Scheduled Care Network Webinar

Elective Recovery in England - the journey so far and the future ambition...

Introduction
Ms Emma Smyth
Head of Service, Access Team

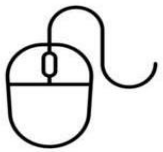
Housekeeping

Please note that this session will be recorded

Please remain muted during the presentation

Please **Type questions** to our Chat box
We will do our best to answer any questions during the session.

Please complete the **survey** at the end of Webinar to tell us what you need to know in Scheduled Care



Access.Programme@hse.ie

Waiting List Action Plan 2025

Agenda

Timing	Agenda Item	Speaker
12.00– 12.05	Introduction/Housekeeping/Agenda	Ms Emma Smyth
12.05-12.10	Introduction to Presenters	Ms Emma Smyth
12:10-12:40	Elective Recovery in England - the journey so far and the future ambition...	Ms Louise Tuckett Mr Graham Lomax Mr Rehan Khan
12:40-12:55	Questions and Answers Invited Panellists	Ms Emma Smyth
12.55 – 13.00	News items / Thank you & next Steps	Ms Sheila McGuinness

Elective Care Delivery and Reform in England

HSE Webinar

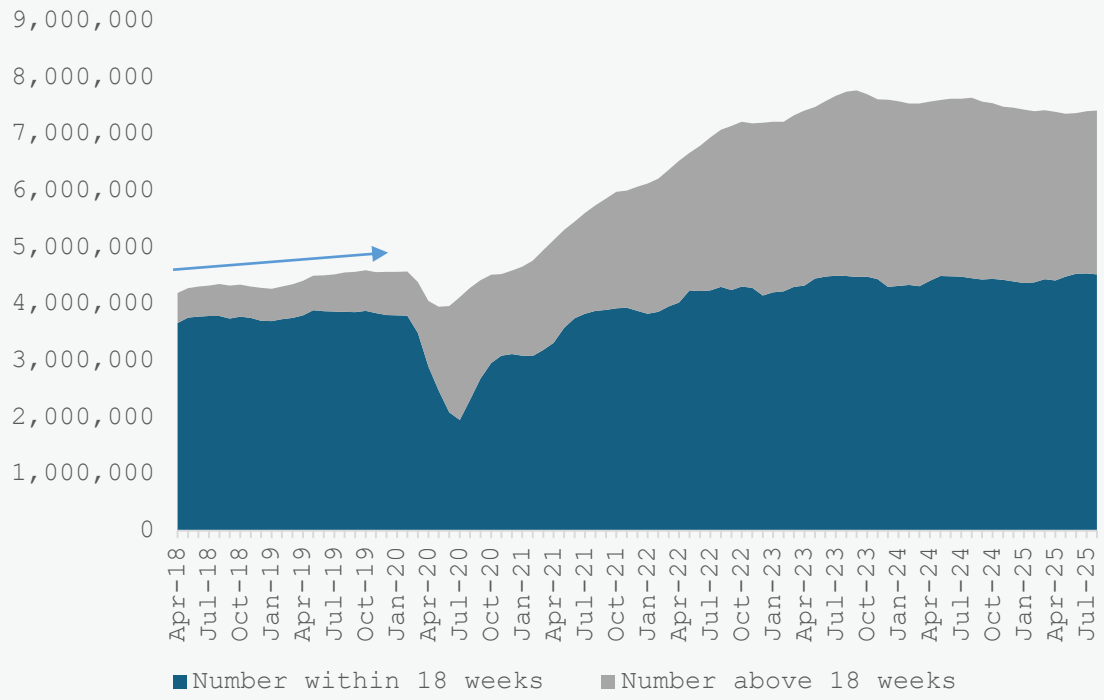
Louise Tuckett, Director of Operations and Delivery
Graham Lomax, Director of Implementation, GIRFT
Mr Rehan Khan, Clinical Lead for Gynaecology and Obstetrics, London

5 November 2025

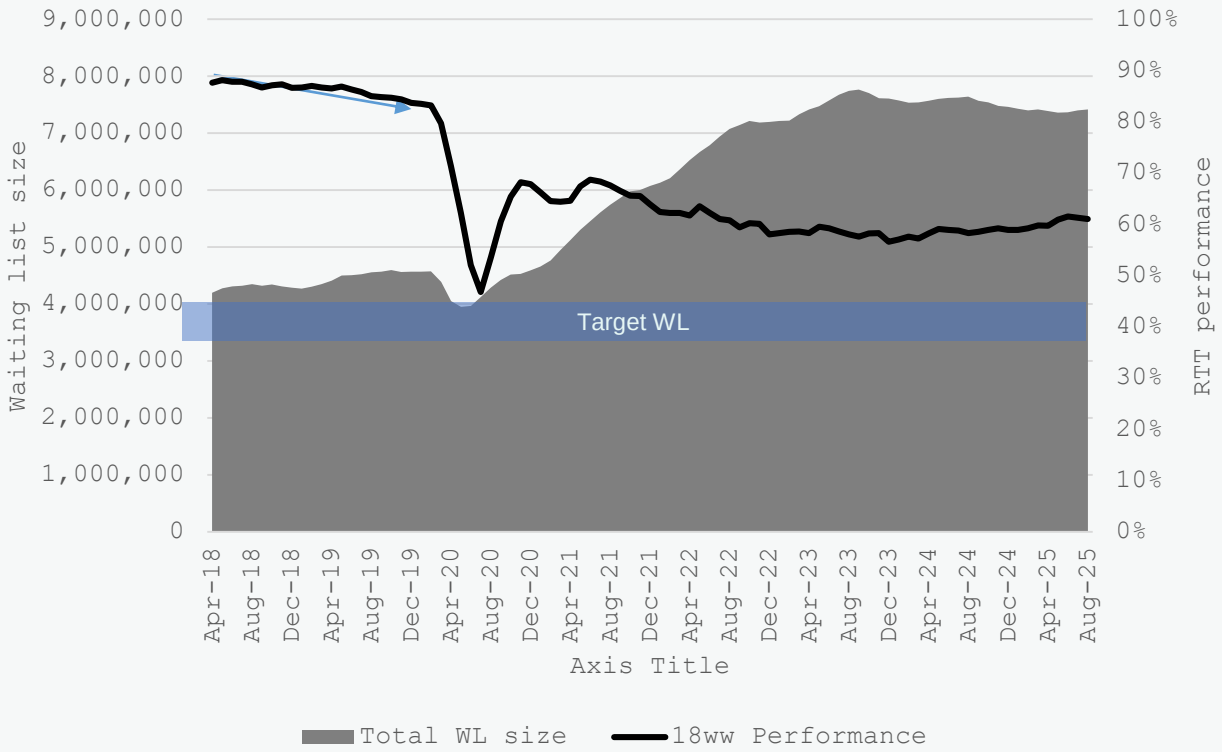
Contents

NHS elective performance was declining prior to the pandemic but COVID-19 accelerated a further deterioration

RTT waiting list size and volumes waiting over and under 18 weeks

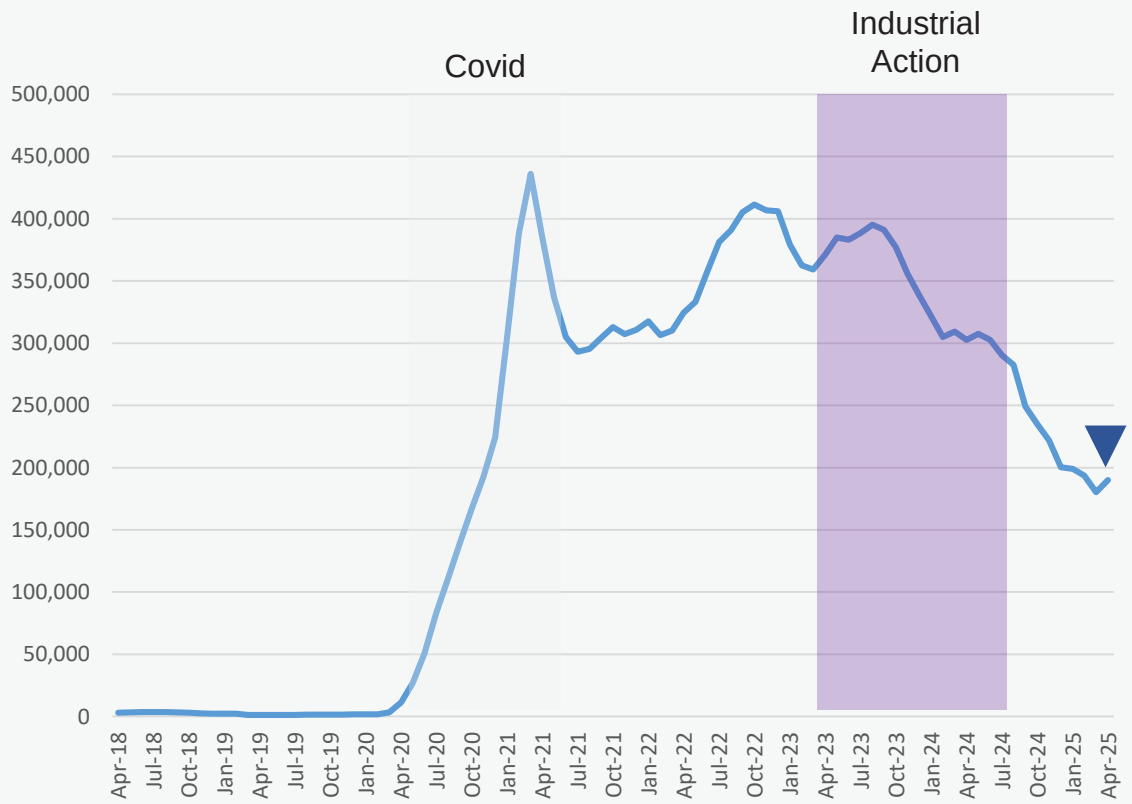


Size of RTT waiting list compared to target



Source: Monthly RTT Published (August 25)

