GETTING IT RIGHT FIRST TIME

NHS IMPACT
Improving Patient Care Together

NHS England

Further Faster Orthopaedics Handbook

Master handbook – excluding trust data

Checklists and Resource Links

January 2024

GIRFT is part of an aligned set of programmes within NHS England

Further Faster - Orthopaedics

Introduction

In my meetings with the 42 ICBs to discuss their elective recovery programmes, I have been hugely impressed with the commitment, innovation & drive from the clinical and operational teams. We have made fantastic progress in reducing 104/78 week waiters but we know we need to do more for our patients.

What is clear is that in every Trust there are elements of exemplar practice, which we need to learn from and embed quickly to accelerate the reduction of our waiting lists, especially in outpatients. We are piloting this through our 25 Further Faster Trusts, producing “best practice” guidance across 16 Specialties.

I want to use the GIRFT methodology - working shoulder to shoulder with clinical leadership at the heart - to rapidly adopt this best practice across the clinical pathway which will drive elective recovery.

This handbook is designed for the trusts taking part in the Further Faster programme and highlights key principles and exemplars that we have already established through GIRFT experience and the open and honest conversations we have had with senior clinical colleagues at many GIRFT visits.

Our aim is to expand the knowledge base working with these trusts and this handbook will continue to grow and change over the next few months based on the learning from these trusts.

The aim is that by learning from each other, harnessing the solutions that already exist in departments across the country, we can make an incredibly positive impact for our workforce, and for our patients, on a national scale.

Professor Tim Briggs CBE
Chair of GIRFT and NHS England National Director for Clinical Improvement and Elective Recovery

How to use this Handbook

This guide is designed to provide “best practice” across a number of important metrics to help you on your journey to go further and faster towards eliminating 52wk waits by April 2024.

The guide is organised along key sections of the pathway and provides checklists against which you can assess your current practice. It is imperative we take the best practice adopted by trusts and implement it.

Resource links signpost you to guidance, metrics and case studies relevant to each element of the checklists.

Review the checklists and prioritise work on those that you think will have the most impact in your system.

Then use this guide to:

- **Assess** whether you are already doing the right things and identify where you have opportunities to work differently and more effectively.
- **Understand** your current service’s strengths and weaknesses compared with peers. The guide will help you to find and review the relevant Model Hospital System Metrics to compare performance.
- **Prioritise** improvement actions based on your findings in relation to weaknesses and opportunities.
- **Signpost** you to relevant guidance and case study examples that will help you to identify what changes you can make to:
    - reduce demand;
    - release capacity;
    - increase throughput; and
    - reduce length of stay

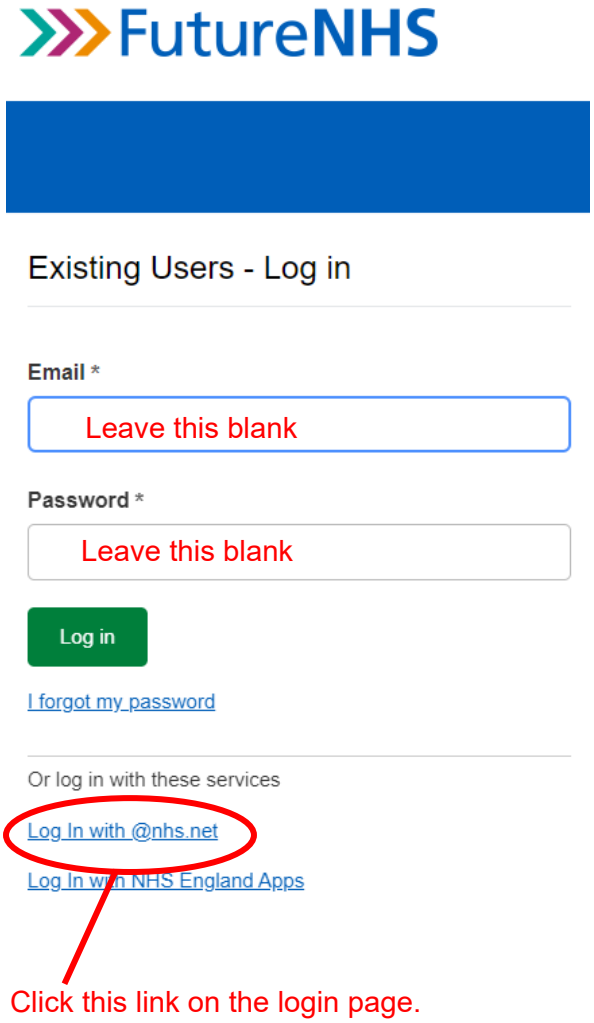
  whilst maintaining and improving quality and outcomes.

