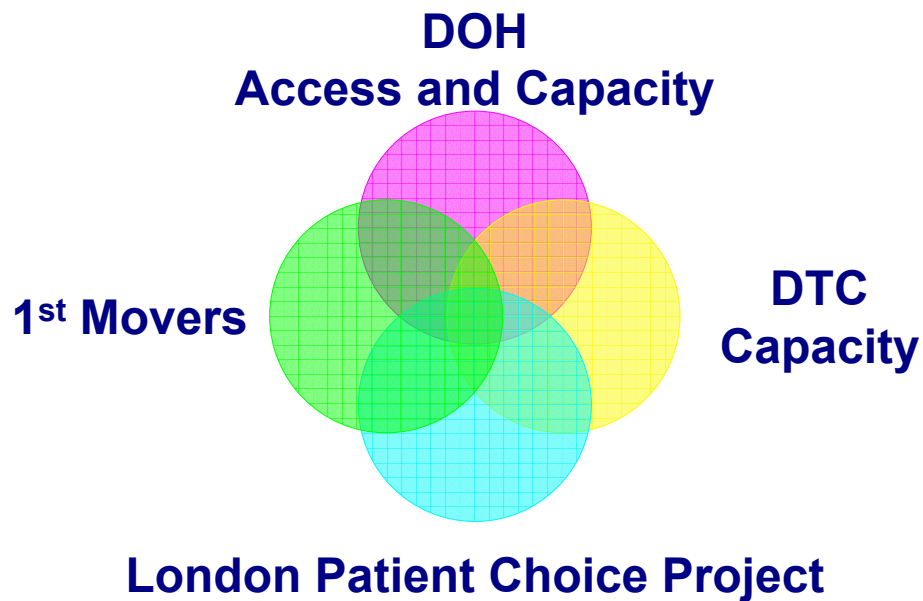


# Central Initiatives for reducing waiting times



## 1<sup>st</sup> Movers – Overseas teams Aims

- increased capacity for NHS patients over a sustained period, including helping tackle areas with severe waiting problems;
- increased productivity achieved by changes in practice which challenge established ways of working (thereby contributing to the modernization of the NHS);
- increasing credibility with potential overseas providers by demonstrating that DOH is serious about using overseas spare capacity.

the first mover sites should not be short term “blitzes” of waiting lists, but rather “demonstration projects” testing different ways of delivering care

## **1<sup>st</sup> Movers political objectives**

These first mover projects will form part of a national programme for using overseas clinical teams – and will become local leaders of a wider programme to make more systematic use of overseas clinical teams throughout the NHS

## The DOH call 14<sup>th</sup> of May for bids to be assessed on the following criteria

- high levels of clinical governance;
- quantified activity objectives that address real waiting times hotspots;
- capacity available (or readily provided, eg through mobile theatres);
- management capability and commitment; and
- (if possible) clinician support

## London Bid

- Sector based submission (no individual Trust ownership)
- 1.2 million set up and 6 million for 3000 cases (2k/case)
- Sponsored by Surgical Department as a hosting department
- Concentrate on General surgery and ENT
- Clinically lead and owned

## Objectives

- Major Impact on waiting list
- Highest quality clinical care
- Local Clinical Involvement
- Sector based model of care as a seed for further sector based service configuration – Culture of Interdependence
- Challenge cost
- Understand and trial Incentives
- How far can we push DTC efficiency
- Integrated with London Patient Choice Project
  - Can we understand choice in General Surgery

## Overseas Teams ? Where, Who and how to integrate ?

- Avoid third Party Provider
  - Quality and Cost
- Use departmental links with European centres of Excellence
- Department will host the visiting teams as members of the local clinical community
- Test and pilot the rigorous technical assessment
- Involve the overseas teams with departmental and university activities (teaching, research etc)

## Integration into the local clinical community

### Choice to participate

- Clinician to clinician meeting at every single hospital within the sector
- Paradigm Shift explained in detail
- Counselling
  - Destabilising primary site
  - Loosing institutional identity
  - Possibly loosing junior staff if model is not correct
  - Loosing patient ownership
- Every local clinician has been offered the **Choice** to participate based on:
  - Agreeing to new tariff
  - Carry out technical assessment

