

Dear Chief Operating Officer

GETTING AHEAD – sustainable whole systems management for elective services

Background

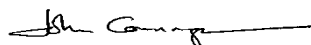
Increasing pressure on elective services is evident from list size increases and the number of patients exceeding national waiting time targets. For some services, scheduled capacity has not kept pace with the required activity to keep waiting times at an all-time low. It is therefore essential that NHSScotland collectively plans ahead on a sustainable basis to ensure that there is adequate, well-utilised capacity to treat patients safely and effectively within waiting time standards.

Action

[The Local Delivery Plan Guidance 2016/17](#) (reference: DL (2016) 1) section 2.7 states that plans should include assessments of activity requirements to ensure the best possible performance against elective waiting times during 2016/17 as well as the local work that will be carried out on the longer term objective of ensuring the optimal design, configuration and availability of services in the context of an ageing and growing population. Final LDPs should be submitted by 31 May 2016.

To support your elective plan, the Scottish Government Access Support Team have established the 'Getting Ahead – sustainable whole systems management for elective services' programme. I invite you to work with the team as part of this process. Please find attached to this note a brief paper which outlines the aims of the support team.

Yours sincerely



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DL (2016) 2

25 January 2016

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APPENDIX I

Aims of 'Getting Ahead'

The 'Getting Ahead' programme has been established to support a uniform approach to local demand, capacity and activity planning to underpin strategic and operational decision making, and will evidence the actions required to assure ongoing demand is met sustainably across NHSScotland.

This programme is designed to provide a firm basis for planning adequate and optimal current and future services, in a clinically effective and resource-efficient manner, based on a clear understanding of the balance of demand and activity. It supports the practical use of health intelligence in driving decisions about demand, capacity and activity planning and management as part of day-to-day operational processes as well as long-term strategic planning.

How it will work

The meeting of Chief Operating Officers on 18 December 2015 agreed the implementation of the principles set out in the presentation 'Elective Care Demand and Capacity Planning and Management' (attached). This letter sets out the initial actions for the 'Getting Ahead' programme to embed sustainable whole systems management for elective services.

Phase One

Phase one will be linked to 2016/17 Local Delivery Plans. The Access Support Team will work with NHS Boards to conduct detailed risk analysis to assess activity requirements to ensure the best possible performance against elective waiting time targets in 2016/17. The management of return outpatient waiting times will also be supported. The Access Support Team will work with NHS Boards to answer the following three questions (at appropriate speciality/sub-speciality level):

1. What recurrent activity is planned to maintain a stable waiting list during 2016/17?
2. What non-recurrent activity is planned to achieve a waiting list size (varying over a range) that is commensurate with the waiting time target to be delivered?
3. What actions should be taken to ensure optimal scheduling of patients and optimised use of available capacity?

Output from the analysis for phase one will be in three parts, to create a national picture to direct and focus initiatives for addressing imbalances:

- A. With demand trends and activity continuing during 2016/17 what will be the expected waiting list size and the expected 'crude weeks to clear' (see Note 2) a speciality/sub-speciality list at March 2016 and March 2017?
- B. With demand trends continuing, but applying initial activity plans for 2016/17 (see Note 1), what will be the expected waiting list size and expected 'crude weeks to clear' a speciality/sub-speciality list at March 2016 and March 2017?
- C. What additional actions will be taken to ensure the best possible performance against national waiting time standards during 2016/17?

Note 1 – Initial activity plans for 2016/17 will cover the following categories:

- (i) planned recurrently funded available capacity;
- (ii) planned recurrently funded capacity to be put in place (for example, staff to be recruited);
- (iii) projected recurrently funded activity (realisation of capacity taking account of risk, for example, unplanned absences, failure to appoint to funded posts, etc.);
- (iv) planned non-recurrently funded activity (for example, waiting list initiatives, independent sector, locums, etc.);
- (v) planned total activity.

Note 2 – A waiting list size can flex up and down in order to manage changes in demand and available capacity. The '**Crude Weeks To Clear**' is the indicative waiting time based on the list size and the planned level of activity, not accounting for urgency and booking out of turn. The waiting list should not rise beyond the 'manageable' size based on the planned level of activity and the target waiting time. A 'manageable weeks to clear' is likely to be markedly below a waiting time target, for example, flexing up to around 9 weeks for a 12 week target.

Phase Two

Phase two will focus on supporting the optimal design and configuration of elective services in the medium and long term – the extent to which any capacity imbalance identified may be addressed through further benefits realisation, strengthening of local provision, regional or national solutions, or mid- to longer-term investment.

The aim will be optimising service design and clinical capacity to address any projected shortfalls in recurrent and non-recurrent activity. Relating and integrating the planning and management of elective and non-elective services will be a specific priority. Planning cycles will be established with the objective of reducing and managing variation and variability. Service changes and enhancements will be evaluated on a local, regional and national basis to provide the right services in the right place at the right time.

Next Steps – LDP Timetable

2016/17 Local Delivery Plans should be submitted in accordance with the following timeframe:

- Draft LDP by 4 March 2016
- Final LDP by 31 May 2016

The Access Support Team will work with your NHS Board to conduct detailed risk analysis to assess activity requirements to ensure the best possible performance against elective waiting time targets in 2016/17. In accordance with the LDP timetable, it is expected that this analysis will be completed by 31 May 2016.