Accessing Resource Links

Many of the links in the handbook will take you to resources on Future NHS.

These have been made much easier to access because you can now use your @nhs.net login details to sign in.

To do this you need to click on the option at sign in:



You will then be taken to the nhs.net login page. Enter details as usual and you will then be redirected into Future NHS automatically.

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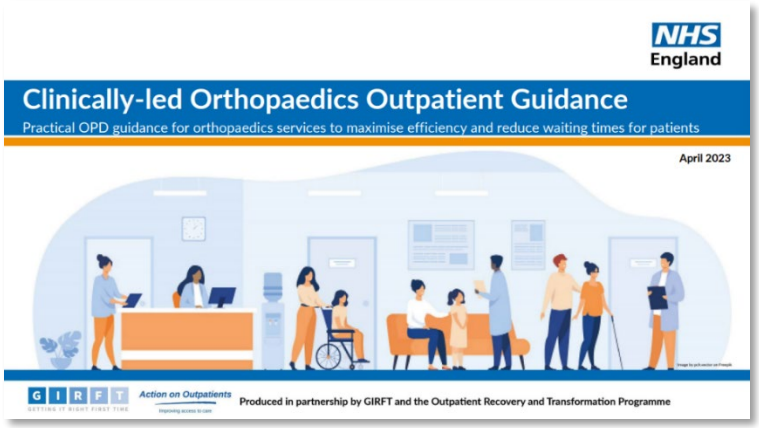
Context:

The biggest opportunities for eliminating 52-week waits are likely to be found in the outpatients part of the pathway (as that is where the highest number of patients are waiting). Effective management of referrals, DNAs, clinic capacity, follow up (including PIFU) and discharge can have a huge impact on reducing the burden in this area. The following checklists will help trusts to identify where they might need to focus improvement work.



☑ Checklist: Pre-Appointment

GIRFT has observed considerable variation in the application of clinical referral triage, waiting list validation and use of specialist advice/guidance. Judicious implementation of these often results in significant freeing of capacity and it is worth considering the potential benefits of reallocating some clinic time to enable these functions to be carried out effectively.

Check	Good Practice	Resource Links
☐	A system is in place for regular clinical validation of all patients that have been on the non-admitted pathway for 12wks or more.	**Guidance:** Orthopaedics Outpatient Guide pg. 4, 7 & 13; OPRT MSK orthopaedic Specialist Advice & Guidance; **Case studies:** Non-clinical validation of long waiters at Leicester
☐	All referrals are clinically triaged and referred to relevant sub-specialties or returned with appropriate specialist advice and guidance (as appropriate) before offering first appointment.	
☐	There is an effective system in place to manage referrals for specialist advice and guidance, including standard responses for the most common queries.	
☐	Job plans include dedicated time for clinical validation, clinical triage and provision of specialist advice and guidance.	
☐	Good systems are in place to ensure diagnostics are undertaken prior to first appointment, or a one stop clinic visit is offered	
☐	Training and support is in place to enable direct listing of patients from Musculoskeletal Clinical Assessment Triage Services, where appropriate.	

Further Faster Orthopaedics: Delivering Outpatients

☑ Checklist: Reducing and Managing DNAs

Nationally, around 7.2% of outpatient orthopaedics appointments are lost to DNAs, but there is considerable variation in this amongst trusts. This is a huge drain on use of clinic capacity and although some factors are outside the immediate control of trusts, there are many things that can be done to help reduce failed attendances. As demonstrated in Norfolk (see case study), taking action on areas the trust can control makes a very tangible difference.