Progress through 23/24 and 24/25 was significantly impacted by sustained industrial action across multiple staff groups

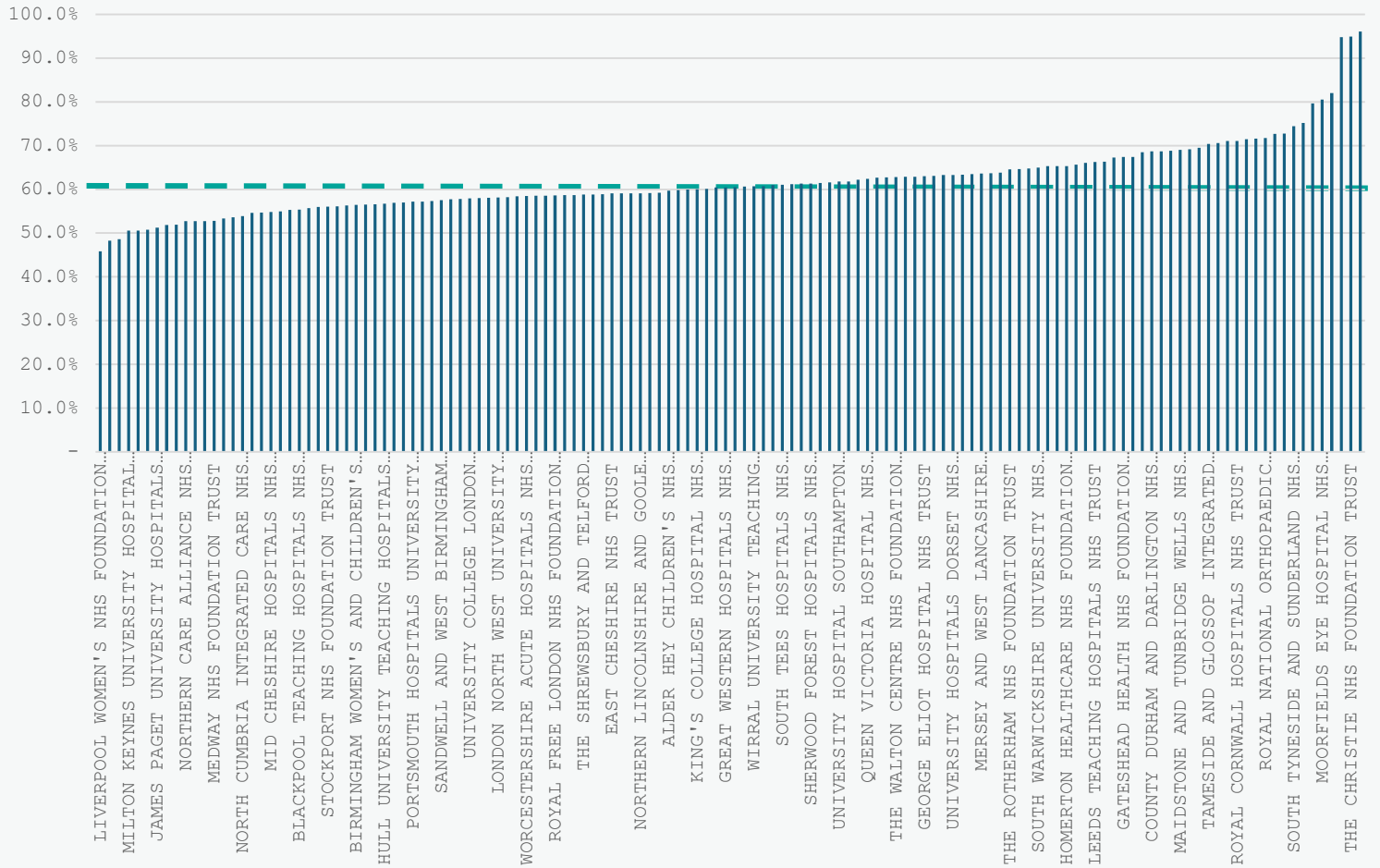


- The estimated impact of industrial action across all staff groups was around 440k fewer completed pathways, of which around a third were for admitted care.
- The amounts of rescheduled activity were:
  - 140k+ of inpatient activity
  - 1.2m+ of outpatient activity
- We therefore had to adjust the timeline for delivery on our long waits' targets, including 65-week and 52-week waits.

Source: Monthly RTT Published (April 25)

We already observe considerable provider variation in RTT performance and delivery

RTT Performance, August 2025



- There is around a 34ppt difference in performance between the best and the worst performing providers (excluding specialist trusts)
- That is why we set individual targets for the majority of our planning guidance metrics, to ensure all providers deliver performance improvements for patients.
- Not only is there variation in performance (across RTT and long waits), but there is also considerable variation in how providers are delivering services, particularly across transformation e.g. use of Advice and Guidance (A&G), Patient-Initiated Follow-Up (PIFU).
- We have a specific oversight mechanism to work with the most challenged providers called “Tiering”. Providers in Tier 1 have regular national oversight and scrutiny; providers in Tier 2 are managed by regional colleagues.

Source: Monthly RTT Published (April 25)

The Planning Guidance for 2025/26 set out three core ambitions within elective care

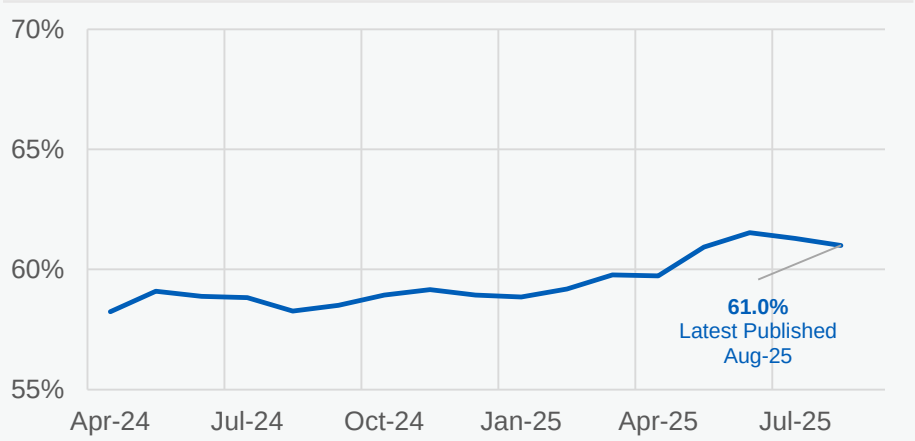
- Improve the percentage of patients **waiting no longer than 18 weeks for elective treatment** to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement.
- Improve the percentage of patients **waiting no longer than 18 weeks for a first appointment** to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement*
- Reduce the proportion of **people waiting over 52 weeks** for treatment to less than 1% of the total waiting list by March 2026

**Against the November 2024 baseline, with all providers required to increase their RTT performance to a minimum of 60% and performance on wait for first appointment to a minimum of 67%*

Published data shows gradual performance improvements across most core metrics, although performance has stalled over the summer period

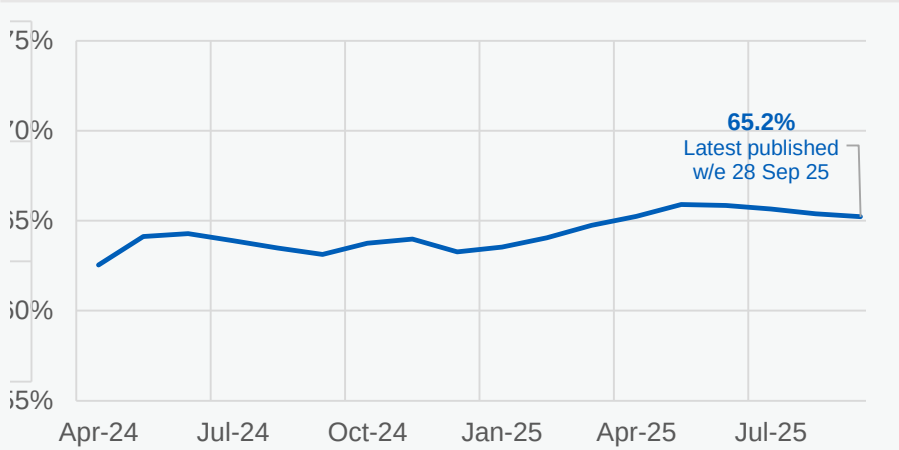
❶ 18 week referral to treatment performance, England

