



North East and North Cumbria
Provider Collaborative



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Reforming elective care for patients

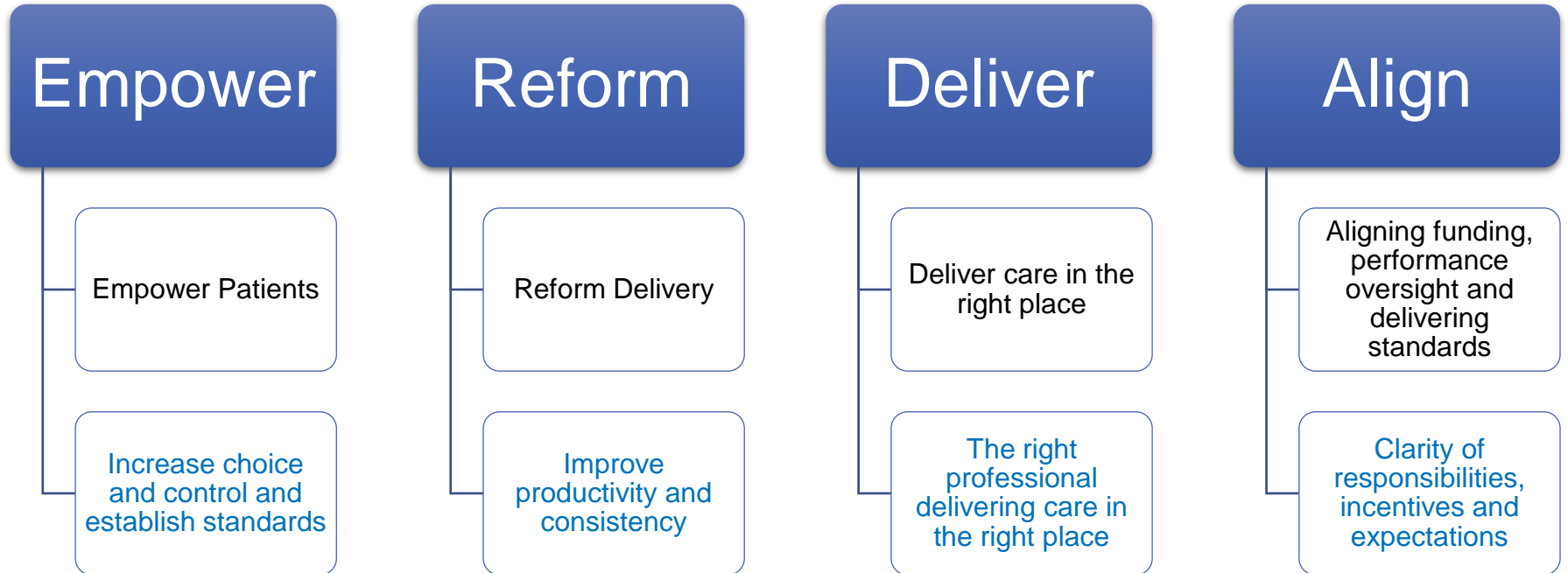
Jacqueline Myers – Chief Strategy Officer

Reforming Elective Care for patients

- On 6th January'25, the NHS published the new plan to reform elective services. With over 6.3m patients on waiting lists from October'24 and over two fifths of these being for over 18 weeks, the need for reform is critical.
- The reform commits to increasing the percentage of patients treated within 18 weeks for elective treatment to 65% nationally by March'26 and returning to the constitutional standard of 92% by March'29.
- The 92% RTT (Referral to Treatment) constitutional standard is a target that aims to ensure that 92% of patients who are referred for elective (non-urgent) treatment start their treatment within 18 weeks of their referral.
- To ensure national delivery of 65% of patients requiring elective treatment do so within 18 weeks, every provider organisation in England is required to make a 5% improvement in their RTT position by March'26 compared to their March'25 position.
- November'24 published data, NENC had 351,661 patients on the waiting list and 69% of patients were waiting less than 18 weeks for elective treatment.