Check	Good Practice	Solutions & Resources
☐	All patients receive appointment reminders – including letters, emails, SMS and phone call reminders.	Orthopaedics OP Guide - pg. 8
☐	Appointment reminders provide 'two-way' communication with patients and follow health literacy principles.	OPRT: Reducing DNAs in OP
☐	Booking processes are standardised and effective and patients find them easy to engage with.	
☐	Appointments are available for evenings/weekends.	
☐	DNA rates are monitored routinely and DNA audits are conducted regularly to understand potential causes.	DNA Metrics Model Health System
☐	Understanding of DNA rates is used to inform clinic overbooking to maximise use of clinic capacity.	
☐	A list of patients that can attend at short notice is held to fill last minute cancellations.	Reducing DNAs Norfolk & Norwich
☐	DNA patients' notes are reviewed and attempts are made to contact them remotely or to write to them with next steps.	
☐	Clinic time lost to DNAs is used effectively e.g. for clinical triage, validation etc.	

Missed outpatient appointments (DNAs) rate in orthopaedics (August 2023)	

Further Faster Orthopaedics: Delivering Outpatients

☑ Checklist: Remote Appointments

Nearly 25% of all outpatient appointments are now being held remotely. Video consultations saved patients more than 530 years of time and £40m in travel costs in 2020/21 alone, also reducing carbon footprint and supporting the Greener NHS agenda. In addition, **patients are much less likely to cancel or not attend remote appointments** (national average orthopaedic DNA rates: 7.8% for face to face vs. 1.8% for remote appointments).

Check	Good Practice	Resource Links
☐	Appropriate use of remote consultations (for first and follow up appts) is well understood and monitored routinely within the department.	Remote Consultations: OP Guide
☐	Percentage of Outpatient attendances performed remotely is in the GIRFT best quartile.	Remote Consultation Metrics on MHS
☐	Where patient has had a face-to-face consultation, consenting for treatment is progressed via telephone as part of good shared decision-making processes.	Virtual fracture clinic Case Study
☐	Remote consultations are used effectively as part of patient initiated follow up (PIFU) arrangements.	
☐	The department operates an effective virtual fracture clinic.	
☐	Diagnostic tests results are delivered by letter or remote contact wherever appropriate.	

% of outpatient attendances that were performed remotely in orthopaedics (August 2023)	

Further Faster Orthopaedics: Delivering Outpatients

☑ Checklist: Outpatient Activity and Capacity

From visits and clinical discussions we have observed that there is currently considerable variation in outpatient clinic templates at present, with some trusts seeing >50% more patients per clinic compared with others. We will be working with Further Faster trusts and the Royal Colleges to develop guidelines for greater standardisation in these areas. It is vital that we maximise use of clinical time and understand capacity, so reducing this variation and sharing the impact of other **initiatives such as holding 'super-clinics' (see case study and checklist below),** ensuring appropriate use of specialist advice and guidance, maximising use of remote consultations and PIFU pathways (see other sections) will help trusts to consider what opportunities are available within existing resources.

Check	Good Practice: Outpatient Activity and Capacity	Resource Links
☐	All clinic templates have been reviewed and standardised since returning to business as usual after the pandemic taking account of different working practices such as use of remote appointments	**Super-clinics Case Study:** Imperial NHS Trust - mass clinic model RNOH Super Saturday **Model hospital Metrics:** Orthopaedic OP Metrics on MHS
☐	At least 4 'super-clinics' planned to be completed by end of Q2	
☐	The balance between time for first appointments and follow ups has been reviewed recently.	
☐	First to follow up ratios and the % of patients discharged at first orthopaedic consultation are monitored, as is progress towards reducing follow ups by 25% overall (**see trust data on next page**)	
☐	If >20% patients were discharged at first orthopaedic appointment, system delivery is reviewed with focus on making best use of MSK practitioners in primary and community care to support referral.	
☐	One-stop pathways enable patients to have pre-admission screening checks once listed and prior to leaving clinic	
☐	Clinics in place enabling suitably trained non-medical workforce to support throughput (e.g. for non-complex arthroplasty follow up) with delegated activity targets.	
☐	Clinic models using SAS doctors/advanced care practitioners to undertake full patient work up, with all cases discussed with and reviewed by the consultant when definitive management plans are made. Multiple consultant presence allowed for MDT	
☐	Ensure supporting services are available and have capacity e.g. imaging to support maximum throughput and decrease clinic delays	