From referral to start of consultant-led treatment, %



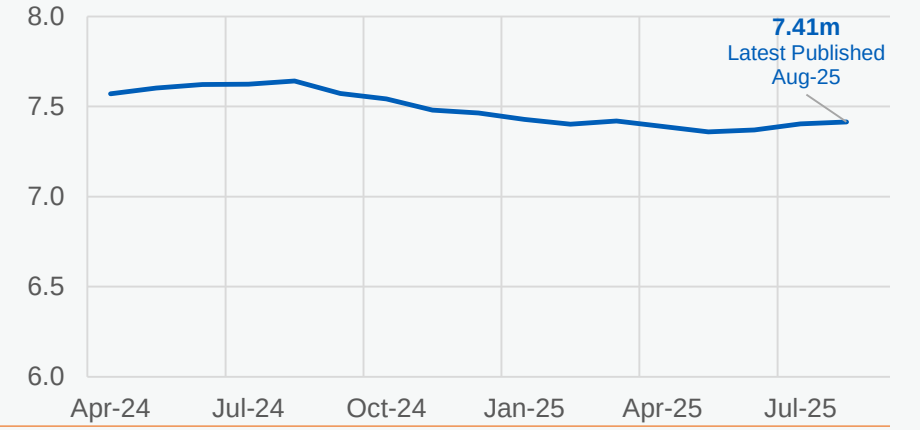
❷ 18 week referral to first attendance performance, England

From referral to start of consultant-led treatment, %



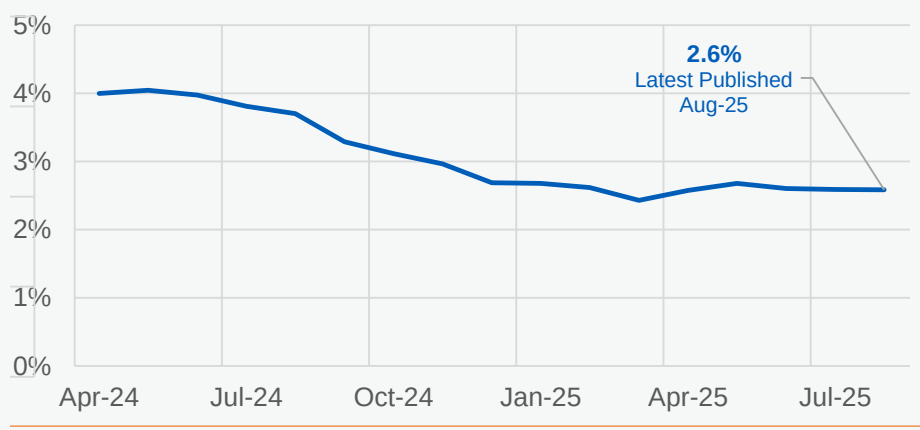
❸ Total waiting list size, England

Number of incomplete pathways, in millions



❹ Incomplete pathways over 52 weeks, England

From referral to start of consultant-led treatment, %



Source: Monthly RTT

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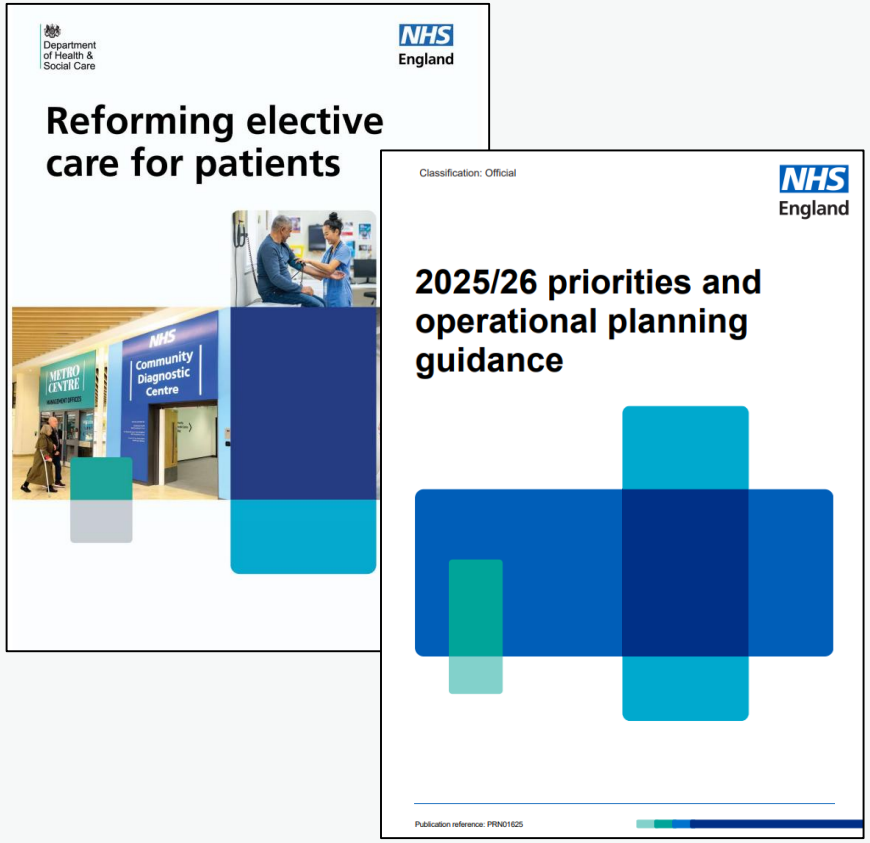
In January 2025 we published our Elective Reform Plan with government

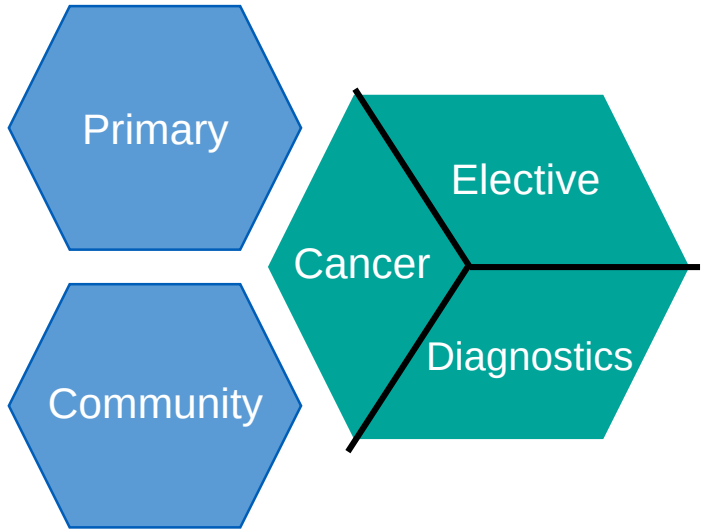
This signalled a shift of focus away from long waits and back onto RTT performance with an overarching ambition of delivering the constitutional standard by March 2029



- The plan covered a comprehensive set of priorities over 4 areas including **Empowering Patients**, **Reforming Delivery**, **Care in the Right Place** and **Performance Oversight, Delivery Standards and Health Inequalities.**
- This included an extensive list of commitments from expanding the NHS app to updating the activity payment scheme.
- 25/26 operational planning guidance included three elective performance targets which act as a first step in delivering elective improvement:
    - **Improving RTT Performance to 65% nationally**
    - **Reducing 52-week waits to 1% of the total waiting list**
    - **Increasing the proportion of patients waiting less than 18-weeks for a first appointment**

Our clear objective now is to meet the RTT standard – and maintain it

- **We want to meet the 18-week target** in a sustainable way – not just for the end of the Parliament but also for beyond
- We understand the **interdependencies between elective, cancer and diagnostics** and need to continue to ensure that we drive cancer and elective performance together
- We will focus **nationally on disadvantaged areas**
- **We want to ensure we don't simply displace activity from elective to other areas of the system** but locate activity at right place right time, shifting both left and right. No part of the system exists in isolation and we can do more to systematically connect horizontally across patient pathways and meet standards in each part of the pathway



- This plan must **deliver equitable and inclusive recovery**. There is still evidence of disparities between patient groups within the waiting list. This plan includes national priorities for health inequalities, including roles and responsibilities for systems and providers, such as ensuring the elective standard is met for adults and children and young people

Empowering Patients | **Reforming Delivery** | **Care in the Right Place** | **Aligning funding and Delivery standards**

Equality of access and outcomes: with a focus nationally on disadvantaged areas and reducing health inequalities

Using digital and data to improve productivity

Our reform plan focuses on four areas

We expect all trusts to improve the percentage of patients waiting less than 18 weeks for both treatment and their first appointment to 65% and by at least 5 percentage points in each provider in 2025/26

Empowering Patients

Empowering patients by giving them more choice and control and making their experience of their planned NHS care as smooth, supportive and convenient as possible

- **Improving experience** and communication standards
- **Drive choice,** including in disadvantaged areas
- Increasingly deliver through the **NHS App**

Reforming Delivery

Working more productively and differently to deliver more elective care

- Deliver more diagnostic activity through **CDCs**
- Optimise surgical pathways through **surgical hubs**
- **Additional capacity**, including through the Independent Sector

Care in the right place

Make sure patients receive their care from skilled healthcare professionals in the right setting

- **Optimise referrals** through partnership working
- Effective and well-supported re-allocation of **resource in the right setting**
- **Reduce outpatient follow-ups of low clinical value to patients and clinicians**

Aligning funding, performance oversight and delivery standards

Clear responsibilities and incentives for reform and delivery at local level

- Strong **performance management,** support to challenged providers
- Greater **data transparency** for the public
- Effective and well-supported **operational management**

Equality of access and outcomes: with a focus nationally on disadvantaged areas and reducing health inequalities

Using digital and data to improve productivity

We have a number of in-year tactical interventions to support improvement, alongside more strategic transformations

25/26

- Validation
- **Advice and Guidance**
- Surgical Productivity
  - Theatre Utilisation
  - Day Case Rates
- **Outpatient Productivity**
  - DNA Rates/PIFU

26/27

- **Pathway Transformation**
- Financial redesign
- **Demand Management**

Beyond…

- Digital and AI
- **Acute to community shift**
- Virtual Hospital

Contents

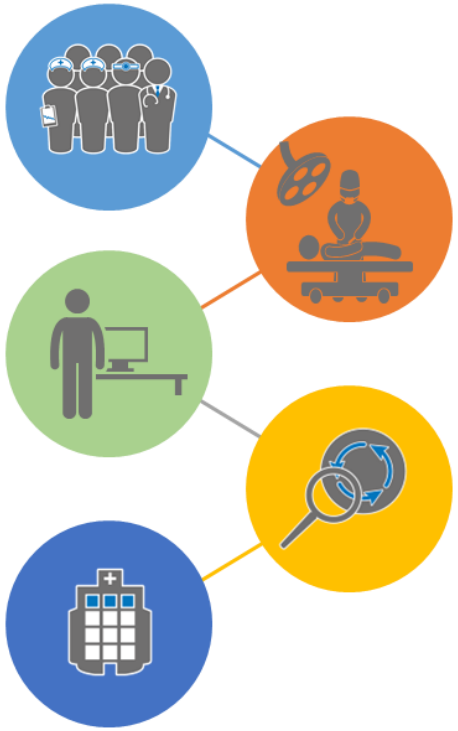
- Historic and Current Performance Context
- Elective Reform Plan to 2029
- **Implementation and Impact – GIRFT Programme**

GIRFT designed and developed a National Theatre Programme to drive improved productivity and throughput in theatres

Outstanding theatre teams
Developing new roles and how skill mix can support local theatre teams to improve recruitment, retention and staff wellbeing.