Reforming elective care for patients

To deliver these commitments, a comprehensive set of priorities have been published focusing on four areas:



Empowering Patients



- Expanding the **NHS App and Manage your Referral** website to make them the default route for patients to choose their elective providers (currently only 8% of bookings after a referral are via these platforms).
- By March'25, **85% of acute trusts** will enable patients to **view appointment information via the NHS App**.
- By September'25, the **minimum standards** patients should expect to experience in elective care will be published. An existing director responsible for improving patient experience in each ICB & provider is to be named by April'25.
- Initiatives to **collate and publish data to help reduce health inequality**, with ICBs to set clear local vision on how elective care reform will reduce these issues.

Reforming Delivery



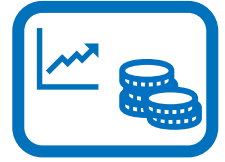
- **NHS and Independent Sector Partnership Agreement** to be published by January'25, the first of its kind in 25 years. Sets out how the NHS will **work together** with the independent sector to reduce the elective waiting list and support the most challenged specialties (ENT and gynaecology).
- **Community diagnostic centres** (CDCs) will address growing diagnostic demand by increasing capacity in 2025/26, expanding existing centres, and establishing up to five new ones. CDCs to open 12 hrs/day, 7 days/week, deliver same-day tests and consultations, and **10+ straight-to-test pathways**.
- Quicker access for patients to common surgical procedures through **17 new and expanded surgical hubs** by June'25. CDC and surgical hub reform will be underpinned by investment in digital interventions e.g. Federated Data Platform (FDP).

Delivering Care in the Right Place



- Expand **Advice and Guidance (A&G) service**, paying GPs £20 per request to encourage closer working with hospital specialists, allowing patients increased access and avoiding the elective waiting list. Current projections suggest NENC ICS will generate 120k requests in 2024/25.
- Deploy “**collective care**” approaches by September’25, including group appointments, one-stop clinics and super clinics.
- **Expand utilisation of technology and AI** to improve information sharing, patient choice and efficiency: Federated Data Platform (FDP), NHS App, electronic Referral System (e-RS) and outpatient (OP) list validation.
- Increase **uptake of patient-initiated follow-up (PIFU)** to at least 5% of all OP appointments by March’29, to reduce OP follow-up appointments of lower value to both patients and clinicians by over 1 million nationally.

Aligning funding, performance oversight and delivery standards



- Update **Payment Scheme** to reflect elective priorities and focusing on activity that ends a patient's wait for care
 - For the first time, the waiting list **validation** will be formally reflected as a form of **activity within the payment scheme**
 - **Capital incentive scheme** for providers who perform well or improve the most in meeting RTT standards
- Deliver **NHS IMPACT Clinical and Operational Excellence Programme**, to apply proven improvement approaches for elective reform, by March'26.
- **NHS Oversight and Assessment Framework** will assess providers and ICBs to identify and support challenged providers, and reward high-performing providers.
- **Further Faster 20 (FF20) programme** is working with 20 trusts in areas of high economic inactivity to rapidly reduce waiting times and support people returning to the workforce.
- Task and Finish Group will be set up in January'25 to set out clear expectations for **administrative practice and operational management** in the delivery of elective care by September'25.