Further Faster Orthopaedics: Delivering Outpatients

Outpatient Follow-up Data – Peer Group and National Distribution:

Percentage of outpatient attendances that were follow up attendances in orthopaedics (August 2023)	

Further Faster Orthopaedics: Delivering Outpatients

☑ Checklist: PIFU

We know that PIFU is an effective and efficient way of managing follow up for many patients, reducing the need for unnecessary appointments whilst ensuring that those patients who do need to be seen can access the service easily. But PIFU rates are much lower than they could be and need to increase significantly. West Suffolk provides good evidence for high PIFU rates in orthopaedics with very low reactivation of those pathways (about 1%).

Check	Good Practice	Resource Links
☐	PIFU pathways have been agreed for the most common conditions/procedures	**Guidance:** GIRFT PIFU Intervals Ortho–OP Guide; NHSE Guide to implementing PIFU in T&O
☐	PIFU is used whenever clinically appropriate	
☐	Patients are provided with easy access to PIFU via locally agreed protocols (e.g. digitally or via dedicated telephone service) and appropriate safety netting is in place	
☐	PIFU pathways are reviewed regularly and closed in a timely manner	**Case Studies:** Implementing PIFU at West Suffolk Hospital; Implementing PIFU at Homerton
☐	Appropriate administrative support is available to support PIFU	
☐	Activated PIFU follow-ups are recorded accurately	
☐	PIFU rates are reviewed regularly on MHS	**MHS Metrics:** Orthopaedic OP Metrics on MHS
☐	PIFU is not used as an alternative to discharge	

PIFU Utilisation rate for Orthopaedics August 2023	

Further Faster Orthopaedics: Improving Surgical Pathways

Context:

Working closely with clinical colleagues from Royal Colleges and Societies, GIRFT has developed more than 80 best practice pathways. These set out the ideal pathway based on available evidence and provide a resource against which local systems can review their current practice and assess opportunities to improve both quality and productivity. GIRFT has also produced a gap analysis tool setting out a clear review process that trusts can use to assess their pathways.

☑ Checklist: Surgical Pathways

Check	Good Practice	Resource Links
☐	Daycase rate and Length of Stay metrics for HVLC orthopaedic pathways are reviewed regularly on Model Hospital System.	**Pathways - Guidance and Metrics:** GIRFT Best Practice Pathways (including hip and knee); GIRFT Pathway Review GAP Analysis Toolkit – Coming Soon…; Hip and Knee Pathway Guide; Orthopaedic HVLC Metrics on MHS; South Warwickshire: Reducing LoS - Case Based Guide
☐	All HVLC procedures with Daycase rates or Length of stay below the GIRFT best quartile have been reviewed against the GIRFT Best Practice Pathway to identify opportunities for improvement (consider using GIRFT Academy GAP analysis tool to support this)	**Elective Hubs Toolkit and Templates:** SWAOC Elective Hub Library of templates/guides; GIRFT/SWLEOC Elective Hub Toolkit
☐	Action plans have been developed and agreed for all pathways where these reviews have identified opportunities for change	**Daycase and LoS - Case Studies & Templates:** SWAOC - Physio approach to support day; SWAOC Daycase Pathway Video; Lancashire: Reducing LoS in EL arthroplasty; Template: SWAOC day case patient selection; Enhancing Recovery: Hip/Knee arthroplasty; Increasing Utilisation with Consultant Rotation
☐	All consultants and specialist doctors have been made aware of the GIRFT hip and knee pathways	

Further Faster Orthopaedics: Improving Surgical Pathways

☑ Checklist: Theatres

Key best practice advice from the GIRFT theatres programme team:

