

Taking an inclusive approach to tackling the elective care backlog

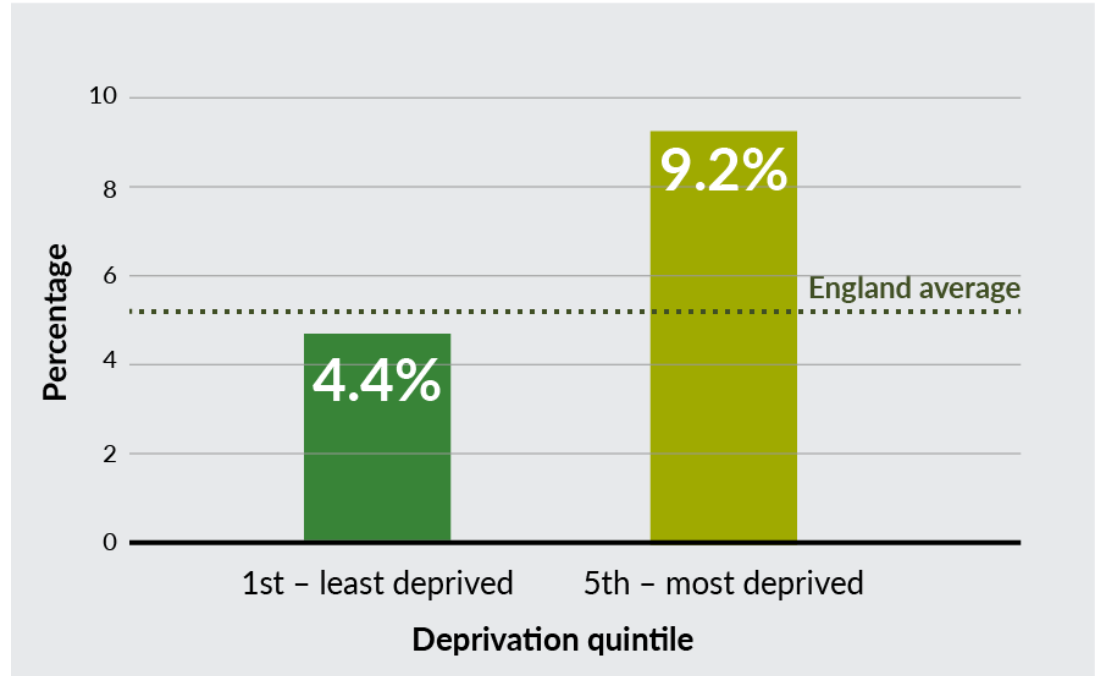
For NHS boards



Tackling inequalities on waiting lists is an important part of work to recover elective services

- NHS England first asked systems to take an **inclusive approach to recovery** in summer 2020. This starts with disaggregating waiting lists by factors like ethnicity and deprivation to identify inequalities, then taking action in response. In 2021/22 planning guidance included a specific requirement to report disaggregated data to NHS boards.
- Research by The King's Fund found that this **work is at an early stage** – most trusts and ICBs they looked at are yet to disaggregate their data.
- There are **examples of targeted access and prioritisation interventions** that are reducing inequalities on waiting lists, but these tend to be about stopping people falling down the list rather than pushing people up.
- **Reasons for a lack of progress** include:
 - a lack of analytical capability and good-quality data
 - the need to engage clinicians and other staff more effectively in new approaches
 - NHS organisations not being held to account for this work; their focus is on reducing long waits
 - a lack of clear vision on why inclusive recovery is important to delivering better and fairer services.

People living in the most deprived areas of England are more than twice as likely to wait more than a year for elective care than people in the least deprived areas, August 2022.



Source: [Jefferies 2023](#)

Why is an inclusive approach needed?

Social, economic and structural factors mean some people wait longer for treatment than others for non-clinical reasons or are more affected by the wait. It might be more difficult for some people to:

- **attend appointments:** offering, eg, support with transport costs or evening appointments might help
- **navigate the system:** offering, eg, longer appointments or support articulating health issues and advocating for treatment might help
- **maintain their health while on the waiting list,** offering, eg, pre-habilitation to support people to get the best outcomes from treatment when they reach the top of the list might help
- **continue their daily activities while they wait:** considering someone's job or caring responsibilities as part of the decision to treat might help.

There are opportunities to take an inclusive approach at various stages of the patient journey

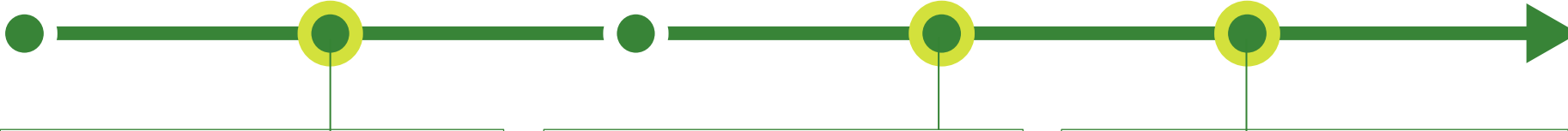
Identification and referral of patients

Pre-treatment, assessment and management

Decision to treat

Waiting list management and prioritisation

Treatment accessibility



Used AI to target prehabilitation support to people at highest risk of poor health outcomes from their treatment.

Cheshire and Merseyside Integrated Care System

Developed an algorithm that prioritises people on the waiting list using a wider set of factors than date the person joined the list and broad clinical P codes.

University Hospitals Coventry and Warwickshire NHS Trust

Identified inequalities in DNAs linked to deprivation and other factors and offered extra support to attend appointments – a pilot reduced DNA rates to 1% in the intervention group compared to 50% for those not contacted.

University Hospitals of Leicester NHS Trust

Recommendations for integrated care boards



Make the case for change

Set local vision for inclusive recovery with clear goals.

Engage staff and communities in the vision.



Take action

Develop a **quality data source** to explore inequalities and bring together stakeholders to discuss.

Identify and act on inequalities in use of **NHS-funded independent sector care**.

Share best practice across partners.



Hold ICBs and trusts to account

Track inequalities on waiting lists as part of **core elective recovery monitoring**.

Work with ICP to consider what action should be taken in response at system level.

Recommendations for NHS trusts



Make the case for change

Work to **engage** board, clinicians, ops leads and communities in **vision** for inclusive recovery using local data to make the case for change.



Take action

Highlight specific actions that staff can take to support change, eg, approaches to data analysis, engaging communities, targeted work to reduce DNAs and pre-rehabilitation.

Work with local communities to understand why inequalities exist and what would work to address them.



Hold ICBs and trusts to account

Include **performance measures relating to inequalities** in operational performance dashboards, and monitor inequalities on waiting lists across the organisation.

Questions for ICB and NHS trust boards

- Is tackling health inequalities a priority within your elective recovery strategy?
- What can the board do to signal the importance of this work?
- What are the main barriers to change in your trust/organisation?
- Who can you work with across the integrated care partnership on this?
- What data do you need to see to understand inequalities on your waiting lists and be assured about progress in addressing them?

For more information
visit:

[www.kingsfund.org.uk/
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