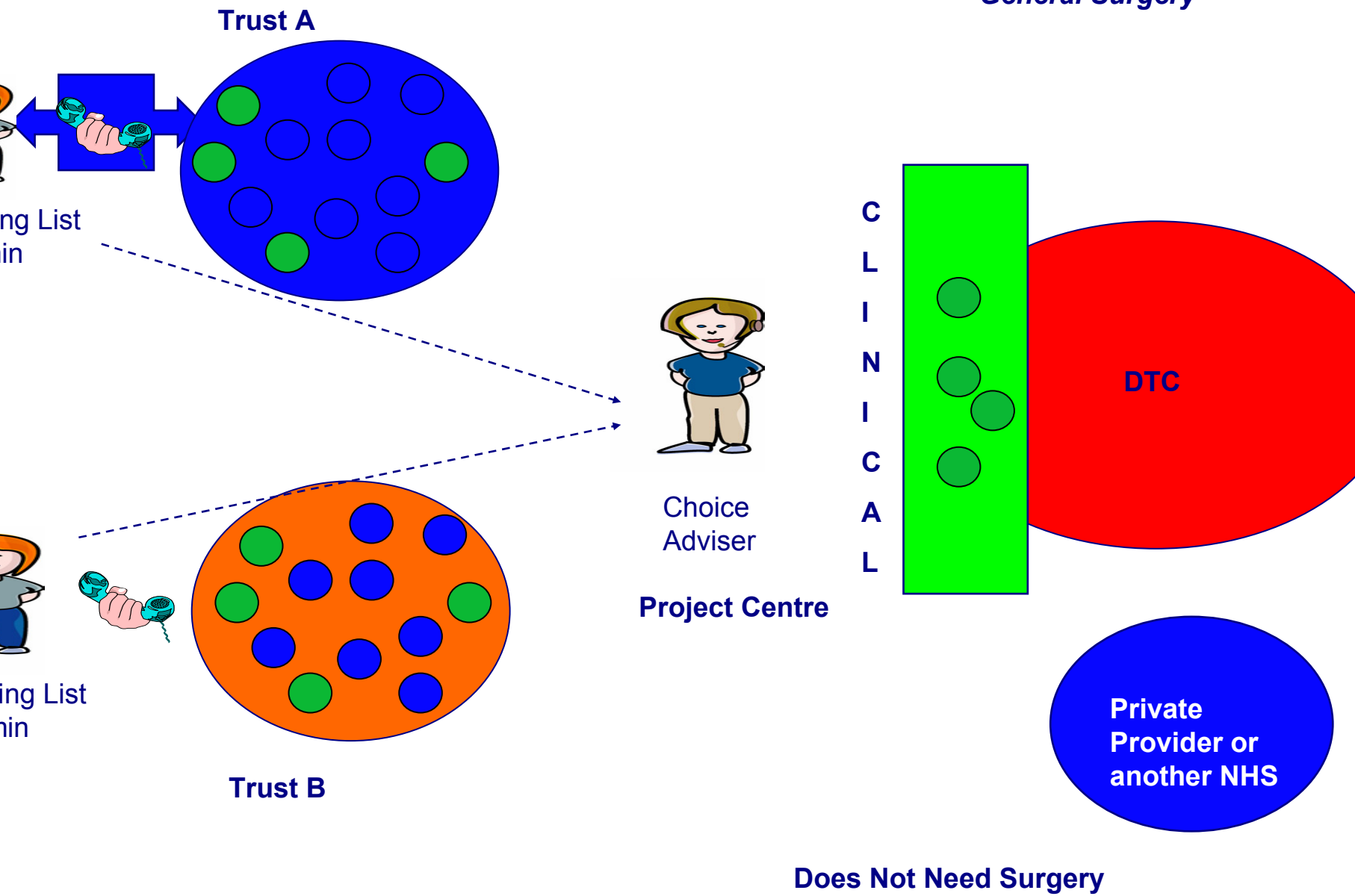
## Diagnostic and Treatment Centre

- ACAD as the DTC with option of expansion
- Commissioned one new operating theatre
  - 3 sessions a day – 5 days a week (15 sessions a week)
  - 16 sessions over the weekend
  - Total of 31 sessions
- Project Centre does booking (Ryan Air Model)
- DTC gets 1k a case

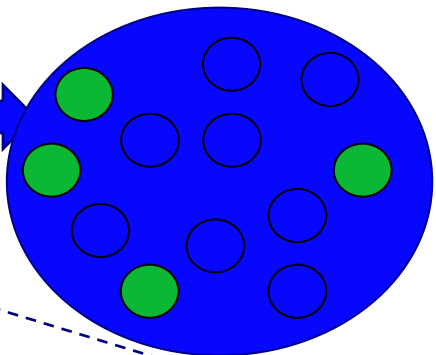


## Project Management

- Sector based management
- Project team
  - Project Director
  - Project Manager
  - Clinical Advisors
  - Patient Care advisors
- Project designed to become son of LPCP in the future
  - Budding Principle – Dating agency principle



Trust A



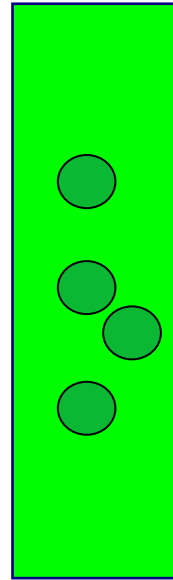
Waiting List  
in



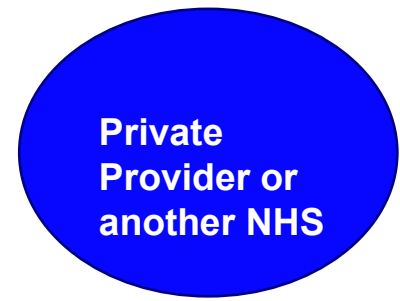
Choice  
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DTC



Private  
Provider or  
another NHS

Does Not Need Surgery

Sector Hospitals

## Project Centre

- Co-ordinate the offering of patient choice
- bring together scheduling of doctors and booking of patients
- co-ordinate patient and staff satisfaction surveys
- oversee evaluation of costings and HRG
- Act as the insurer
  - Control financial payments

## London 1<sup>st</sup> Movers project What have learnt so far

- Challenged Tariff
- Sector based working
- Private model within NHS ethos
- No Bureaucracy
- Challenged supply and demand