



Title of Paper: <u>Elective Care Reform Update</u>		
<u>For Decision</u> Requires majority decision prior to implementation or action.	<u>For Discussion</u> Requires consideration and debate.	<u>For Noting</u> Contains information Members should be made aware.

1.0 Background

The Elective Care Reform Group was established in May 2023 to oversee the rebuild and reform of elective services. This Group is co-chaired by Maggie Parks, Director of Surgery, Elective, Maternity & Paediatrics and Mr Ian McAllister, Clinical Director of Surgery.

It is comprised of 6 sub-groups chaired by focusing on areas of service improvement, reform and development (Appendix 1 for further detail).

DOH published the *Elective Care Framework - Implementation and Funding Plan* in May 2025 (Appendix 2 for link). This plan focuses on a number of themes:

- Transformation of Elective Services (outpatient and surgery services)
- Backlog Clearance
- Productivity and Efficiency
- Workforce
- Independent Sector Engagement
- Funding of Services
- Patient Communication

The Plan details the investment of £215 million ring-fenced for Elective Services with the breakdown as follows:

- Red Flag/time Critical Capacity Building – £85m (recurrent investment but to be used non-recurrently in 2025/26)
- Other Capacity Building - £80m (recurrent)
- Backlog Clearance – £50m (non-recurrent)

2.0 Key Issues

SET has a significant number of patients waiting more than 4 years for their first Consultant Outpatient appointment or for inpatient or day case treatment.

- Outpatients waiting over 4 years for their first Consultant appointment as at 31 March 2025 was 22,068
- Inpatient or day cases patients waiting as at 31 March 2025 was 1982

In response to the *Elective Care Framework - Implementation and Funding Plan*, SET has established oversight and implementation structures to manage and reduce long waits over 4 years. This included a Long Waits Oversight Group (Deputy Chief Executive and Director led) reporting to the Elective Care Reform Group (ECR) (Appendix 1 for ECR Structure and Workstream details).

There has been a significant amount of work undertaken to reduce the long waiting patient waiting lists across all specialties.

This has included the following:

- Text administrative validation
- Validation of duplicates on system
- Booking of longest waits at outpatient clinic
- Clinical Validation and application of Effective Use of Resource Policy

Results

At the commencement of the work, SET had 22,068 on the waiting list for a first Consultant appointment waiting for 4+ years at 31 March 2025.

The outcome of this work is that there have been 5,963 patients removed from the total Outpatient waiting lists as at 6 June 2025. In addition, 3,963 (18%) of these patients were removed from +4year Outpatient waiting list.

Reasons for removing include symptoms have resolved, the patient no longer wants or needs the appointment, the patient has had the appointment and other forms of duplication on the waiting list.

All outpatients waiting 9 years and over will have been removed by 30 June 2025.

Next Steps

- Continue text admin validation for outpatients beyond 4 years
- Review existing outpatient clinic templates against guidance e.g. Royal Colleges, GIRFT (Getting it Right First Time) etc. to establish if at maximum capacity, reduce variation and increase accordingly.
- 'Just one more' being considered in areas of higher DNA (Did Not Attend)
- Commence administrative validation via text for inpatients and day case waiting lists in July 2025.
- Clinical validation – bids have been developed and submitted to SPPG for approval
- Bid submitted to SPPG for Non-Recurrent money for Mega Clinics, Validation and treatment of long waiting procedures including hernias, colonoscopy and cataract for the region
- Liaise with SPPG regarding a bid for funding for long waiting procedures in all specialties
- Consider further elective bids to build capacity for the region

3.0 Resources Implications (inc Organisational, Financial, Human Resources)

Non-recurrent bids totalling £4.3 million submitted to SPPG.

4.0 Impact on Safety, Quality and Experience (SQE)

If supported, this funding will clinically validate approx. 10,000 patients on the Outpatient waiting list as well as validate and/or treat approx. 2500 patients on the inpatient and day case waiting list.

This will also further reduce our longest waiting patients.