Theatre productivity
Improving theatre booking and scheduling and effective flow on the day to minimise avoidable delays for patients.

Surgical hubs
Using the outputs of the theatre programme to embed top decile working in all hubs.



Right Procedure, Right Place
Building on work started during Covid, supporting providers in moving procedures to the most appropriate setting, from traditional theatres to outpatient and community settings.

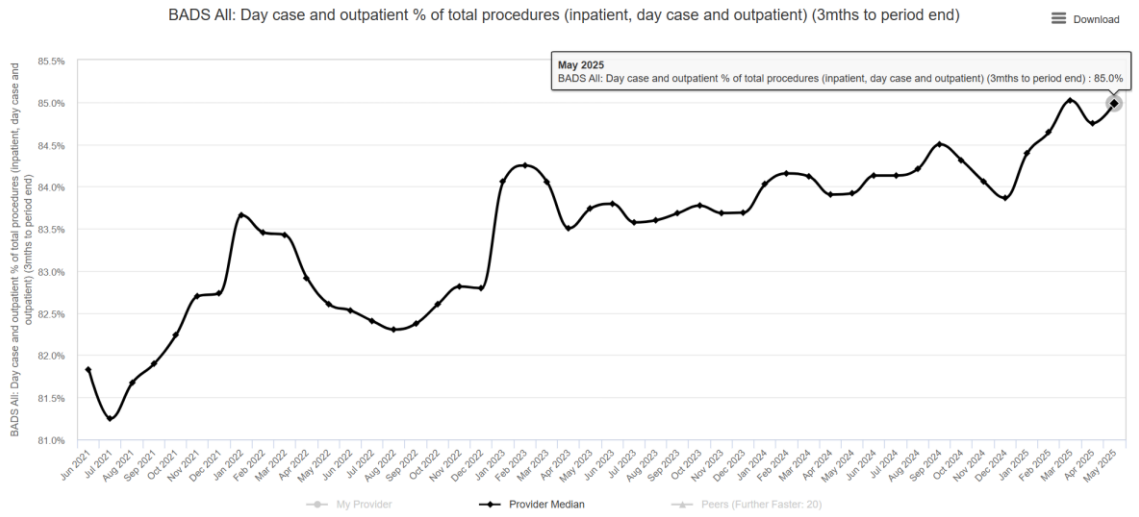
Data driven change
Improving theatre metrics to support systems in identifying where challenges are in their theatre pathways to allow targeted solutions to be deployed at pace.

The national theatre programme works in close partnership with the national perioperative programme, as well as the GIRFT perioperative workstream.

GETTING IT RIGHT FIRST TIME

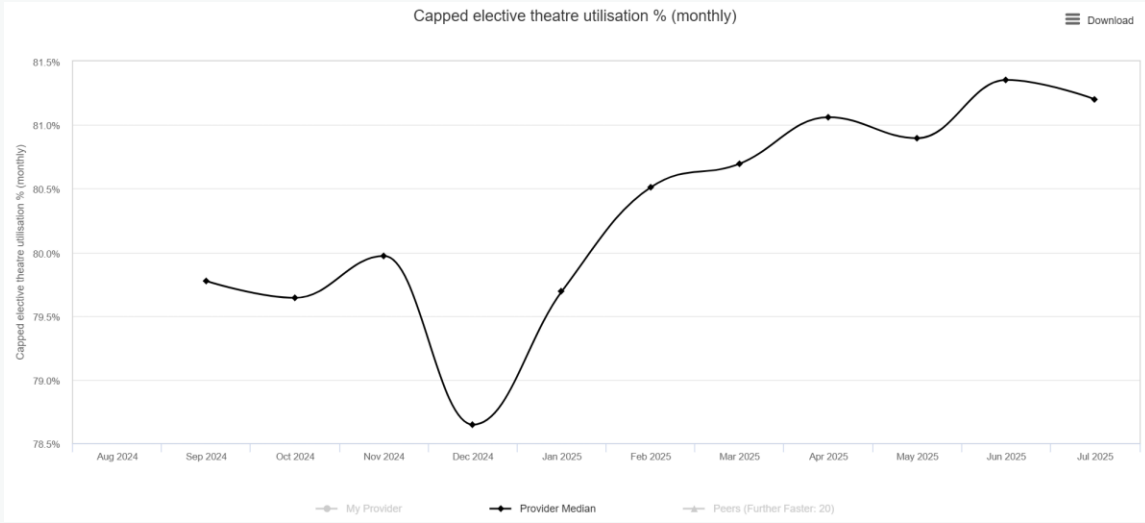
There has been significant improvement in daycase rates and theatre utilisation since the launch of the programme, and critically, post-pandemic

Daycase Rates



- Pre Covid Levels of 77%
- GIRFT established ambition of 85% through National Theatre & Periop Programme
- As of March 2025, National DC rate hit 85% for the first time

Theatre Utilisation

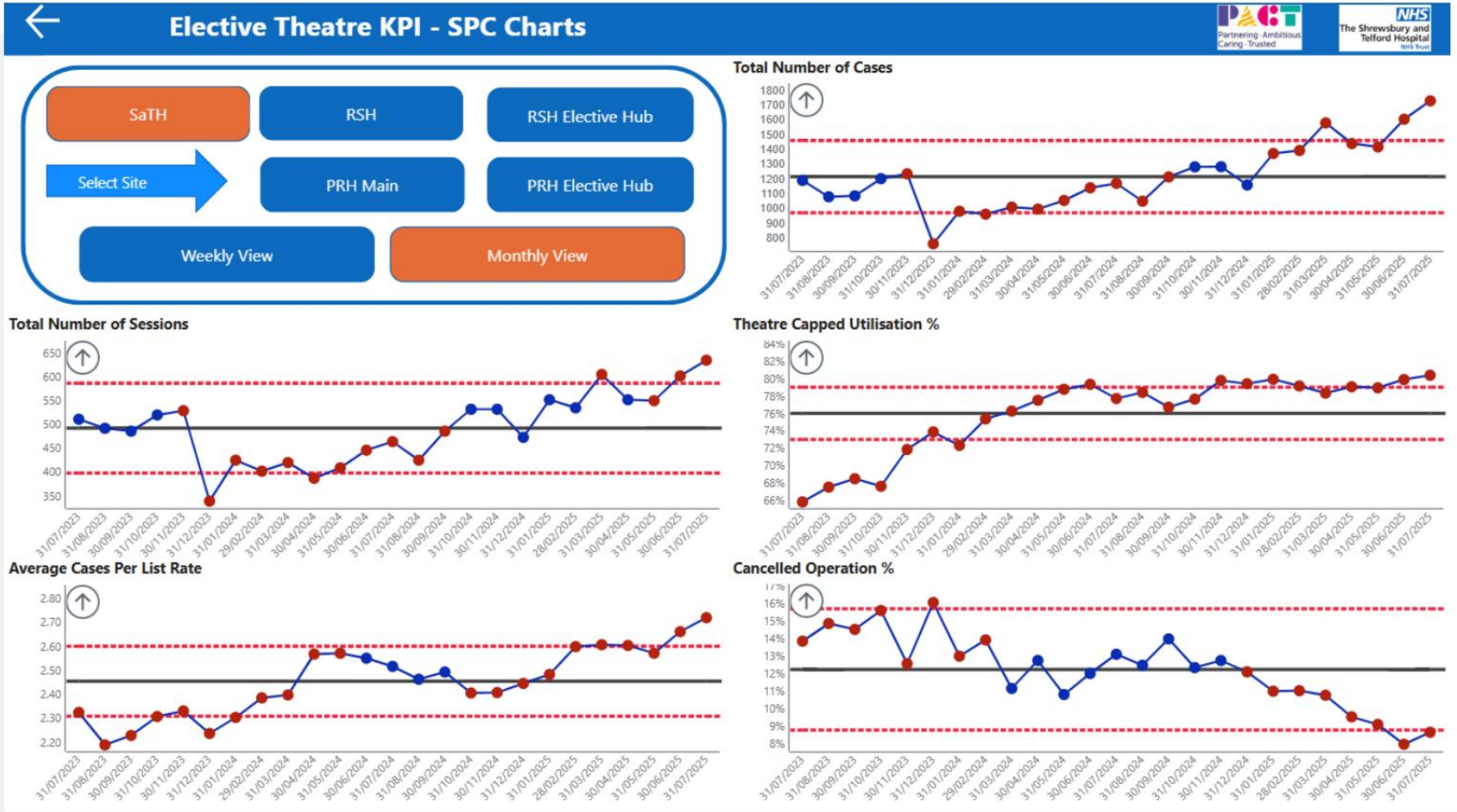


- Pre Covid Levels of 76%
- GIRFT established ambition of 85% through National Theatre & Periop Programme
- Now achieving over 81% Nationally for first time

