

Accelerator Innovation Fund Elective Care

Hampshire and Isle of Wight ICS

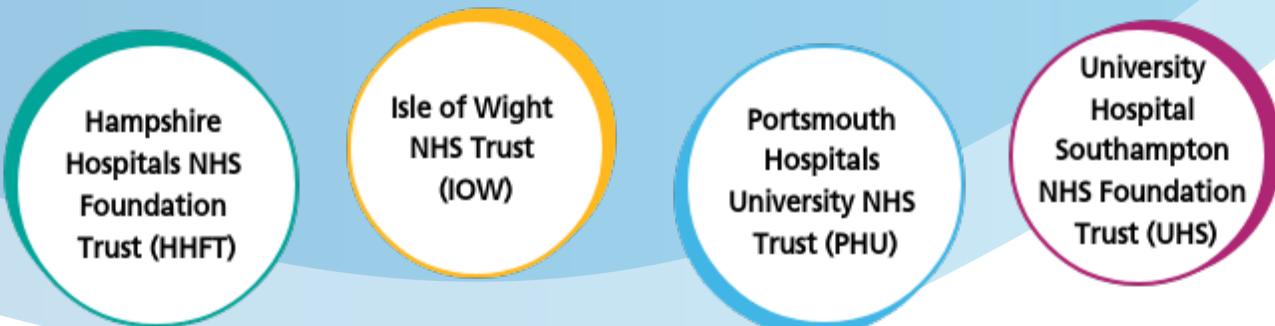
Highlights and Key Learning Report

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About the project...

The Accelerator Innovation Fund

In May 2021 the Hampshire and Isle of Wight Integrated Care System (ICS) was awarded £8 million from the NHS England Elective Recovery Accelerator programme. The programme aimed for the rapid restoration of elective activity to above (in the region of 110%) 2019-20 levels. The H&IOW programme included four acute hospital Trusts:



Each Trust submitted 'bids' within a short time period to the Accelerator Programme for schemes designed to increase elective activity. Each site was given an equal amount of funding (approx. £2m) to deliver projects at a rapid pace – progress and impact on activity was tracked locally at each Trust, who then reported into the ICS.

The Schemes

The Accelerator programme schemes supported clinical areas including ophthalmology, chemotherapy, ENT, endoscopy, day surgery, gastroenterology, dermatology, rheumatology, neurosurgery, respiratory and orthopaedics.

Schemes typically involved:

- Additional staffing including new recruitment and retention of locum medical staff
- Additional sessions including evening, Saturday, and weekend working
- Additional utilisation of private providers
- Purchase of new equipment e.g., surgical clean airflow devices, robot, and microscopes
- Environmental modifications to increase clinic and theatre capacity

- Digital solutions e.g., for waiting list management, pre-op and e-consent
- Enhanced advice and guidance including out of hospital support
- Additional locations including new theatre space, new clinical rooms and community based teams.

This evaluation

The Solent NHS Trust Academy of Research and Improvement were commissioned in November 2021 to conduct an independent rapid learning and excellence review of the H&IOW Accelerator Programme. This involved interviews with each of the four sites, to explore:



Case studies of the projects that had resulted in significant impact



Added value from initiatives



Key learning around process – both in terms of what went well, and what was more challenging.



Overview of Impact...

Freedom to innovate

This funding enabling bold and innovative change. Organisations reported being able to be “experimental and gutsy” in considering change. These creative and bold moves were enabled by the Accelerator Programme existing outside of traditional funding envelopes with lighter levels of governance enabling more rapid progress from funding to increased activity.

‘Be bolder to go for bigger change, more positively and more aggressively’

Trusts felt overwhelmingly positive about the change and innovation achieved by the application process, freeing teams to respond to service needs and operationalising positive change at pace. The freedom of innovation was largely due to the governance structure existing outside normal funding frameworks.

“I will always happily accept money whichever way it comes, a structural way in which money is allocated I would love to have set points in the year when you knew money was going to be turning up. The reason why we had those projects was that I already had 4/5 business cases ready to go. Always a benefit to have a longer lead time.”

Beyond just performance – the added value of the Accelerator Fund

The initial aim for the Accelerator Fund was increased performance, looking to restore and increase elective activity. The benefits reported, however, extended well beyond the key performance metric. One of the biggest positives is that Trusts had evidence that innovative and creative projects worked, generating stronger arguments for future business case support. Accelerator Fund Projects provided a clear ‘proof of concept’.

“Things could happen faster and quicker. We could make a positive difference and get good evidence to make the change at scale”

Trusts also reported the benefits that the Accelerator Fund projects had to workforce. The innovation and flexibility of funding allowed for more empowerment and workforce led change. It also allowed solutions beyond increased workforce capacity.