5.0 Key Risks and Proposals to Mitigate

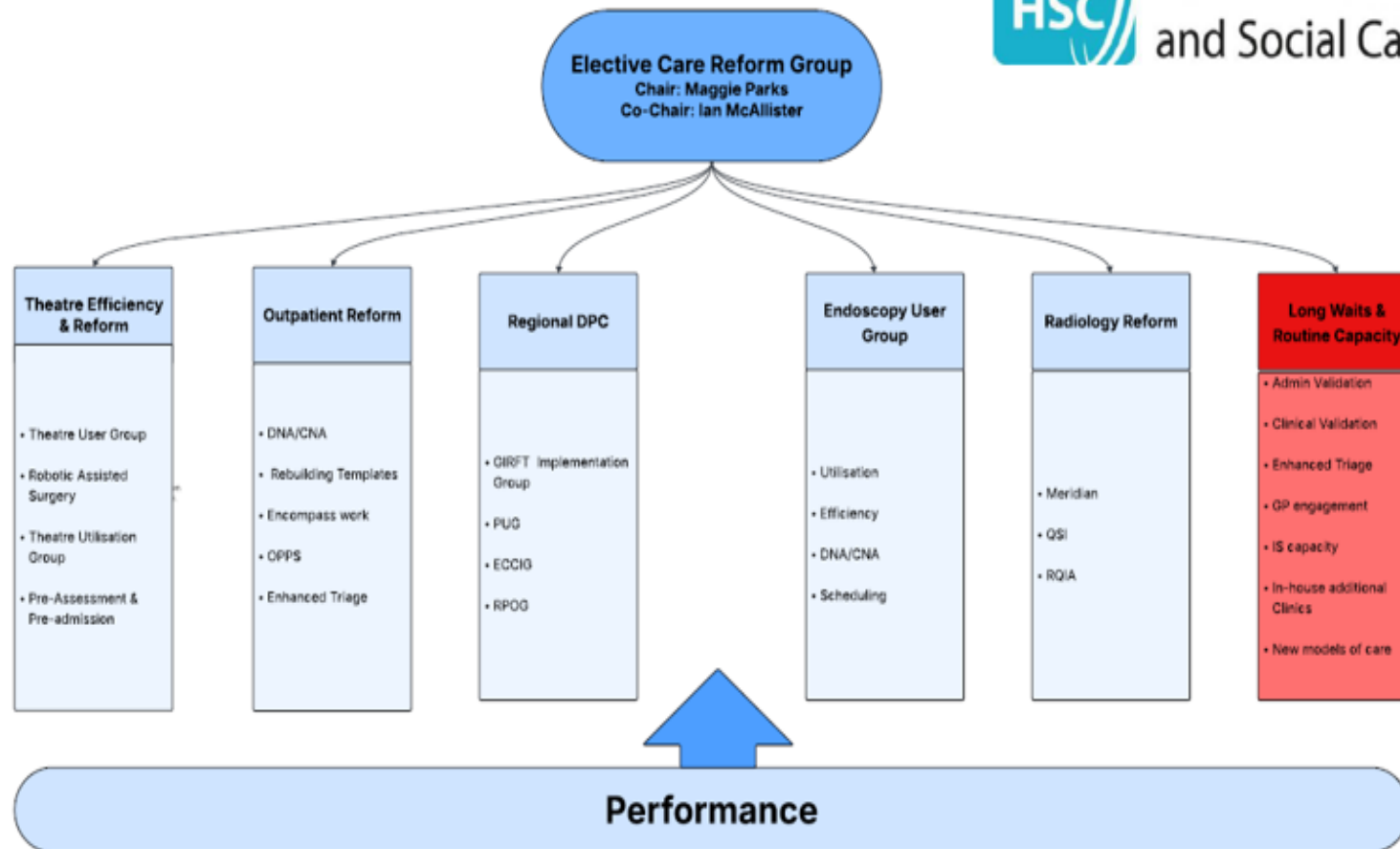
- Workforce capacity to manage in-house within SET
- Independent Sector capacity

Lead Director: Maggie Parks, Director of Surgery, Elective, Maternity & Paediatrics

Date: 17 June 2025

Appendix 1:

Elective Care Reform Group and Work Streams



Appendix 2:

Elective Care Framework Implementation and Funding Plan

[Elective Care Framework - Restart, Recovery and Redesign | Department of Health](#)