Some providers have delivered genuine step-changes in performance as a result of a focus on theatre productivity

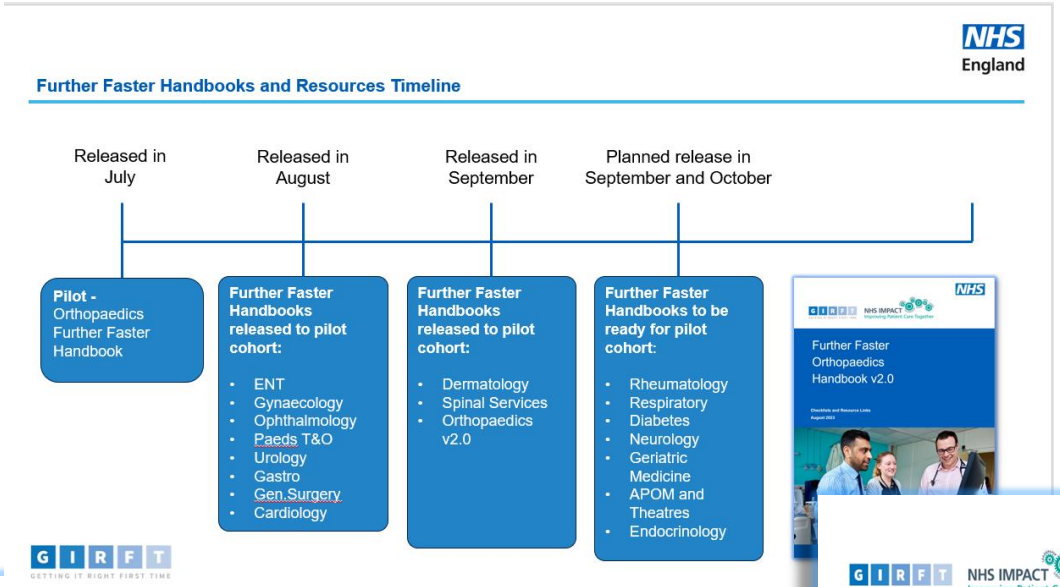
Theatre Productivity Improvement

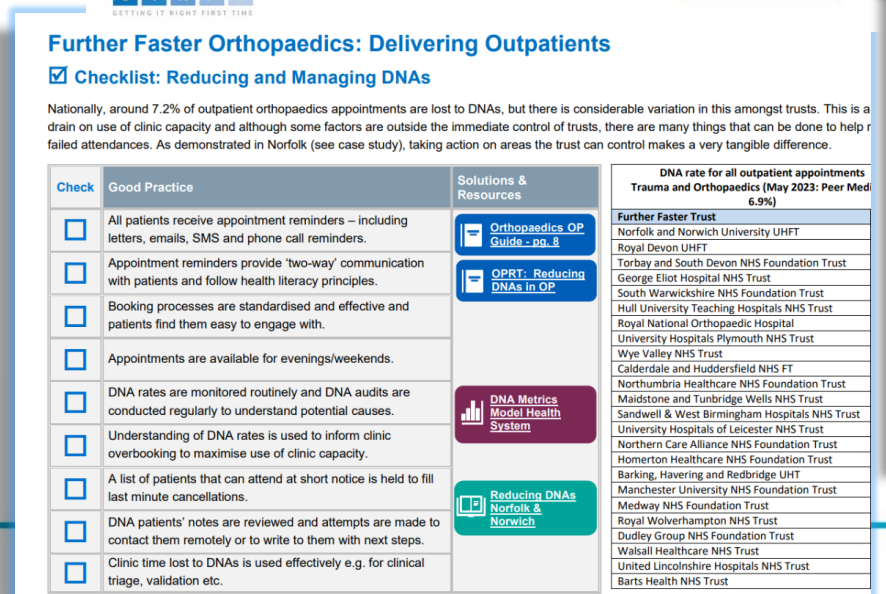
The Shrewsbury and Telford Hospital NHS Trust

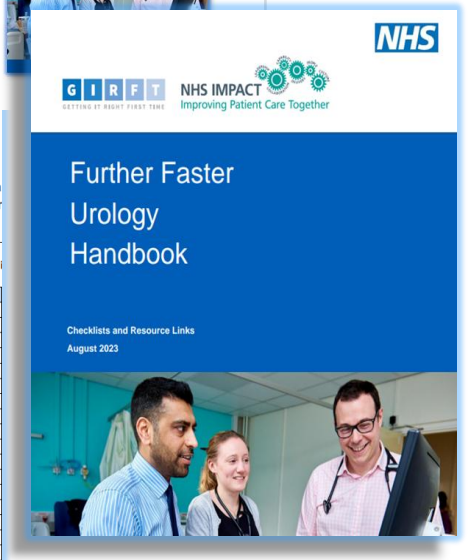


Alongside the theatre programme, GIRFT have launched a ‘Further Faster Pilot’, which is focused on reducing outpatient follow-ups

- Working with 25 trusts to reduce follow up outpatient appointments and eliminate >52 week waiters.
- Sharing of ideas and best practice between the trusts and specialties
- Specialty Handbooks provided with checklists on key areas of best practice and related resources for following specialties:
- Cardiology, Dermatology, Gastro, Gen Surg, Gynae, ENT Ophthalmology, Orthopaedics, Paeds T&O, Spinal
- Others in development for Sept/Oct: Rheumatology, Respiratory, Diabetes Neurology, APOM, Geriatric Medicine

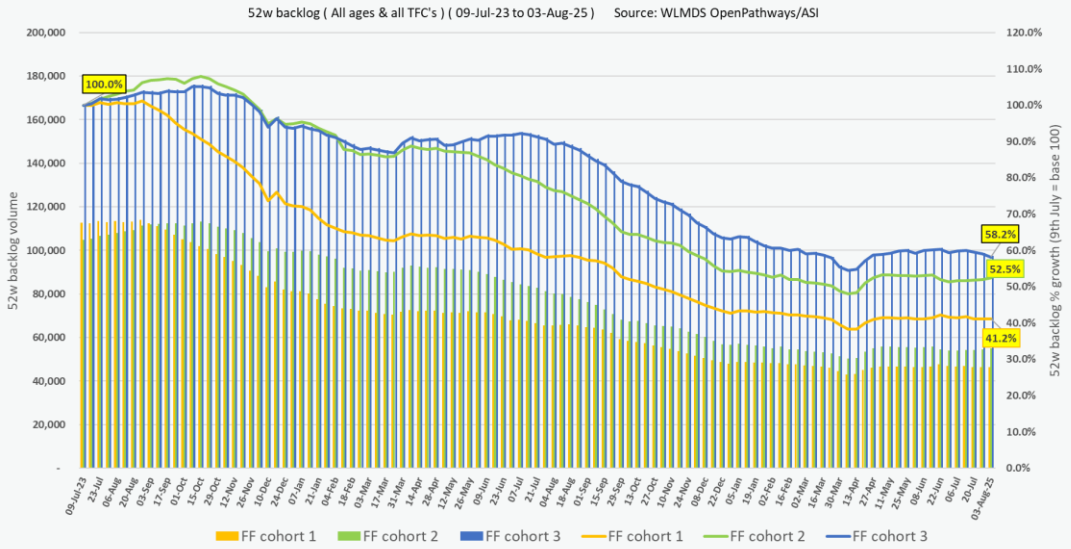






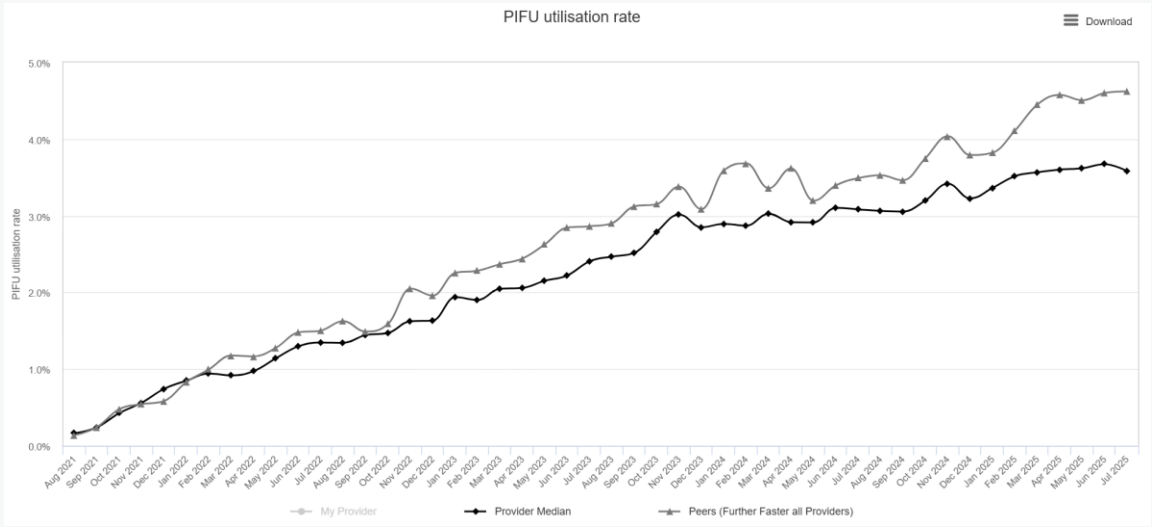
Working with small numbers of providers on implementation of key transformation initiatives has brought evidential benefits