It was also suggested that the Accelerator process provided an opportunity to examine services in more detail and make changes that would have taken longer to be addressed.

“It provided a burning hot platform to jump from to create longer term benefits go and poke at stuff”

Looking to the future - sustainability and legacy

This Accelerator Fund enabled a phased approach to response and rebuild. A popular model was staff led change “*it was their idea*”, early additional sessions which increased performance but also “*released headspace*” to plan, purchase redesign and recruit, combined with the longer-term sight and incentive for staff of new permanent resource e.g. clinic space, theatre, staff or equipment.

Consequently, the Accelerator Fund afforded Trusts to look at the rebuild of services creating new models, procuring new equipment driving change in efficiency as well as performance and generating sustained improvement. Many Trust’s relished the opportunity to create a legacy from the fund, driving sustained and lasting improvement for future.

“*You want some form of legacy, if I am spending money on agency and bank workforce, that money has come in and has left the NHS very quickly. I was keen to have something to show for it, for lasting change*”.

Key learning points



Releasing funds outside traditional governance structures enables Trusts to drive innovative and bold change.



A target to increase activity resulted in significant added value, for instance to clinical pathways and clinician experience.



Funding that allows for innovation can deliver sustainable new models of practice.



Specifying that schemes had to be related to elective activity enhanced the speed of set up (and led to less guilt in respect other services).



All organisations noted the importance of having a ‘short’ list of projects and bids ‘ready’ to react to short turnaround funding opportunities.



Scrutiny of spending should be proportionate, enabling Trusts the time to make change before reporting is required.



Some organisations felt that there could have been longer gaps between reporting periods, without impact to the pace of delivery.

Hampshire Hospitals NHS Foundation Trust

Freedom to innovate

The focus for Hampshire Hospitals was on creating additional capacity improving pathways and enhancing greater efficiency. This generated two phases to the Accelerator project. The first was additional workforce capacity to rapidly drive increases in activity. Alongside this, pathways were reviewed with the aim of more sustainable transformation.

"You want some form of legacy, if I am spending money on agency and bank workforce, that money has come in and has left the NHS very quickly. I was keen to have something to show for it, for lasting change"



Key schemes

These included:

- Development of the Cardiology Cath lab (for angiogram and angioplasty)
- Insourcing from external provider for 18 week waits and theatre staffing
- New clinical and admin staffing in Ophthalmology
- New digital solutions

The SurgiCube

Hampshire Hospitals Trust procured a SurgiCube Laminar Air Flow Device which transforms space into a surgical treatment environment. It provides a filtered, ultra clean surgical environment to carry out microsurgical procedures and minor surgeries. This allowed day-case patients to be transferred to outpatient setting as opposed to being absorbed within main theatre capacity. The SurgiCube has been used in general surgery, elective orthopaedics, ear, nose and throat and dermatology as well as now expanding its use to ophthalmology.



In addition to driving efficiency to surgical pathways, the SurgiCube has generated significant reported benefits to the theatre teams allowing a mix of complexity between the two surgical settings and reducing the pressure experienced by the people who work in the theatre teams. There is now a growing team and job plans in place ensuring a long-lasting sustainability to the success of the SurgiCube.

Ophthalmology pathway

The Accelerator programme enabled the ophthalmology pathway to be reviewed. A new model was established procuring additional ophthalmology technicians alongside additional estates resource. Ophthalmology technicians' complete multiple tests with patients releasing medical capacity to complete virtual reviews which has mitigated a significant demand and capacity mismatch.

Key learning points



The Accelerator programme generated the freedom to address immediate capacity, releasing funding to drive increases in delivery performance with additional staffing and then sustainable change through pathway review.



The outcomes of the Accelerator programme extended well beyond the initial ask of increasing performance delivery. Moving beyond asking people to work longer or harder, the new models drove both sustainable efficiencies and reported benefits to people working within the trust.



The rapid release of funding can achieve both short term and longer-term improvement in performance in delivery.



Beyond improved service responsibility for patients, new funding has created opportunity to listen to and motivate staff.



Extending vision beyond performance alone enables long-lasting sustainable change.

Isle of Wight NHS Trust

Key schemes

These included:

- A new dedicated and specifically equipped ophthalmology theatre, with newly trained staff. This aims to raise activity to meet increasing demand whilst freeing up existing theatre space for other services. The recovery funding initially allowed staff to provide extra sessions at weekends then provided for the development of the site and staff recruitment/training ready for installation of the new theatre in quarter 1 2022-23.
- Increased use of Medefer – a company providing consultants for conducting virtual outpatient reviews, advice, and guidance. This releases time for clinicians on site to focus on diagnostics and necessary direct contact, enabling more flexible and rapid contact with patients.
- Development of pre-assessment software which is being implemented with the expectation that it will enable more accurate/timely tracking and management of waiting lists and improved metrics.
- Development of a community domiciliary surgical optimisation service.