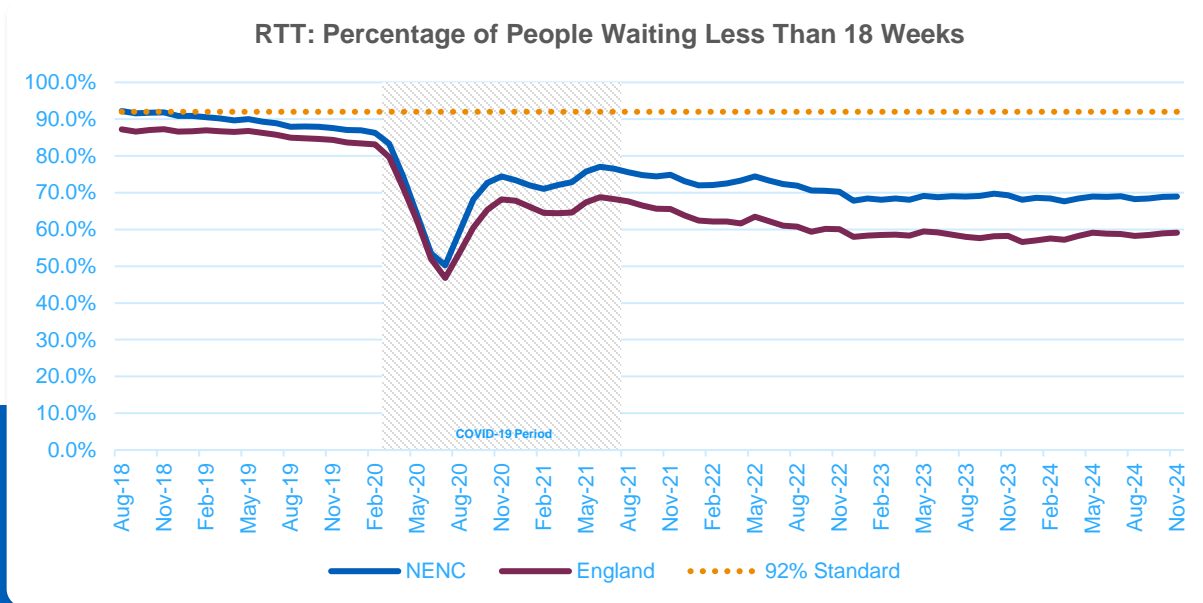
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**Where are we now –
what does our data tell us?**

NENC ICB: RTT 18 Week Wait Performance



NENC Last Met Standard In November 2018

NENC last met the 92% standard in **August 2018** while England last achieved this in **February 2016**.

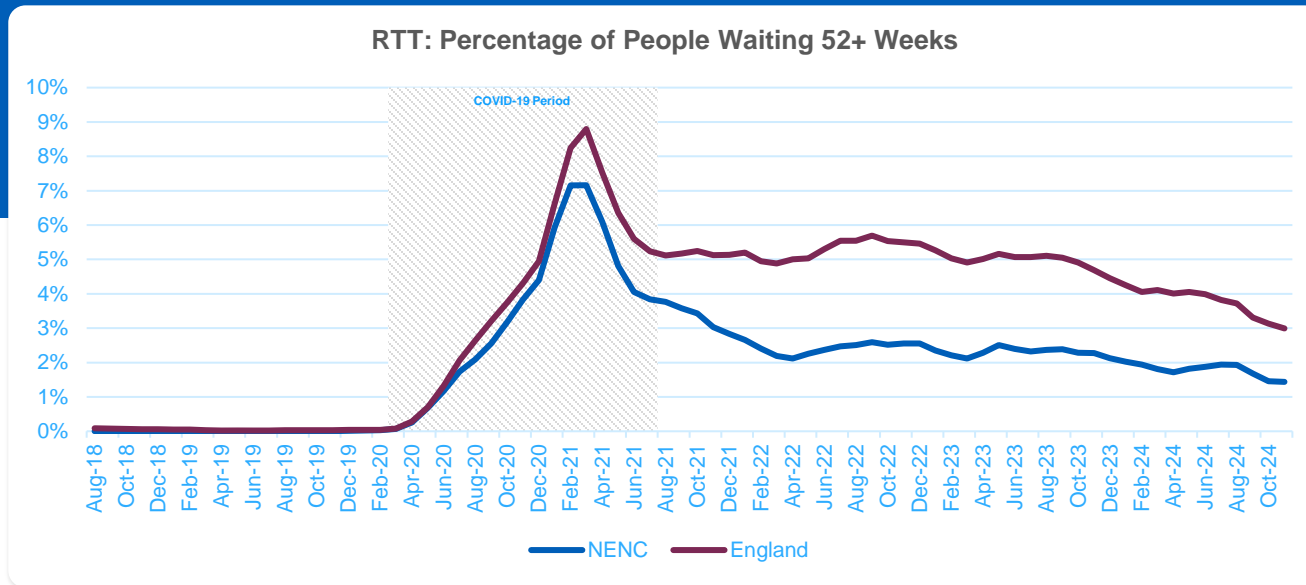
NENC ICB Consistently Outperform England

NENC has consistently exceeded the England 18-week RTT rate. Post-pandemic, this is often by around 10 percentage points.

