more likely to DNA:
 - People living in the most deprived quintile localities
 - People aged 17 to 44, and males in these age groups
 - Appointments booked more than 3 weeks in advance