Check	Good Practice	Resource Links
☐	Admitted patient waiting lists are reviewed to ensure: • Patients still require/want surgery (validation) • Opportunities to release bed/theatre capacity are maximised (Right Procedure, Right Place, enhanced recovery & use of regional anaesthesia)	**NHS Guides - Theatres:** NHSE Clinical validation of surgical waiting lists NHS England: Perioperative care for ICBs and providers **Theatre Productivity Programme & HVLC:** Theatre productivity letter to providers – September 2022 HVLC Recommended Cases Per List GIRFT Peri-operative services guidance GIRFT Booking and scheduling workshop **Case Study:** Grantham: 4 Cases per list (hip and knees) **MHS Theatres Metrics:** Theatres: Trauma & Orthopaedics
☐	HVLC Orthopaedics cases per list are equal to or exceed GIRFT recommendations.	
☐	Pre-operative assessment services have embedded early screening and optimisation into elective pathways to enable smarter theatre scheduling. These principles have been applied to the existing waiting list.	
☐	Clear plans are in place to develop pools of patients who are passed fit for surgery to ensure that no patient is given a TCI date until they are passed fit by pre-assessment	
☐	Theatre booking processes have the following key stages, as presented at the booking & scheduling workshop in Feb 23. • Understanding your waiting list • Short notice cancellations & standby patients • Good patient communication (all bookings by phone & keeping in touch)	
☐	The following processes are embedded for effective theatre flow: • Pre-admission checks (call / text) • Daily huddle between whole pathway teams to prepare for upcoming surgeries • Golden Patient / Auto send to ensure timely start.	
☐	As part of clinical job planning / theatre staff rostering processes the following considerations are included: • Anaesthetists and Surgeons have sufficient time pre-theatre to review patients at admission • Prospective cover is in place to ensure theatres are staffed and have anaesthetic / surgical cover to run for 48 weeks of the year to minimise theatre sessions Team brief is not included within the operative session duration but time is allocated for this to be completed prior to the planned time for first patient to be in the anaesthetic room	

Further Faster Orthopaedics: Improving Surgical Pathways

Check	Good Practice	Resource Links
☐	Review current theatre scheduling processes to ensure the following are embedded into process: • Lists are signed off (non-cancer) 2 weeks before the planned TCI date by Theatres, Anaesthetist and Surgeon • Clear feedback to clinical teams where lists are determined to be under booked • Clear processes to replace patients who cancel at less than 2 weeks • Equipment needs, including radiology are discussed at the scheduling meeting • Staffing constraints for anaesthetics / theatre workforce are discussed with early decision points to restrict types of case (e.g. LA only lists), limit on specialities (staffing skill mix) are decided to prevent re-work of list booking. • There are clear deadlines for cancer / P2 cases to be booked with ability to fill any unused capacity with routine cases	**SWAOC Templates:** LIA knees Daycase anaesthesia for elective arthroplasty Perioperative care protocol – 4 cases per list Secondary recovery post elective arthroplasty LIA hips Motor sparing regional anaesthesia protocol Patient post-operative self-medication chart

☐	There is regular reporting on theatre productivity measures (Board, Clinical and Operational teams) and action plans are developed and agreed to deliver 85% Capped Touch-time Utilisation and to reach current top decile average cases per list.
	
	Local metrics that should be reviewed regularly include:
	• Booked Utilisation Vs Actual Utilisation
	• Capped Touchtime Utilisation
	• Theatre Estate Utilisation – “Number of fallow sessions”, including reasons for session cancellation (with 2 weeks of date of surgery)
	• Case Cancellations and reasons for the following time periods:
	  ○ On the day of surgery
	  ○ Within 72 hours of the surgery date
	  ○ Within 2 weeks of the surgery date
	• Time from Pre-assessment to date of surgery
	• Cases per list
	• Reasons for late start
	• Unplanned session overruns / underruns and reasons	

Further Faster Orthopaedics: Improving Surgical Pathways

Theatre Metrics for Further Faster Provider Trusts (Model Hospital System):

Capped Theatre Utilisation %: Touch time within planned session vs planned session time – August 2023	