Current Performance Below Standard

Despite outperforming England overall, NENC's 18-week RTT performance remains well below the 92% standard, hovering around the high 60s to low 70s since early 2023.

NENC ICB: RTT 52+ Week Wait Performance



Initial Growth In 52+ Week Waits

Pre-pandemic, we historically saw very few 52+ week waits.

During COVID-19, the rate of people waiting 52 weeks or more jumped to a high of 7% in the North East and North Cumbria and 9% nationally.

Post-Pandemic Improvement

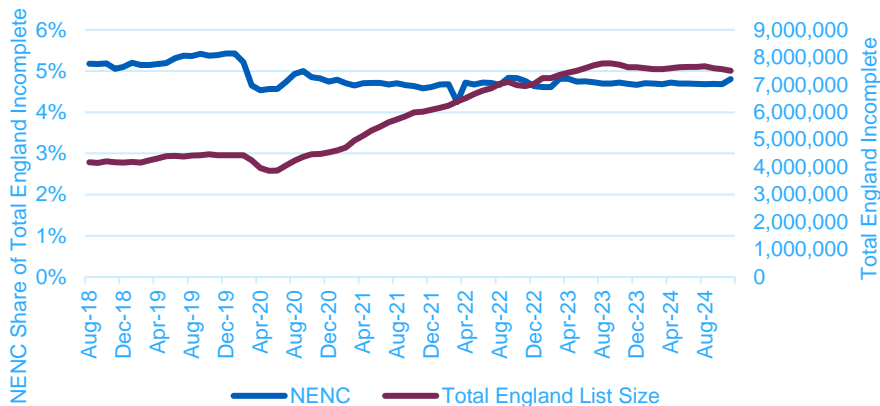
Post-pandemic, both NENC and England have seen good recovery with NENC.

In November 2024, NENC reported just 1% of people waiting 52 weeks or more and the national rate was 3% for the same period.



NENC National Benchmarking: Share of Incomplete RTT Pathways

NENC Share of Total England Incomplete RTT Pathways Against England Total Over Time



Consistent Performance

Looking across the reporting period, we see that NENC consistently accounts for 5% of the national RTT incomplete pathways total.

November 2024: Percentage Share of England Total By ICB (Top 10)

Rank	ICB	% Share of England Total
1	NHS Greater Manchester ICB	6.0%
2	NHS Cheshire And Merseyside ICB	4.9%
3	NHS North East And North Cumbria ICB	4.7%
4	NHS North West London ICB	4.0%
5	NHS Sussex ICB	3.5%
6	NHS North East London ICB	3.3%
7	NHS West Yorkshire ICB	3.2%
8	NHS South East London ICB	3.2%
9	NHS Lancashire And South Cumbria ICB	3.2%
10	NHS Kent And Medway ICB	3.2%



NENC National Benchmarking (November 2024)

Percentage of Patients Waiting Less Than 18 Week Waits By ICB (Top 10)

Rank	ICB	% within 18 weeks
1	NHS Bristol, North Somerset And South Gloucestershire ICB	69.1%
2	NHS North East And North Cumbria ICB	69.0%
3	NHS Cornwall And The Isles Of Scilly ICB	67.8%
4	NHS Gloucestershire ICB	67.6%
5	NHS West Yorkshire ICB	65.1%
6	NHS South West London ICB	65.0%
7	NHS South Yorkshire ICB	63.4%
8	NHS Surrey Heartlands ICB	63.2%
9	NHS Somerset ICB	62.9%
10	NHS Northamptonshire ICB	62.4%