The Community Domiciliary Surgical Optimisation Service

The Isle of Wight NHS Trust is an integrated acute and community provider. Close working relationships with community colleagues and a shared culture and vision enabled the establishment of the community domiciliary surgical optimisation service. This is an MDT, including nurses, Occupational Therapists and Physiotherapists who conduct home based health checks for people requiring general anaesthetics currently sitting at the midpoint of waiting lists.

During COVID, increased waiting times led to more people presenting as unfit for surgery when their appointment came up. Identifying those unfit beforehand was difficult. Existing processes removed people from the waiting list if they were unfit for more than 3 weeks. Explaining to patients that had been waiting for 18 months or more that their surgery could not go ahead was challenging and uncomfortable.

Establishing this team included new training pathways and processes. One of these was a point of care “finger prick” blood tests which required support from haematology and had the added advantage of reducing demand for blood bottles in short supply.

Blood pressure, diabetes control and anaemia were included in a health check enabling people to receive treatment from their GP to improve their fitness for surgery and hold their place on the waiting list. The MDT was also able to identify and refer on to other community services after seeing how well people are managing in their own home. Oversight for the team and escalation is provided

by senior nurses and the community crisis team who can provide more in-depth assessment for complex presentations.

This project was described as an absolute favourite amongst staff and patients providing a pilot for a new holistic way of working, that would have been difficult to establish without the Accelerator programme.

Reports suggest that patients highly valued being seen in their own home. Many had been isolated from family as well as healthcare. This domiciliary care has also provided for discussions that identified 10% of those waiting no longer wished to proceed with surgery, in itself reducing the waiting list. Another 10% have returned to their GP for treatment of an acute presentation. Health checks have also identified 7% required referral straight to the specialist anaesthetist clinic removing unnecessary stages of the nurse led pre-surgical assessment process.

Future plans for this scheme include additional Occupational Therapy and Physiotherapy as well as a dedicated Pharmacist for medication reviews. There is also potential to make greater use of community reablement beds to reduce the demand on hospital beds after surgery.

Key learning points



The Accelerator application process was described as creative, supporting schemes that were more "experimental", even "gutsy". The Isle of Wight trust felt strongly supported in receiving an equal share of the allocation.



The whole accelerator process was described as a "resoundingly good experience which allowed us to listen and do something(s) radically different in our population".



National competition was high in particular for new theatres. The successful "early" order for the ophthalmology theatre was associated with strong support from the ICS and an existing business case enabling more rapid trust approvals for the longer-term financial commitment.



Ophthalmology staff were seen to be more motivated to work harder e.g., with weekend sessions, knowing that they had received the longer-term support to have their own dedicated new theatre.



The development of the community domiciliary service was a new innovation based on emerging trends seen at the start of COVID recovery. This felt like a dynamic process enabled by regular contact, support from and close working with the community services and the relative freedom allowed by the Accelerator programme.



Scrutiny of spending should be proportionate, enabling Trusts the time to make change before reporting is required.



The use of Medefer and the new pre-assessment software feel like proportionate responses well-connected to future plans. The remote model used by Medefer can easily be incorporated into future pathways should IOW services be integrated into larger mainland NHS services. The new assessment software is not a complete long-term solution but chosen to prepare waiting list management for the introduction of Island wide TPP System 1 next year.

Portsmouth Hospitals University NHS Trust (PHU)



Key schemes

These included:

- Purchase of four TOULS laminar airflow devices (see case studies)
- Development of eight new chemotherapy chairs in Fareham (see case studies)
- Increasing clinic space in ENT by installing a partition in an existing large room.
- Purchase of an additional surgical robot primarily to enable training of more staff on its use.
- Extending existing locum contracts.
- Developing the advice and guidance pathway.
- Purchasing a lithotripter machine e.g. for shockwave treatment of kidney stones.
- Development of software including OPTOM and a new pre-op platform.
- A new long COVID clinic
- Utilisation of private providers.

The Accelerator application process was described as relatively simple. There was some initial unease about a potential lack of rigour though this was mediated by rejecting some initial proposals and utilising PHU centrally held funds and a system of payment by results. Typically, proposals that didn't deliver were less well thought through, this allowed for re-direction of funding to services that hadn't been included in the original scheme proposals and consequently had more thinking time to develop their own proposals. Reporting to the ICS was also relatively simple supported by weekly reporting internally.

The Accelerator programme was described as a "burning hot platform to jump from to create longer term benefits" and "go and poke at stuff" - providing the impetus for individuals to go back and look at services in granular level detail. An example of this was unscheduled updating of patient templates which has been changed e.g., increased appointment times at the start of the pandemic.