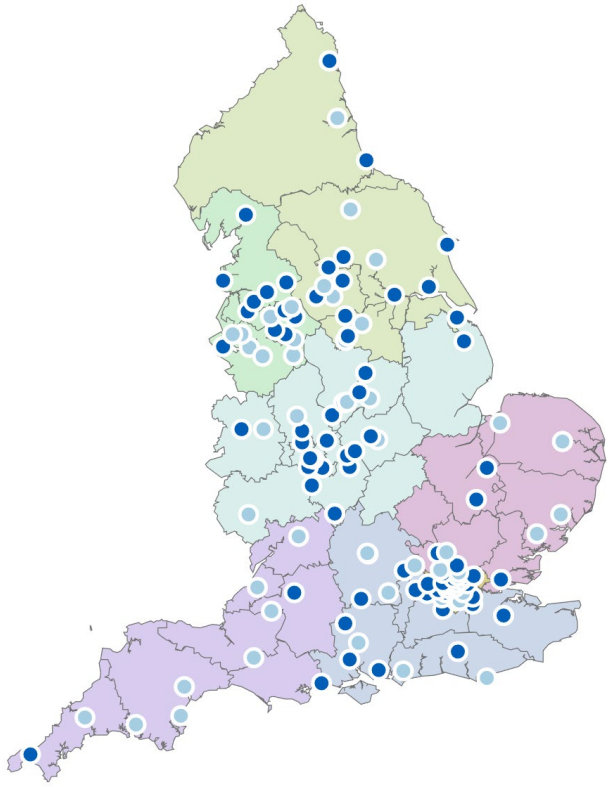
Average number of cases per 4 hour session - Orthopaedics August 2023	

Further Faster Orthopaedics: Improving Surgical Pathways

☑ Checklist: Elective hubs

Where there is an elective hub performing orthopaedic procedures locally, trusts should be referring patients to the elective hub to maximise utilisation of existing resources and minimise waiting times for patients in line with agreed clinical protocols. GIRFT's HVLC pathways are ideal for elective hubs although a wider range of procedures could be performed at a surgical hub if equipment and workforce allowed.

Check	Good Practice	Resource links
☐	Admitted waiting lists have been non-clinically and clinically validated to understand true waiting list position	GIRFT FutureNHS Elective surgical hubs page
☐	Clinical protocols are agreed and in place for the transfer of patients between referring trust and elective hub (pre- & post- surgery)	GIRFT/SWLEOC Elective Hub Toolkit
☐	Booking processes are standardised and effective and patients find them easy to engage with (see patient telephone script)	Training tool: patient telephone script
☐	Transport arrangements are in place to support patients who are unable to travel reach the elective hub site.	CASE STUDY Regional recovery through elective hubs
☐	Identify key procedures and patients suitable for transfer	GIRFT Patient Selection guidance
☐	Inter-provider Transfer process in place	



Further Faster Orthopaedics: Behavioural science – Resistors to change

Behavioural Science – Resistors to change

The improvements and changes recommended in this checklist vary from quite small to much larger multi-dimensional changes, involving numerous stakeholders, and you are encouraged to use your team or Trust's preferred improvement approach to help you on your journey.

Within the GIRFT Academy, we have found a number of practical applications from behavioural and neuroscience, which you may find helpful at different stages of your preferred change process, which we will be introducing to you as the programme progresses including resistors to change/addressing 'threat', recognising 'unwritten rules' at the heart of organisational culture, persuasion and influence, goal setting and habit formation. The GIRFT Academy has also developed a pathway gap analysis process designed to shorten the improvement process and help teams to take ownership of change.

For more information on applying behavioural science you can contact Ruth Tyrrell, GIRFT Academy Director.

Applying Behavioural Science – SCARF® Resistors to Change Toolkit

☑ Checklist: Addressing Resistors to Change

Not everyone perceives change as positive and welcome, therefore, to increase acceptance, it is good practice to understand where resistance to change may come from, the cause of the resistance and what actions to take to address it.

Check	Good Practice	Resource Links
☐	Undertake a stakeholder analysis	SCARF® Multi Stakeholder Assessment Tool
☐	Undertake a SCARF® analysis – understanding fundamental threats of the proposed change & how to address them	SCARF® Model Basic Worksheet SCARF® Resistors to Change Toolkit Guide