Number of 52ww patients



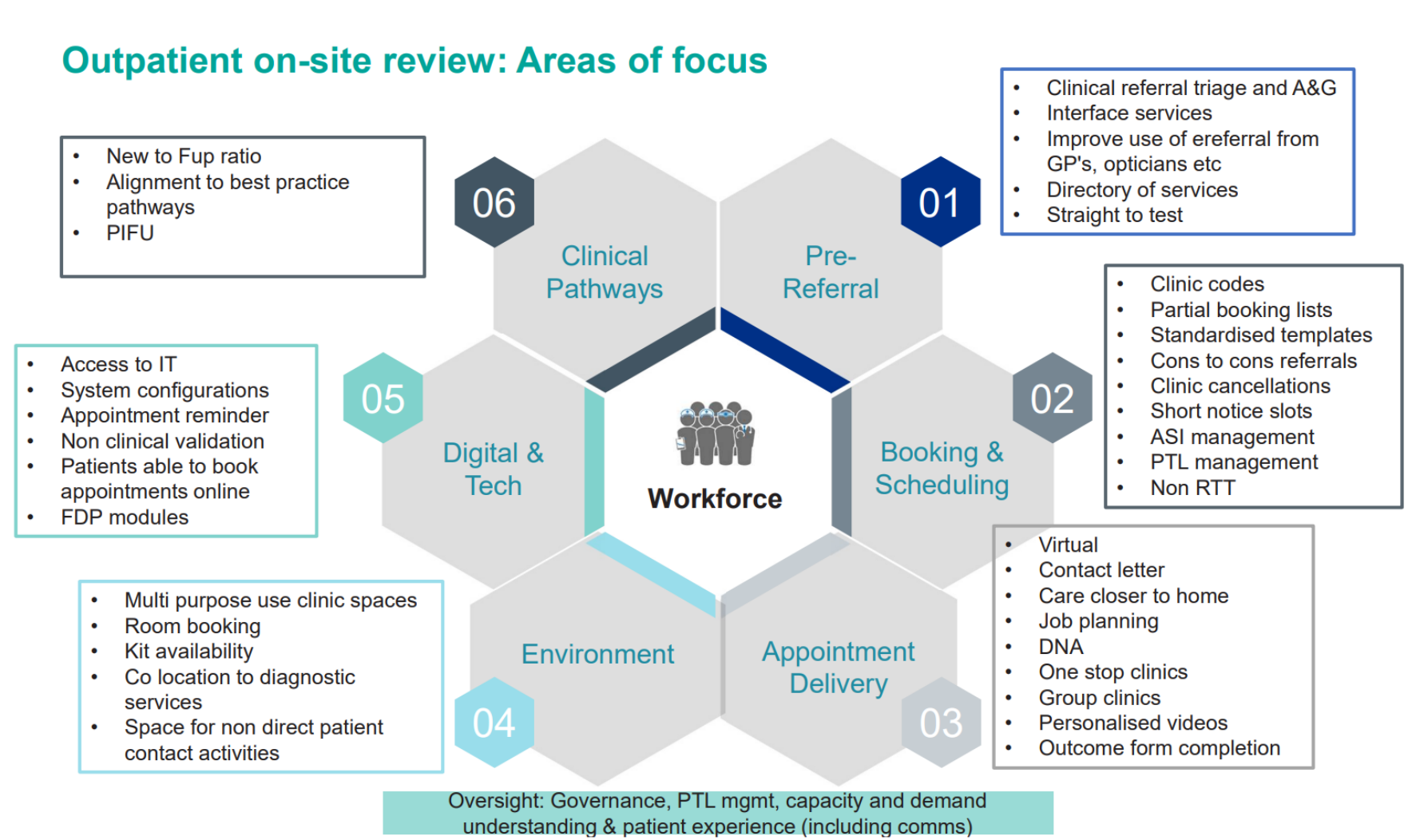
- The FF programme focused on +52 wk waits
- Cohort 1 from July 23 then Cohort 2 from Oct 23 showed more rapid improvement, prior to national roll out of the FF guidance

Patient-initiated Follow Up (PIFU) Utilisation



- PIFU rates within the FF cohort have increased to 4.6% against the 5% target, compared to 3.6% overall national median

The GIRFT outpatient work spans six domains relating to outpatients



GIRFT have published a number of Outpatient Guides, the most recent of which provide detailed benchmarking data on clinic templates by specialty

Trusts reporting substantial appointment gains (per year) include:

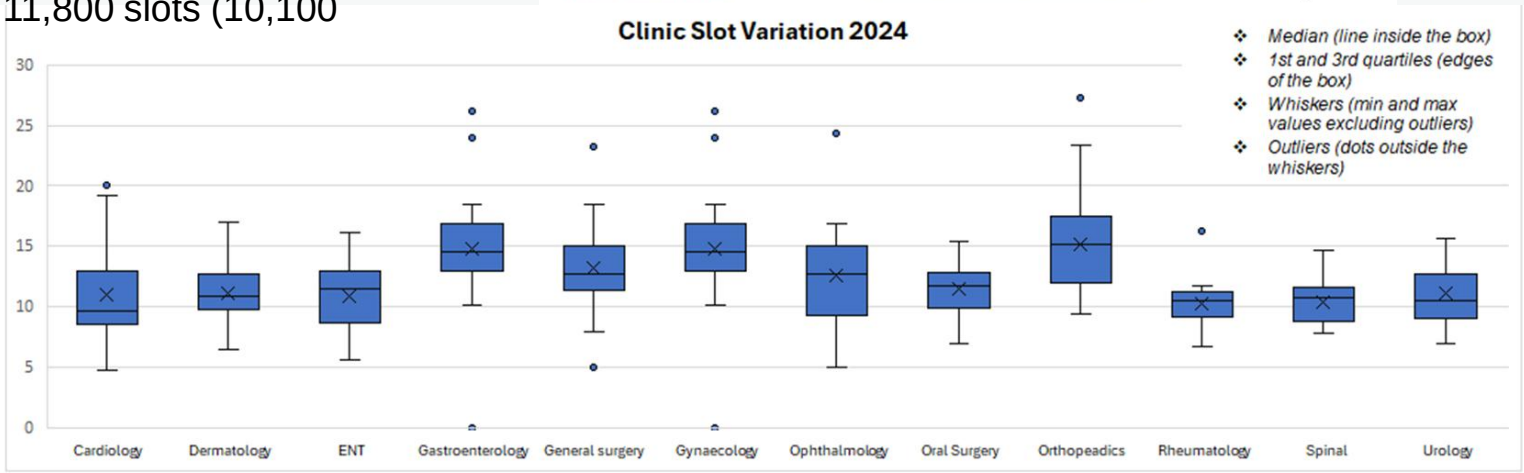
Northern Care Alliance NHS Foundation Trust: Estimated 68,700 new slots across 11 specialties and consultant-only clinics;

University Hospitals of Leicester NHS Trust: Estimated 49,000 slots (30,000 new and 19,000 follow-up) across nine specialties;

London North West University Healthcare NHS Trust: 26,000 slots (19,000 new and 7,000 follow-up);

King's College Hospital NHS Foundation Trust: 11,800 slots (10,100 new and 1,700 follow-up).

Potential opportunity for between one and two million additional outpatient slots per year through standardising clinic templates – the equivalent of an additional week of outpatient activity in every trust in England.



GIRFT Delivery Example Case Study – Devon Ophthalmology

GIRFT GETTING IT RIGHT FIRST TIME | NHS IMPACT Improving Patient Care Together

Devon trust transforms delivery of glaucoma services (1/2)

Good Practice

NHS England

Background

Royal Devon University Healthcare NHS Foundation Trust

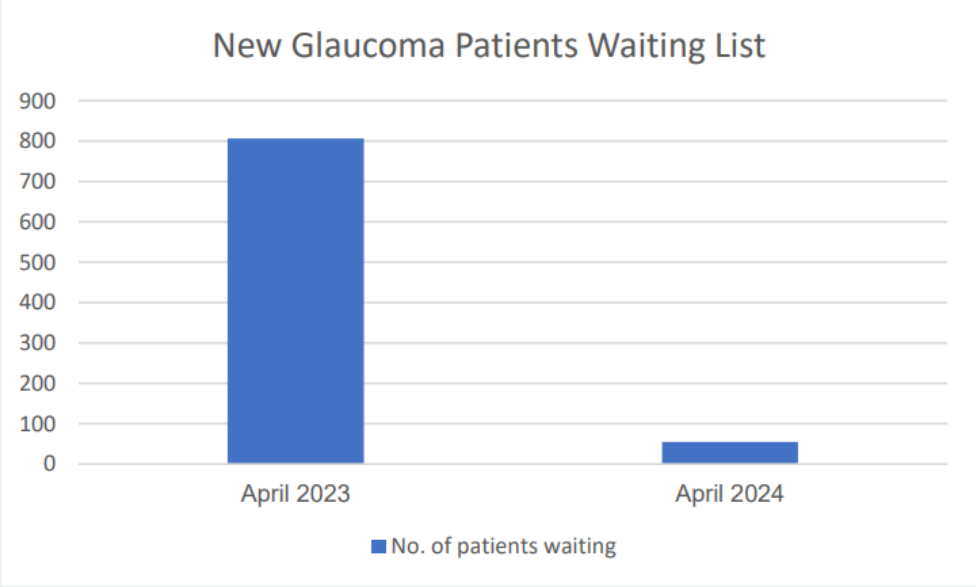
In April 2023 Royal Devon University NHS FT piloted a one stop diagnostics service for new glaucoma patients in the Nightingale Centre of Excellence for Eyes (CEE). The change to the pathway meant consultant review was undertaken virtually at a later date. The aim was to reduce the waiting list backlog and free up capacity in consultant led clinics.

