The Strategy Unit.

LD Prioritisation Initiative, Barts Health NHS Trust

Summary

As part of a wider programme of work designed to improve equity within services, Barts Health NHS Trust's **Addressing Inequalities in Care Programme team** commissioned the development of data tools which identified a significant difference in surgical wait times for patients with learning disabilities than those without. The team worked with specialties to understand the reasons for this disparity and proposed a series of interventions for prioritising patients with learning disabilities, a group who make up less than 1% of the waiting list. With overwhelming support from different sites and specialties, the difference in wait times has been reduced by over 100 days and is no longer statistically significant.

"It's important to understand that there might not be a single explanation for [waiting list inequalities]. There could be a core explanation, but you're not going to necessarily get a one-size-fits-all approach. So, you know, approach it with caution, but with rigour as well."

Context

The elective recovery challenge

Following the COVID-19 pandemic, waiting lists for elective procedures increased across Barts Health NHS Trust. The **Addressing Inequalities in Care Programme** that existed at Barts Health NHS Trust prior to the pandemic shifted focus towards equity in recovery of NHS services, in line with NHS England's priority actions.

The health inequalities challenge

Analysis of the Trust's waiting list data demonstrated that patients with learning disabilities had significantly longer waiting times than patients without. This inequality was identified in the data relating to several specialties but primarily restorative dentistry and oral surgery.

The aim of the *LD prioritisation initiative*

The aim of the LD prioritisation initiative is to reduce inequalities in access to healthcare for patients with a learning disability.

Intervention

Summary of the *LD prioritisation initiative*

The Addressing Inequalities in Care Programme team (the team) worked with the specialties to identify reasons for the disparities, develop changes to enable the prioritisation of patients, and engaged specialties to put these changes into action. Proposed changes included ringfenced and additional surgery slots (to enable prioritisation and provide calm experiences) and scheduling of anaesthetists with specialist skills and knowledge of working with patients with learning disabilities. The team has also focused on educating and training administrative and clinical staff about recording learning disabilities, and ensuring prioritisation activities take place when scheduling appointments.

Enablers of delivering the *LD prioritisation initiative*

Using data

The team that led the LD prioritisation initiative commissioned the development of tools to support the systematic measuring and reporting of equity in the Trust's services, including a dashboard relating to waiting times for different patient populations. This dashboard initially reported information by ethnicity, Index of Multiple Deprivation (IMD) decile, age, and gender. Indicators relating to frailty score, local authority, and learning disability (including patients identified as having a learning difficulty) were then added. A Business Intelligence (BIU) analyst built the dashboard drawing on multiple datasets, validated for accuracy by different specialties and learning disability leads. The different views available within the dashboard (disaggregated by site and specialty) include one which tracks patients weekly (including waiting list additions and removals). Other views include average (mean) waiting times by protected characteristic, average (mean) and total days wait for patients with learning disabilities (and other characteristics) and individual patient level extracts. The dashboard data is now reviewed monthly to capture changes in waiting times and inequalities within them.

Involving patients

Barts Health NHS Trust has a number of different networks including carers that were consulted around proposed changes.

Involving staff

The team used the dashboard to begin discussions with specialties about the inequalities which were being observed in the data. Input from clinical staff (including the Trust's Lead Disability Nurse and site disability leads) into early analysis and interpretation of the data enabled the team to understand the patient pathway and what the data was indicating about inequalities among this patient group. The team's proposal to prioritise patients on the waiting list with learning disabilities received sign-off from the surgical and Trust-level executive groups, and subsequently received overwhelming support from site and specialty staff. The team was able to establish confidence in the data and gain buy-in for the proposed prioritisation activities by working with clinical staff to plan further detailed analysis and identify reasons for the inequalities.

System involvement

While the initiative has mainly involved stakeholders from within the Trust, the team is now supporting other North East London providers working to conduct a similar analysis of their waiting lists. The team has also been working with local authorities on other inequalities projects (providing bespoke analysis on their patient cohort).

Findings and reflections

The changes observed

By September 2022, the difference in surgical wait time across all specialties for patients with learning disabilities (less than 1% of the waiting list) and those without, had been reduced 96%. It reduced from an average of 126 days longer in July 2021 to an average of five days in September 2022 (no longer statistically significant). This reduction has been maintained to date.

The lessons learnt

Data analysis lessons include the importance of:

- **Improving learning disability data recording:** unlike with other protected characteristics such as age, gender, or ethnicity, it is not easily identifiable if a patient's disability has not been recorded. It is important for strategic and frontline staff to work together to ensure a patient's learning disability is recorded consistently, using standard codes such as the Reasonable Adjustments Flag.
- **Conducting detailed analysis in conjunction with clinical staff:** undertaking further analysis of the initial waiting list data and working with individual specialties enabled the inequality in wait times for patients with learning disabilities to be identified. Narratives for what the data indicates should be sense-checked with all relevant stakeholders (and should be statistically significant).

To support patients with learning disabilities waiting for elective care specialties should:

- **Assign specialist anaesthetists** who not only understand the right kind and amounts of medication to administer but also who can communicate effectively with patients with learning disabilities.
- **Provide early timeslots for pre-operative discussions and surgeries.** Timeslots earlier in the day ensure that patients are not stressed by waiting around for their procedures.
- **Identify spaces away from crowded areas for discussions.** This is not always easy to provide but ensures patients are not overwhelmed while receiving information and providing consent.

The *LD prioritisation* team recommend

- Ensuring analysts have some focused work time to build data tools, where possible reducing other conflicting project demands.
- BIU and strategic staff work together to review and unpick data and make iterative changes to tools reflecting feedback from stakeholders.
- Considering how other improvement initiatives (for example moving towards digital tools for gaining and recording consent for procedures) may negatively impact on different patient populations.

Useful references/resources

For more information about this case study, please contact Kate Turner on kate.turner16@nhs.net.