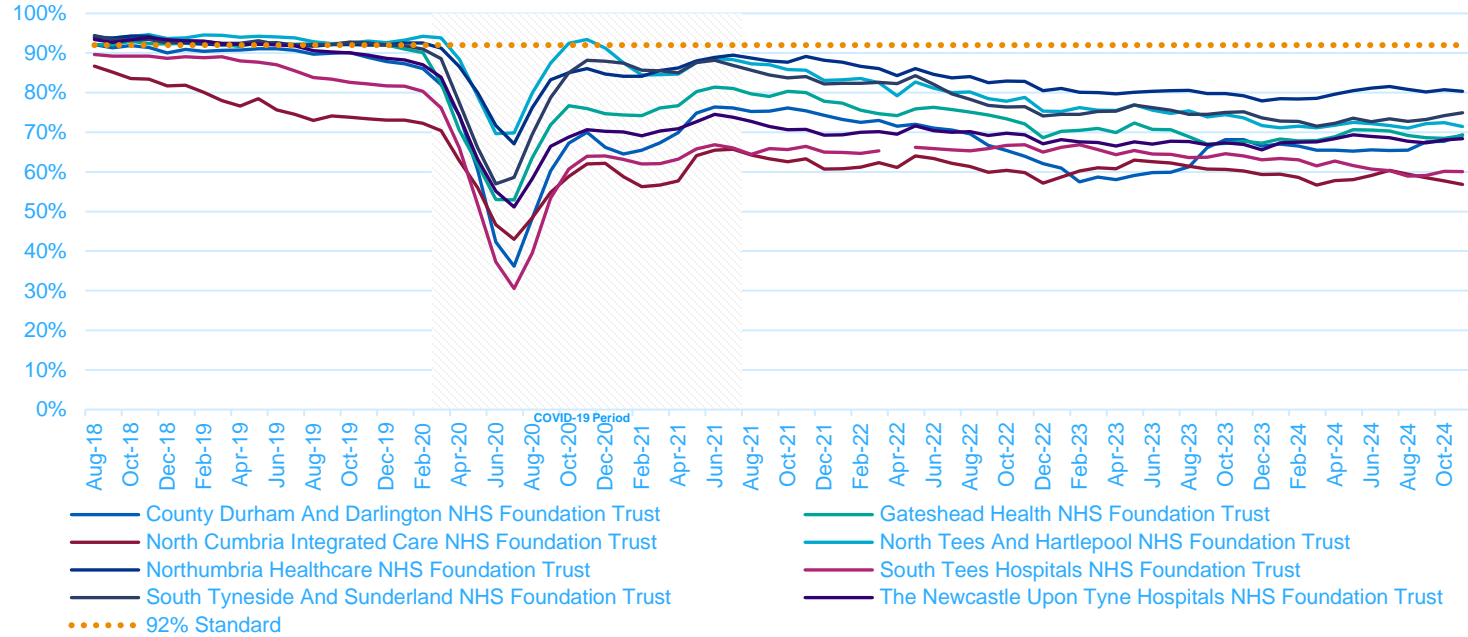
Percentage of Patients Waiting 52+ Weeks By ICB (Lowest 10)

Rank	ICB	% Over 52+ Weeks
1	NHS South West London ICB	2.0%
2	NHS Bristol, North Somerset And South Gloucestershire ICB	2.0%
3	NHS North East And North Cumbria ICB	2.1%
4	NHS Surrey Heartlands ICB	2.6%
5	NHS Cornwall And The Isles Of Scilly ICB	2.8%
6	NHS Gloucestershire ICB	3.0%
7	NHS Northamptonshire ICB	3.3%
8	NHS Somerset ICB	3.4%
9	NHS West Yorkshire ICB	3.4%
10	NHS North East London ICB	3.5%



NENC Providers: RTT 18 Week Wait Performance

RTT: Percentage of People Waiting Less Than 18 Weeks (Provider)



All Trusts Under 92% Standard

As part of the recently published Elective Reform Plan all Trusts reporting RTT 18 week wait performance below 92% are required to deliver a **5% improvement** on the 24/25 position by the end of 2025/26.