Contextual challenges

- In April 2023, 807 newly referred glaucoma patients were waiting for an appointment with a maximum capacity of 40 slots per week.
- High false positive referral rates for glaucoma result in a significant number of patients being discharged at first visit.
- Diagnostic follow-up glaucoma appointments with later clinical virtual review were already successfully being delivered at the CEE.

Results

- Pilot study of 110 glaucoma patients showed a definitive clinical decision was possible at virtual review for 81% of patients.
- 46% of patients were discharged after virtual review.
- 19% of patients required a face-to-face appointment for further assessment.
- Duration of appointment reduced from approximately 2 hours to 45 mins.



Methodology

Royal Devon University NHS FT piloted a new pathway for patients referred on suspicion of glaucoma at the diagnostic clinic at Exeter Nightingale CEE.

- All new referrals are triaged by a glaucoma consultant - the majority are directed to this pathway, with a minority (e.g. narrow angle referrals) seen in F2F consultant-led clinic.
- Standardised pre-set tests are undertaken by ophthalmic technicians who are overseen by an ophthalmic nurse and the patient returns home.
- Glaucoma consultant undertakes the virtual review of all test results, assisted by the glaucoma practitioner team, writing to the patient and referrer with the outcome and plan for treatment if required.

Following the success of the pilot the virtual pathway has been established as the standard pathway for the majority of new glaucoma referrals in Exeter. There is no backlog for referrals triaged to the new patient virtual pathway, with most patients assessed within 6 weeks with later virtual review within a month.

Resources and learning

- Protected time for virtual review is essential.
- Adequate data management is important. The trust use EPIC EPR and Zeiss Forum.
- The new pathway initially increased the wait for virtual review.
- In response virtual review sessions were introduced - 1 consultant works with multiple practitioners (e.g. optometrists/nurses /ophthalmic practitioners) to get through the virtual workload. The consultant decides the outcome for every case after discussion with the practitioner team.
- Virtual review can be done in non-clinical areas, freeing up clinic space.
- A combination of extra physical space with additional equipment, plus newly recruited technician staff has been essential to enable the capacity increase.

Waiting time for new appointment reduced from 9 months to <6 weeks

New patient waiting list reduced from 807 in April 2023 to 55 in April 2024, with no wait for virtual clinic

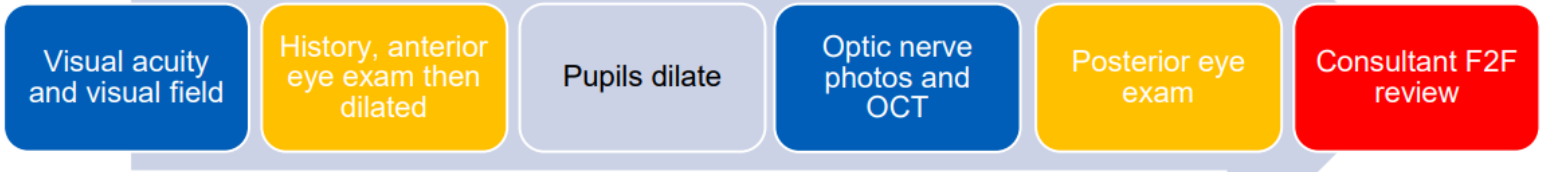
GIRFT Delivery Example Case Study – Devon Ophthalmology

GETTING IT RIGHT FIRST TIME | NHS IMPACT Improving Patient Care Together

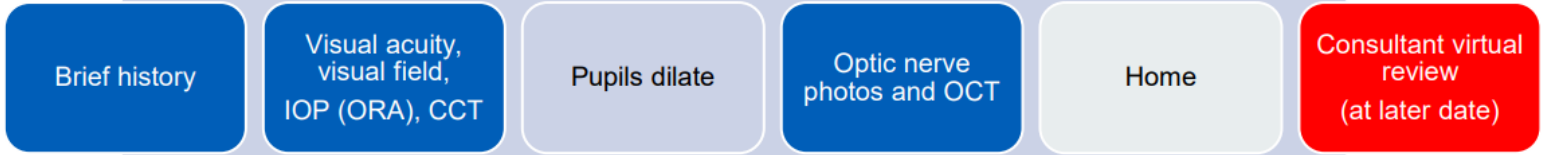
Devon trust transforms delivery of glaucoma services (2/2)

NHS England

Previous F2F 'new patient' pathway until 2023 (approx. 2 hours)



Current Virtual 'new patient' pathway (45 mins)



Blue = ophthalmic technician
Yellow = glaucoma practitioner
Red = consultant

Staffing – ½ day sessions		
	F2F pathway (15 patients)	**Virtual pathway (15 patients)**
Diagnostics testing	1 Consultant 3 Practitioners (band 7/8) 4 Technicians (band 3)	4 Technicians (band 3) 1 nurse (band 5) overseeing both macula and glaucoma lanes
	F2F pathway (15 patients)	**New Virtual pathway (70 patients)**
Decision making	**Same day:** 1 consultant + 3 practitioners (band 7/8)	**Virtual review at later date:** 1 consultant + 3 practitioners (band 7/8)

Resource links

- GIRFT National Report
- GIRFT Glaucoma Pathway

Mr Michael Smith, Consultant Ophthalmologist, Royal Devon University Healthcare

"The introduction of this pathway for new glaucoma referrals has had an immediate impact on waiting times for newly referred patients. In addition, as it is largely delivered by our technician staff it has released our glaucoma practitioners to concentrate on our laser and follow up backlog, so the positive impact is spread across the entire service."

Contact details: Michael.smith26@nhs.net

Women’s Health Hub update

Rehan Khan – Consultant Gynaecologist , London Clinical Director for Gynaecology, Clinical Lead TH WHH

Women's Health Hub update - **where it started**

- Outpatient transformation project.
- Existing Women's Health clinical pathway challenges impacting patient experience.
- Patient insights groups, GP feedback, Consultant feedback and A&R audit during pandemic.

Convoluted pathway

Long wait times

Wrong sub-speciality clinic

Inefficient use of outpatient capacity

Project aims

- The planned care team commissioner led
- Co-development and collaboration through a series of workshops to bring clinicians and SME to an agreement on clinical pathways, development of a specification for the SPA and WHH.
- Co-developed key metrics to measure impact.
- Developed now a blueprint that links to the 10 year plan- left shift and that can be used across other HVLC specialties.

Women's health hubs

- A place where women can be referred to for a range of conditions in an integrated way which avoids being referred to multiple teams.
- Model of care- 10-year plan (workforce model and neighbourhood hub) / WH Strategy
- Address fragmentation
- Overcomes barriers to partnership working across traditional 'lines'
- Delivers care across a 'lifecourse'
- Intermediate care between primary care and secondary care
- Digital offer through virtual engagement and group consultations
- They are showing that they meet system priorities:
  - delivering care closer to home
  - improving patient experience
  - tackling health inequalities
  - reducing pressure on secondary care and waiting lists