In terms of data the long COVID clinic attendance e.g., new respiratory presentations, has far exceeded by around 300% that expected though this was mostly due to Portsmouth having far more COVID cases than expected.

Some of the developments were described as enablers such the new Optum system and the expected new pre-op digital solution.

With additional advice and guidance, the aim was to deliver 25% of new outpatient activity in this way. On average 27% to 29% was achieved though not all of contact in this way led to discharge. What was frustrating though was that this reduction in face-to-face appointments couldn't easily be captured in contract return data.

KTOULS modular airflow device

The original proposal for developing more theatre space was for a SurgiCube modular theatre. Demand was high and supply was limited. Therefore, four smaller TOULS mini-laminar flow devices were purchased instead for use in clinic rooms and primarily for ocular injections. Whilst these allowed for smaller scale procedures, they enabled four times as much output as originally planned and released considerably more existing theatre time – a “double win”. This purchase created an opportunity for developing a new role of nurse injector in turn releasing time for the ophthalmologists. In this case the accelerator programme was described as the “kickstart to look at what we could do differently”. Development of the new roles and procedures took time but it is expected that gains will be long lasting.

New Chemotherapy chairs

There has been a longstanding requirement to increase chemotherapy provision. The plan is being delivered in phases. Accelerator funding was used initially to run waiting list initiatives/extraneous sessions with the existing workforce. These initial extra sessions then provided “headspace” to recruit more staff. In the next phase, staff will be moved to Fareham to new clinic rooms designed to take chemotherapy closer to where patients live. The new provision will allow for eight additional chemotherapy chairs at any one time. The initial increase in workload added pressure to the chemotherapy service but it was their design/choice in the knowledge that the long-term impact of the full plan would benefit both staff and patients.

Key learning points



Local payment by results mediated concerns about any lack of rigour and enabled competition for remaining monies from those with more rigorous/developed schemes.



Schemes that were “owned by staff” who had sight of long-term improvements had success in initial pump priming for extra sessions giving head room to develop resources and processes for the longer-term plan.



Barriers to change included working with PFI buildings, restrictions of contract reporting and contract funding models.



Future aspirations would be to see the NHS working more as one, having specific innovation funds (like this) and more support to deliver digital innovations.

University Hospital Southampton NHS Foundation Trust



University Hospital
Southampton
NHS Foundation Trust

Key schemes

These included:

- Additional theatre rental
- Weekend working e.g. in orthopaedics, ENT
- Enhanced advice and guidance for neurology, dermatology and gastroenterology
- Locum for rheumatology, ophthalmology and additional admin support
- Clinic room rental for AGP
- Neurosurgical microscope and ophthalmology theatre equipment
- Additional software and licences for pre-op pathway, medical decision making

One of the big successes of the scheme was the speed in which funding was released enabling teams to work outside of traditional financial models and process. This in turn enabled rapid and positive change that resulted in services enhancing their responsiveness to service level need.

"The Accelerator fund gave proof of concept; things could happen faster and quicker. We could make a positive difference and get some good evidence to make the change at scale"

University Hospital Southampton also reported that the scheme facilitated the freedom for innovation to extend beyond traditional responses.

"The Accelerator fund helped us be bolder to go for bigger change, more positively and more aggressively."

This freedom of innovation and rapid change has set the foundations for new ways of working and evidencing improvement to deliver sustainable and lasting change.

Theatre Microscope for Spinal and Neurosurgical Procedures

A theatre microscope was procured by University Hospital Southampton which enabled a satellite operating theatre to be installed at a local private health care provider. The funding enabled the rapid procurement of equipment which in turn

resulted in a significant increase in surgical activity. The scheme has had substantial benefit to reducing surgical wait times which in turn has improved quality of life outcomes for patients waiting for operations.



Advice and Guidance – Neurology, Dermatology and Gastroenterology

Dedicated consultants were given time for review, advice and guidance to GP referrals.

Historically, there has been no reimbursement mechanism for

reviewing patients and referring to the GP as appropriate. As a result of this model, 11% of patients reviewed are now receiving advice and guidance as opposed to face-to-face appointment. This model has always been viewed as beneficial but lacked the reimbursement to make the change financially viable. The funding has enabled the model to be tried and tested leading to a business case for a long-term change.

Key learning points



The Accelerator funding scheme enabled rapid and bold models and infrastructure to be put in place. The scheme provided the freedom to innovate outside of the traditional funding envelopes.



Services were able to rapidly respond to service need by operationalising positive change at pace.



Trying and testing were big parts of the Accelerator fund scheme success. The freedom of innovation enabled teams to try and test change generating evidence to support longer term, sustainable changes in models of care.



Funding for innovation generates evidence acting as a springboard for longer-term sustainable change.



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