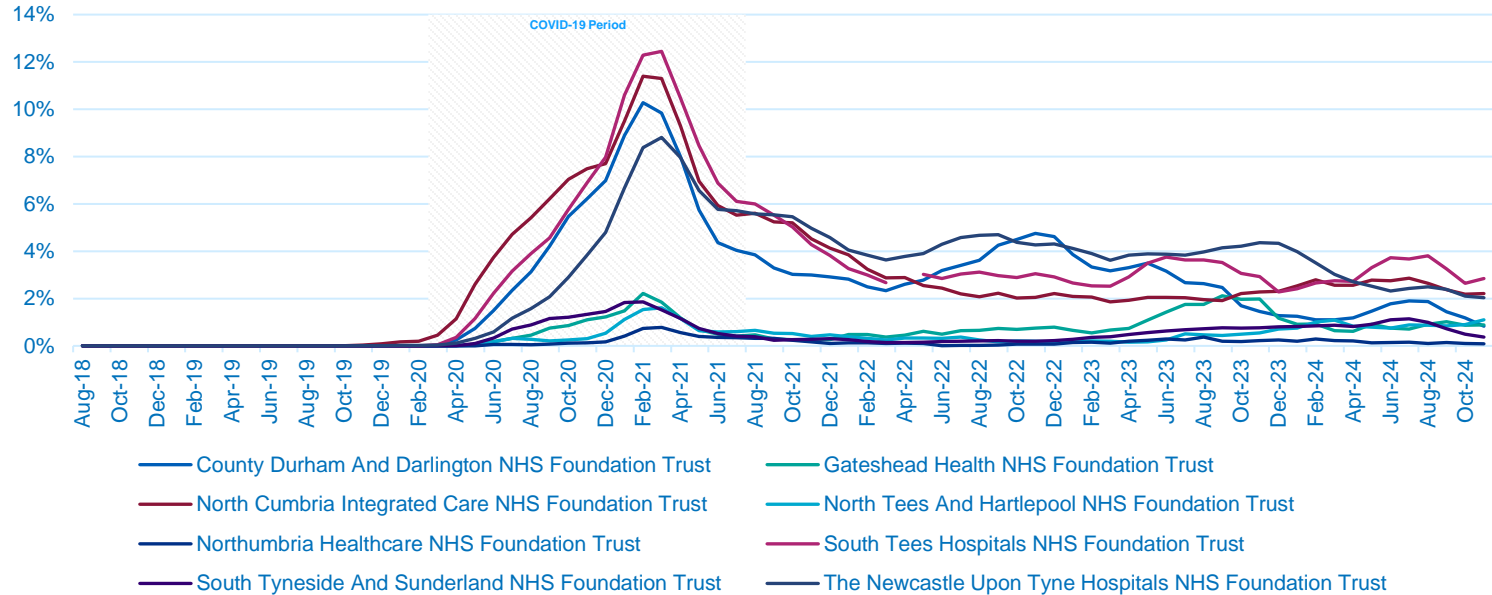
As a result of financial pressures on the NHS, the value of Elective Recovery Funding expected to be available for systems to support additional elective activity to be undertaken in 25/26 is expected to be capped at a level below the anticipated 24/25 Outturn of 122.6% (of 19/20 activity)

Based on November 2024 data, all trusts missed the 92% waiting time standard. We saw the strongest performance from Northumbria Healthcare with 80% achievement and the lowest performance from North Cumbria Integrated Care with 57% of patients waiting less than 18 weeks.



NENC Providers : RTT 52+ Week Wait Performance

RTT: Percentage of People Waiting 52+ Weeks (Provider)



Most Trusts Under National Rate

Based on the November 2024 RTT data, all but one trust (South Tees Hospitals) reported 52+ week waits below the national rate of 3%.