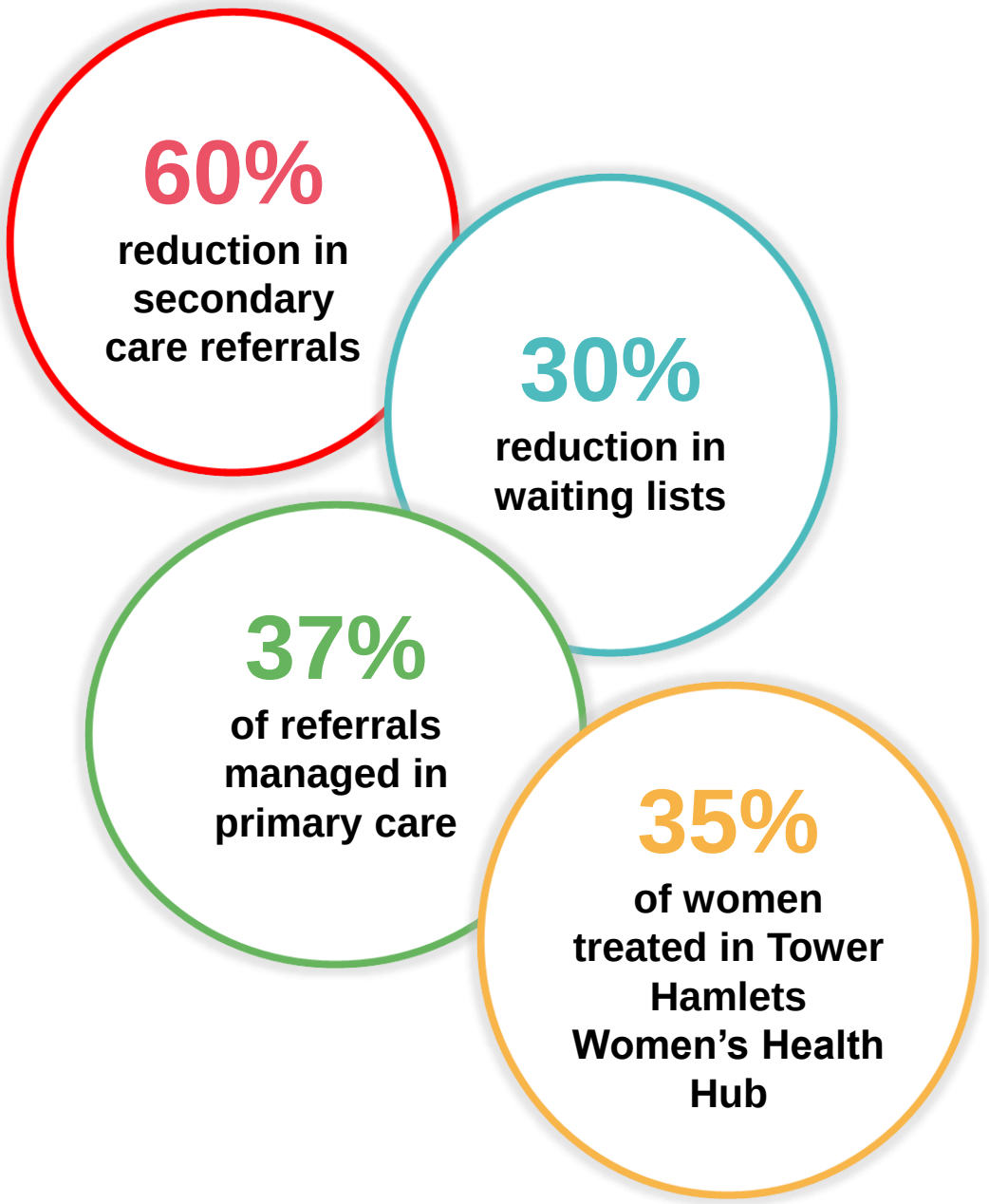
Impact

Before the hub launched, 85% of gynaecology referrals were seen in secondary care gynaecology and 15% were supported via advice and guidance to their GP.

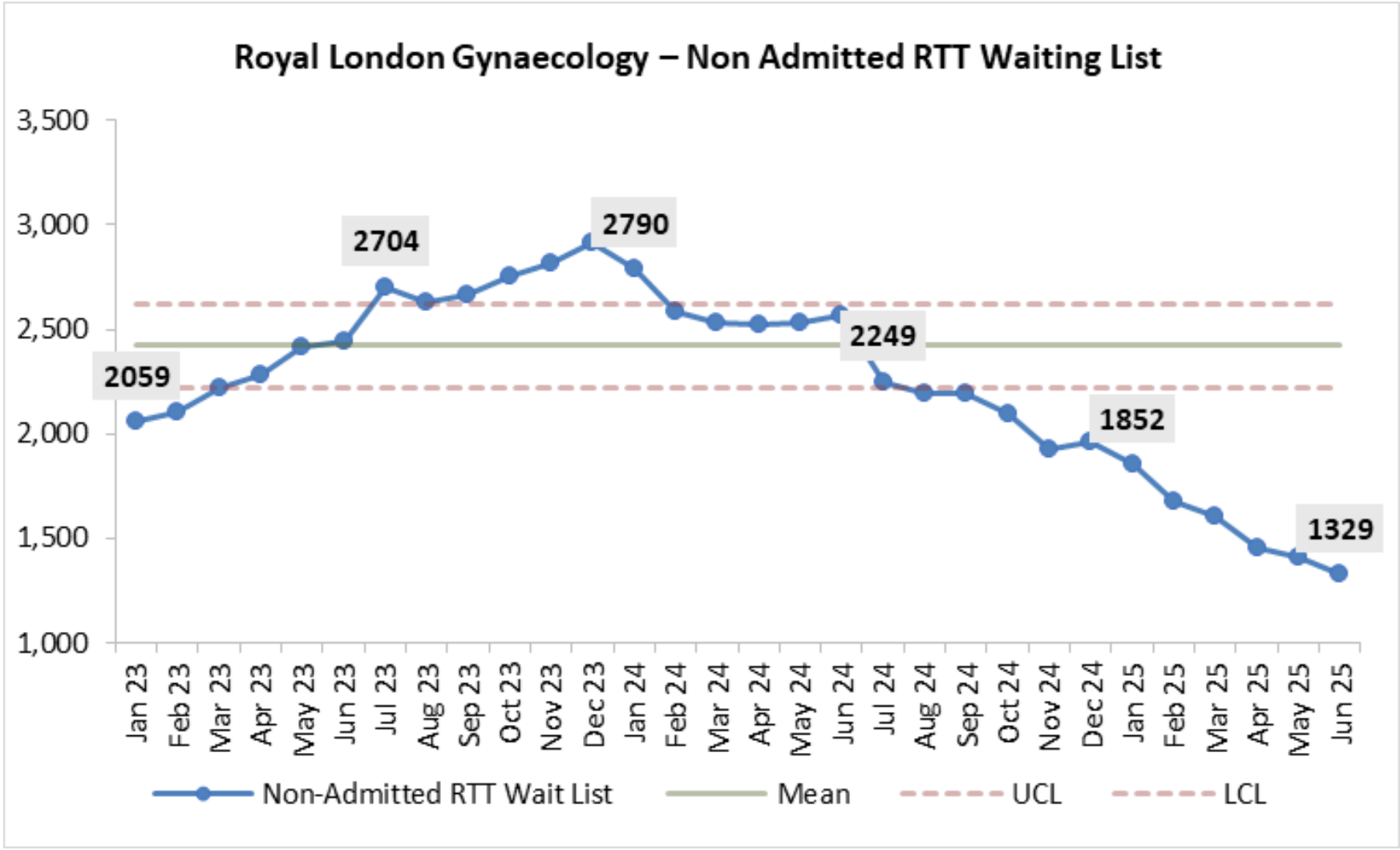
The results show the outcomes after 12 months of the service being in operation and 3515 referrals

Patient feedback:

“I am very pleased to know that such a place exists as a woman and we are able to have a detailed conversation with a doctor who is able to explain everything in detail. Please keep this available for women.”



Royal London gynaecology – Non admitted RTT waiting list



The trend indicates that **RLH has managed to reduce backlog pressures**, particularly in Outpatient Gynaecology services, likely with the help of the **Women's Health Hub** as well as the various **Demand and Capacity** work the service has undertook.

The future - Women's Health Programme integrated into neighbourhoods

Reproductive health and menopause

Focus: contraception, menstrual health, preconception care, fertility, reproductive disorders

Commissioning approach:

- **Continue hub development in Newham & C&H whilst** expanding existing hubs
- Postnatal care within hubs- postnantal check, access to contraception, pelvic health, planning a pregnancy etc.
- Improve coding in primary care of women's health consultations
- **VEE and VGC**
- Preserving abortion services and developing mid term abortions

Preventative Care

Focus: early detection and prevention of gynaecological cancers and STIs

Commissioning approach:

- **PrEP pilot**
- Opportunistic screening within hubs including trauma informed care
- Awareness campaigns and sexual health education through VEE-where appropriate
- **Women's Health Awareness campaign to improve health literacy**

Chronic health and conditions

Focus: managing complex gynaecology

Commissioning approach:

- Integrated care pathways from primary care through to secondary care and where appropriate using STT and direct referral to medial/surgical interventions.
- MDT triage and clinical management including counselling, dietician, gynaecologists and physiotherapy.

Psychosocial support

Focus: Emotional and psychological support is provided to help patients to cope with emotional stress.

Commissioning approach:

- Social prescribing
- Links to violence against women and girls services and strategy
- **VEE and VGC**

Lifestyle modification

Focus: Guidance on long term behaviour changes CORE20PLUS5

Commissioning approach:

- **NEL Dietician for WH**
- MDT approach to align commissioning across mental health, primary care, local authority and secondary care
- Working with LA- exercise for women

- Maximising **access by patients of digital solutions** created by our hubs.

Equitable access

Health promotion

Stay well

Age well

Panel and Questions

- Ms. Emma Smyth
- Ms. Aileen Igoe
- Mr. Stuart Garrett
- Ms. Mella Fitzgerald
- Ms. Sheila McGuinness

News Item - Access Accelerator Innovation Call

Access Accelerator is a new HSE innovation initiative from **Access & Integration**, delivered in collaboration with **HSE Spark** and the **Department of Health**.

Access Accelerator aims to drive frontline-led innovation that delivers measurable reductions in waiting times across:

- **Dermatology**
- **Ophthalmology**
- **Otolaryngology (ENT)**
- **Plastic Surgery**

We're seeking innovations that:

- Deliver measurable reductions in waiting times
- Demonstrate a clear path to scaling across the health system
- Support more timely, efficient, and person-centred access to care

Key dates:

- Opens: 23rd October 2025
- Webinar: 7th November
- Closes: 19th November 2025
- Pitches: 8th December 2025
- Decisions: 19th December 2025

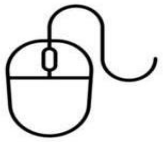
Find out more and apply: Waiting List Improvements

Waiting List Action Plan 2025

News Item- Spark Impact funding call

Thank-you and Next Steps

- Thank-you for attending today
- **We look forward to your feedback contained in our survey which can be filled out immediately after this Webinar.**
- A copy of this Webinar will be made available on Waiting List Improvements and the link shared with all of you post Webinar.
- Dates for your diary: **Dec 3rd.**



- Access.Programme@hse.ie

Waiting List Action Plan 2025