

## **Elective/Planned Care – a summary**

### **Introduction**

The Integrated Care Transformation Programme (Better Together) was created to develop a joined up care solution for health and social care. Proposals for a different way of delivering care have been created so that more care can take place outside hospitals such as in the community and in people's own homes. To make this happen, health and care professionals will be working together.

The Better Together partners are Nottinghamshire County Council, Sherwood Forest NHS Foundation Trust, Mansfield and Ashfield Clinical Commissioning Group (CCG) and Newark and Sherwood CCG (including GPs), East Midlands Ambulance Service, Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Trust.

This proposal sets out a joined up approach to health and social care for **elective/planned care**. Working this way will help to improve the quality of care received by people in mid Nottinghamshire and provide financial benefits to the health and social care economy. Elective care is care such as planned surgery for hips and knees, or cataract operations.

The proposal has been written working with care design groups, which included doctors and other clinicians, patient representatives and staff from partner organisations. The case for change which is set out below was also considered very carefully. A communications and engagement programme involving patients, public and stakeholders was also included.

### **Why we need to change**

**Across England** we have an ageing population, with increased demand and changing expectations about when and how they should receive care. This is increasing pressure on the NHS.

In our communications and engagement programme, patients, the public and stakeholders told us:

- Streamlining services is important
- It is important to share patients' records, with the patient's permission
- Care closer to home is good
- There is a need for better GP access
- There is a need for better communication between professionals

## How will the proposals for elective/planned care work?

At the moment each Clinical Commissioning Group (CCG) has its own processes for managing referrals. Our proposals call for standardisation of these processes and systems, and we aim to achieve this through following new arrangements:

1. The introduction of **Peer to Peer Reviews** to ensure patients are given every consideration around possible options of care. This means doctors will discuss each case with each other with the patient's permission, so that patients benefit from being managed in the right service by the most appropriate clinician. This will avoid the need to attend unnecessary appointments.
2. **Standard Referral Template and guidelines** will help reduce the time it takes doctors and nurses to complete a referral to specialist care and will mean that the same criteria are applied by everyone when deciding when to refer.
3. A new **Clinical Partnership** arrangement that looks to GPs and hospital doctors to work more closely together to improve services, supported by training.
4. The management of a referral will be done through an administrative team who will help patients make their choice of time and place of appointment, taking into consideration any plans agreed with the GP.

As part of the review of the specialty services that make up elective care a number of improvements have been proposed that not only provide efficiencies but also improve the patient experience. These improvements vary but streamline the services offered, and some move the care closer to patients' homes. Patients will be involved in shared decision making with their GPs and other professionals about what care is best for them as individuals.

## Working together

It is essential that there is a programme of organisational development so that all organisations are aware of how the changes will affect them. They need to buy into the new interventions and play their part in the new systems.

## What benefits will the changes bring?

1. Better decisions will be made about referrals, so patients are always referred to the right place, at the right time and patient choice is improved, with patients sharing in the decision making about their care.
2. A smaller number of referrals will be seen in hospitals and more seen in the community closer to patients' homes.

Changes and investment in workforce, estates and computers will also help us carry out these improvements.