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Our Improvement Programme approach

Elective Care Improvement Programme

The Elective Care Recovery & Improvement Programme aims to restore and transform elective care services, eliminating long waits for treatment, reducing overall waiting times and addressing health inequalities by managing demand and maximising capacity

Performance

- Improving Access & Eliminating Long Waits

Productivity

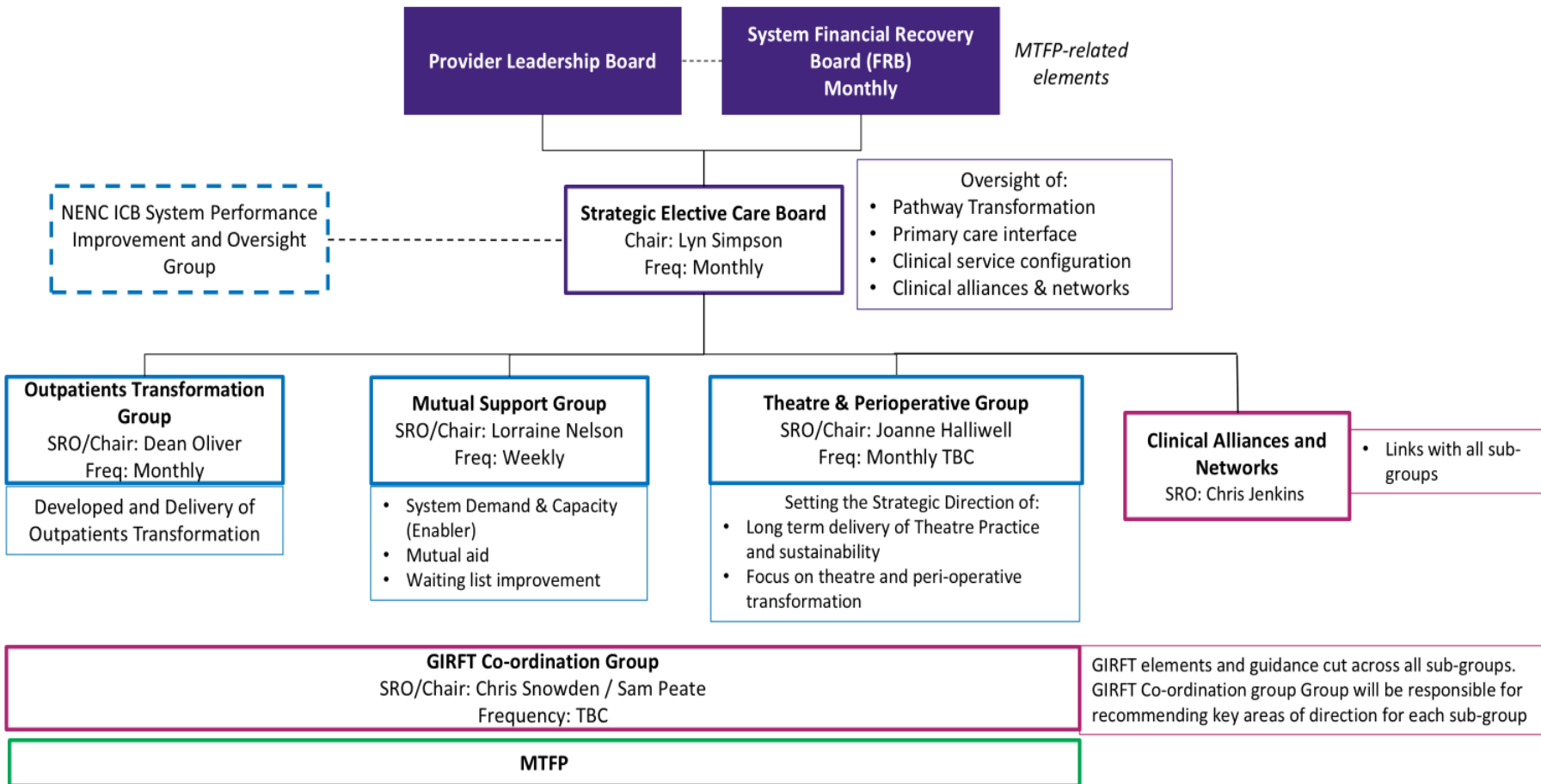
- Improving Capacity & Productivity

Pathways

- System Transformation and Resilience

Governance Structure

- Membership will need to be reviewed for all identified groups with nominated deputies.





