



Adult and Public Health Policy and Scrutiny Committee

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Title: Report on the Care Coordination Solution

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1. Executive Summary

This report sets out the national context and the overview of the Care Coordination Solution programme as well as the benefits as a result to patients across North West London.

2. Key Matters for the Committee's Consideration

- The Care Coordination Solution (CCS) is a national programme to support NHS Trusts to better use data, reshape health and strengthen elective care recovery
- The CCS has been designed to bring together information from multiple existing IT systems into a single tool to manage patients through the Elective Care pathway. For the first time, there is access to a single consistent process to manage the patient pathway for all users.
- This programme, whilst led by Chelsea and Westminster NHS Foundation Trust as a proof-of-concept site, is being rolled out across all hospital trusts in North West London and across England. Funded by NHS England through the national Elective Care Plan.

3. Background

National context:

The COVID-19 pandemic placed unprecedented pressure on the NHS and one of the most impactful tools at their disposal to form the response was the power of data.

The [Data Saves Lives; Reshaping health and care with data](#) strategy commits to building on the capability that has been developed over the past couple of years (using the COVID-19 Data Platform) which has helped to pilot new technology in the NHS which is already helping hospitals, including Chelsea and Westminster NHS Foundation Trust and those in North West London, to maximise bed and operative theatre capacity; reduce waiting lists and help coordinate care - ultimately freeing up more clinical time to care for patients.

Dealing with the pandemic and its effects has impacted the amount of planned care the NHS has been able to provide. As a result, waiting times are longer than ever and many NHS Trusts have accumulated a lengthy backlog of patients awaiting elective surgery.

As of April 2022, a record 6.8 million people were waiting for treatment across the UK, and the number of patients waiting over a year for treatment was 186 times larger than the pre-pandemic figure.

The process for prioritising and preparing patients for surgery has long been extremely inefficient and clinically time consuming.

For example, patients were required to attend an appointment to then fill in a form to determine their risk for having surgery. This appointment usually took around 45 minutes with a clinician in attendance.

If the NHS are to effectively manage the waitlist, hospitals need an accurate picture of who is waiting and for how long as well as the ability to better plan and manage theatre capacity to optimise the use of available resources.

Historically, Trusts have used various IT systems and that the information needed to co-ordinate patient care and proactively plan elective procedures is not easily held in one place. Therefore, NHS England in partnership with Chelsea and Westminster NHS Foundation Trust, developed a technology-led solution that brings together disparate information and makes it available in a single platform, with the right controls in place that enables real-time, effective decision making.

The development of the Care Coordination Solution uses many existing systems within the NHS to create a single version of the pathway. All these systems have been procured/commissioned in accordance with agreed national standards.

As part of a national effort to better use data to reshape health and care and [tackle the COVID-19 backlog of elective care](#), The Improving Elective Care Coordination for Patients Programme (IECCP) aims to give clinicians and ICSs the information they need to free them up from administrative tasks and strengthen elective care recovery.

Expanding on the work led by Chelsea and Westminster NHS Foundation Trust, NHS England are funding the deployment of the Trust Care Coordination Solution across the country in a number of NHS Trusts. The Trust Care Coordination Solution has been designed to support clinical teams to make better-informed, more co-ordinated decisions so that patients are treated in the right order, faster. This is made possible by access to the right information at the right time.

By providing trusts with their own instance of the current NHS data platform, ensuring the control of data remains in the hands of each trust, the Trust Care Coordination Solution makes the right thing to do for the patient, the easiest thing to do for the clinician. NHS England owns the relationship with the ICO in relation to NHS organisations sharing data for direct care.

North West London activity:

The Care Coordination solution currently includes two main features:

Elective Waiting List Module – this allows consultants, schedulers, managers, and data teams to work on a single consistent waiting list and take action to streamline the elective patient pathway.

Theatre Scheduling Module – this allows consultants, schedulers, and theatre teams to optimise theatre utilisation. It integrates with the elective admitted waiting lists, as well as rostering, consultant annual leave, and pre-op status data, so that teams can request bookings according to clinical priority.

The solution provides a single consistent waiting list for all users – clinicians, schedulers, operational management, and administration staff.

The digital solution will not replace existing systems but will replace manual spreadsheets.

The solution will bring together information currently held in Trusts different systems and manual spreadsheets, so that users can view information in one place, with controls in place.

- **Treat patients at the right time:** More patients in the elective care pathway are being treated in the right clinical priority order and within required timeframes.
- **More effective use of staff time:** Staff have a consistent waiting list for each specialty based on high quality data and can take action to book patients in for treatment faster than before.
- **Reduction in wait list size:** We have a complete, real-time understanding of the scale and make-up of their waiting list, can report it accurately, and feel in control of their elective recovery.

- **Better resource utilisation:** We are able to increase theatre capacity above previous levels and treat more patients using the resources and people they already have

As of 16 September 2022, with data flowing through the CCS platform at Chelsea and Westminster NHS Foundation Trust:

- 15,784 patients have been removed from the inpatient waitlist as we now know they no longer require surgery
- Theatre Utilisation has seen an over increase of 8%
- Since going live in July 2022, 56 patients have been through a full automated booking process using Assisted Scheduling Function
- On-the-day Theatre cancellations have reduced by 1.2%
- Pre-Operative Assessments are now booked 27 days in advance of TCI (was 17 days)
- Pre-Operative Assessment appointments are now held 14 days in advance of TCI (was 10 days)

The purpose of the Care Coordination Solution is to create and manage a single version of the patient pathway. Discharging from hospital is key to any inpatient pathway so the tool offers the opportunity to continue to enhance and connect to multiple systems being used in the community. A module has been developed at North Tees and Hartlepool NHS Foundation Trust which enables better communication and better access to information across the multidisciplinary teams involved in the discharge planning. This primarily negates the need for manual processes like emails, word or excel documents and creates a truly collaborative approach to discharge.

The opportunity to connect to clinical and non-clinical systems in the Chelsea and Westminster community is yet to be agreed. We are deploying the tool developed by colleagues in North Tees as part of the Care Coordination Solution, bringing together information that is already shared between NHS and social care (currently through excel spreadsheets and multiple phone calls) but in a more robust and secure way.

In relation to primary care, we understand that there is a pilot underway in England linking PC data into the CCS but we are yet to explore the opportunities this may have for healthcare professionals and communities we care.