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Our Priorities and Achievements

Performance - Mutual Support Group



Mutual Support Coordination Group established in November 2023



Facilitated conversations regarding over **1,200** patients across **20** specialities resulting in over **612** moving



RTT performance regularly best in the country and in the top **5** for 65 & 52ww



FDP learning and consideration of how the opportunity of a Shared PTL may be developed

Productivity – Getting It Right First Time (GIRFT) Group

- Robust process now in place for supporting NENC System GIRFT visits with our acute providers.
- Supported all elective GIRFT visits during 2024-25
- GIRFT Co-ordination Group re-launched in September 2024.
- Strong relationship with the national GIRFT team including Professor Tim Briggs.



Productivity – Outpatients Group

- Outpatients Group reset in 2024 with clear priorities identified.
- Validation practice and performance learning shared across the system.
- Operational delivery information shared e.g. attend anywhere to improve virtual consultation rates, clinic templates work.
- 3 key work areas identified; Specialist Advice, PIFU and Missed Appointments.
- Working on the development of the Primary & Secondary Care interface, including involvement of the Primary Care Collaborative.
- Reviewing system wide PEP implementation in response to the Elective Reform Plan.

Productivity - Theatres



- Established a Theatres and Peri-Operative group in 2024 informed by a system wide workshop.
- Task and Finish groups stood up with clear deliverables and timelines.
- Maximising use of the Elective Hubs – interface with the Mutual Support Coordination Group to make best use of all resource available.
- Subgroup being established to focus on Hubs and maximising utilisation.

Pathways – Clinical Alliance



Eight Clinical alliances established across the Programme including; MSK, Eye Care, CYP, ENT, Gynaecology etc



Bringing together providers across the system to look at where pathways can be standardised, and access improved across the system for patients



Priorities agreed with clear work programmes



Clinical Chairs appointed to the alliances

Reforming Elective Care "Our Response"

EMPOWER

- Further develop Plans around Patient Experience Portals.
- Patient Engagement work under development.

REFORM

- Work focussing on the Independent Sector with a strategy being developed with FTs & ICB.
- A new Surgical Hub T&F being established to support our local approach to maximising capacity.

DELIVER

- Advice and Guidance, Patient Initiated Follow-up & Did Not Attend Task and Finish groups are to be established as part of the outpatient programme to ensure that we are embedding best practice and reducing unnecessary appointments for patients.
- Technology will help respond to Patient Engagement Platforms, Federated Data Platforms and eReferral Service.

ALIGN

- The 2025-26 elective delivery plan will ensure that the NHS Impact approaches are adopted across the system.
- We will work across the ICB and Provider Collaborative to ensure we have clearly aligned approaches to performance monitoring and management; using consistent data and eliminating duplication.

NENC Elective Care Spring Conference

14th May 2025 9.30am - 3.00pm

The Durham Centre, DH1 1TN
(Parking available on site)

**"Learning Together,
Delivering Together"**

Aims:

- To reflect on our progress made in the past year
- To accelerate learning through sharing of good practice
- To strengthen relationships and opportunities for going further, faster, fairer
- To optimise our approach to collaborative working across the system

Objectives

- To provide a space to think about how we can improve patient experience and outcomes
- To create opportunities to improve our elective performance
- To use GIRFT methodology to help shape our future elective delivery plans
- To create an environment where we learn from each other

Key speakers include:



Lyn Simpson
CEO (North Cumbria
Integrated Care NHS
Foundation Trust) / Elective
Care and Recovery Senior
Responsible Officer (NENC
Provider Collaborative) /
Conference Chair



Jacqueline Myers
Chief Strategy Officer
(NENC ICB)



Sir Jim Mackey
CEO (The Newcastle
upon Tyne Hospitals NHS
Foundation Trust) / National
Director of Elective Recovery
(NHS England)



Professor Tim Briggs
National Director for Clinical
Improvement and Elective
Recovery (NHS England)

[Click here to book your place.](#)

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**Excellence in
collaboration...**

