6 million* and rising: can digital tackle the elective backlog?

*according to NHS England data, 6.36 million people in England were waiting for treatment in March 2022

My vision for digital supporting NHS transformation

Trusts across the country have been doing incredible work these past few years and we continue to adopt technology to innovate and streamline services to deliver the best care possible.

The elective backlog is a significant challenge faced by trusts across the nation. Before the pandemic (February 2020) 4.42 million people were waiting for treatment. As of March 2022, this total reached 6.36 million, an increase of 43.7%.

Moreover, 306,286 of these people have been waiting for over 52 weeks. For context, this figure was only 1,613 people in February 2020.

Operational guidance states that the waits over two years should be eliminated by July 2022, but there are still hundreds of thousands waiting as of March this year. Addressing the elective backlog is a key priority for the NHS and action will need to be taken to meet the targets set.

In the South East we have been exploring solutions to help us move towards elective recovery. We are particularly interested in digital solutions that follow a scalable model. Buckinghamshire Healthcare NHS Trust piloted a project with HBSUK, who used a digital triage solution to support the trust's dermatology services. The trust have seen a resultant reduction in backlogs, freeing up capacity so that clinicians can focus on delivering elective care. I would be very interested in staying close to HBSUK's work and its results so we can consider scaling up even further when the time is right.

In the future, there is potential for HBSUK's secondary care triage solution as a means to scale the model nationally. It will be important to ensure any solution adopted is well aligned with dermatology pathway transformation activities, such as the enhanced Advice & Guidance in primary care settings.

As we work to drive down the longest waiting lists over the months ahead, I am very keen for digital solutions like Virtual Lucy to play a leading part in the recovery and future operations of the NHS.

Professor Stephen Smith
Former Dean of Medicine and
CEO Imperial College Healthcare NHS Trust

Cutting dermatology wait lists at Buckinghamshire NHS Healthcare Trust

How one trust achieved a 37% reduction in the dermatology Patient Tracking List (PTL) in 12 weeks.

In June 2021, a month prior to the introduction of Virtual Lucy, Buckinghamshire NHS Healthcare Trust was facing a substantial dermatology wait list of 2157 patients. The average waiting time for dermatology services at this time was 10.6 weeks.

Titus Burwell, Elective Care Programme Director at Buckinghamshire, Oxfordshire and Berkshire West ICS said: "Like all trusts, Buckinghamshire Healthcare NHS Trust were facing a massive backlog of dermatology patients for a number of reasons. There's a lack of consultant dermatologists nationwide; they were dealing with a post-Covid-19 backlog and high rates of GP referrals for dermatology."

To address these issues and tackle their backlog, the trust started a pilot project with HBSUK, who used an innovative, technology-based solution to support the recovery of their dermatology services. This pilot project had been designed to deliver the following goals:

- Triage dermatology secondary care referrals to reduce the trust waiting list and categorise requirements using experienced consultant dermatologists.
- Review the current waitlist backlog of patients to indicate urgent conditions and minimise patient harm.
- Advise GPs using management plans for dermatological conditions to be managed within primary care.
- Use management information (MI) and educational material to improve GP and patient awareness of dermatological conditions.

Following a national 30% increase in two week wait referrals, the system, Virtual Lucy, reduced the patient tracking list within three months. The trust went from an overall dermatology PTL of 2109 in July 2021 to 1552 in October 2021, a reduction of 27% (557 patients). The non-admitted dermatology PTL was reduced by 37%.

Virtual Lucy environmental savings

Reduction in PPE: Equivalent to **22,700** plastic straws worth of PPE was saved.

Patient savings: Patients saved **£67,290.30** in not needing to attend outpatient appointments (based on NHIR data).

Contribution to NHS Net Zero carbon target: Virtual Lucy contributed to a net carbon reduction of **2,520kg CO2**. That's the equivalent of a 283km flight by Airbus A380, which would fly you from Aylesbury (the centre of Buckinghamshire) to Plymouth.

4.7/5 ✓
PREMS score for Virtual Lucy

0
patient rerefferals

98% ✓
of patients assessed have not required follow-up reviews or second opinions

40%
of patients referred to HBSUK have been discharged back to primary care

50% ↓
reduction in the number of routine dermatology outpatient 1st appointments

100% 72
of assessments carried out by a Consultant Dermatologist within 72 hours

62%
of patients had their RTT clock stopped

The Virtual Lucy platform

Patient safety

By February 2022, of the 705 patients that had received consultation outcomes at Buckinghamshire Healthcare NHS Trust, 331 were classified as urgent.

> *"HBSUK's use of Virtual Lucy to assess these cases provided capacity and helped address the dermatology backlog."*

***Titus Burwell**, Elective Care Programme Director at Buckinghamshire, Oxfordshire and Berkshire West ICS*

> *"The results HBSUK had at Buckinghamshire Healthcare NHS Trust demonstrate what can be achieved through digital innovative solutions."*

***Titus Burwell**, Elective Care Programme Director at Buckinghamshire, Oxfordshire and Berkshire West ICS*

How the Virtual Lucy platform works

Whilst virtual consultation has been a feature of dermatology services for some time, the majority of these platforms rely on GP-submitted information and images:

1

Virtual Lucy uses patient-provided information through a structured questionnaire, and patient images are uploaded following clear guidance.

2

After secure registration, the patient completes a Dermatology and General Health questionnaire based on a conventional medical history taking, and then uploads one or more images as appropriate.

3

The patient data is then reviewed by a consultant and a self-populated report is provided to the patient, GP and trust within 72 hours.

Implementing Virtual Lucy can have a significant impact for trusts and patients if rolled out nationally.

How digital solutions can support an integrated care system model

The pressure of the pandemic presented a need for new, technology based solutions to support the delivery of care. Whether this was through the use of virtual appointments or the introduction of virtual wards, technology was implemented at a much faster rate as a result. In the wake of the pandemic, the success of utilising technology in healthcare has been evident, and these solutions will have an important task in supporting the NHS in this period of recovery and development.

Four years ago the NHS announced the plan to replace Clinical Commissioning Groups with Integrated Care Systems (ICS) with the aim being to join up services and promote collaboration within the NHS. With ICSs due to launch in July 2022, there is now the question of how this collaborative approach and joined up care model will be facilitated and supported. It is likely that technology based solutions will play a role in supporting the transition to integrated care by ensuring services can work together effectively.

One of the key benefits of technological solutions includes the ability to store and share data, and making this accessible to users. For NHS staff, having access to data in one place improves efficiency by reducing the administrative burden of having to source various pieces of information from different places. This is useful at a trust level, but just as useful when integrating care between systems. Multiple systems and regions working on the same system has the potential to streamline processes on an even larger scale.

Technology can also make the patient journey safer and more seamless. It can support better communication within the NHS, as well as between staff and patients. Sharing data can improve patient safety and patient outcomes, as clinicians can have access to a full patient history in one place, making decision making easier and saving resource which is where Virtual Lucy helps bridge the gap. The sharing of data across organisations is particularly useful when a patient is being treated by a new trust, if data can be shared from trust to trust this relieves pressure on patients to recall their whole medical history.

Technology can also support collaboration between primary and secondary care.

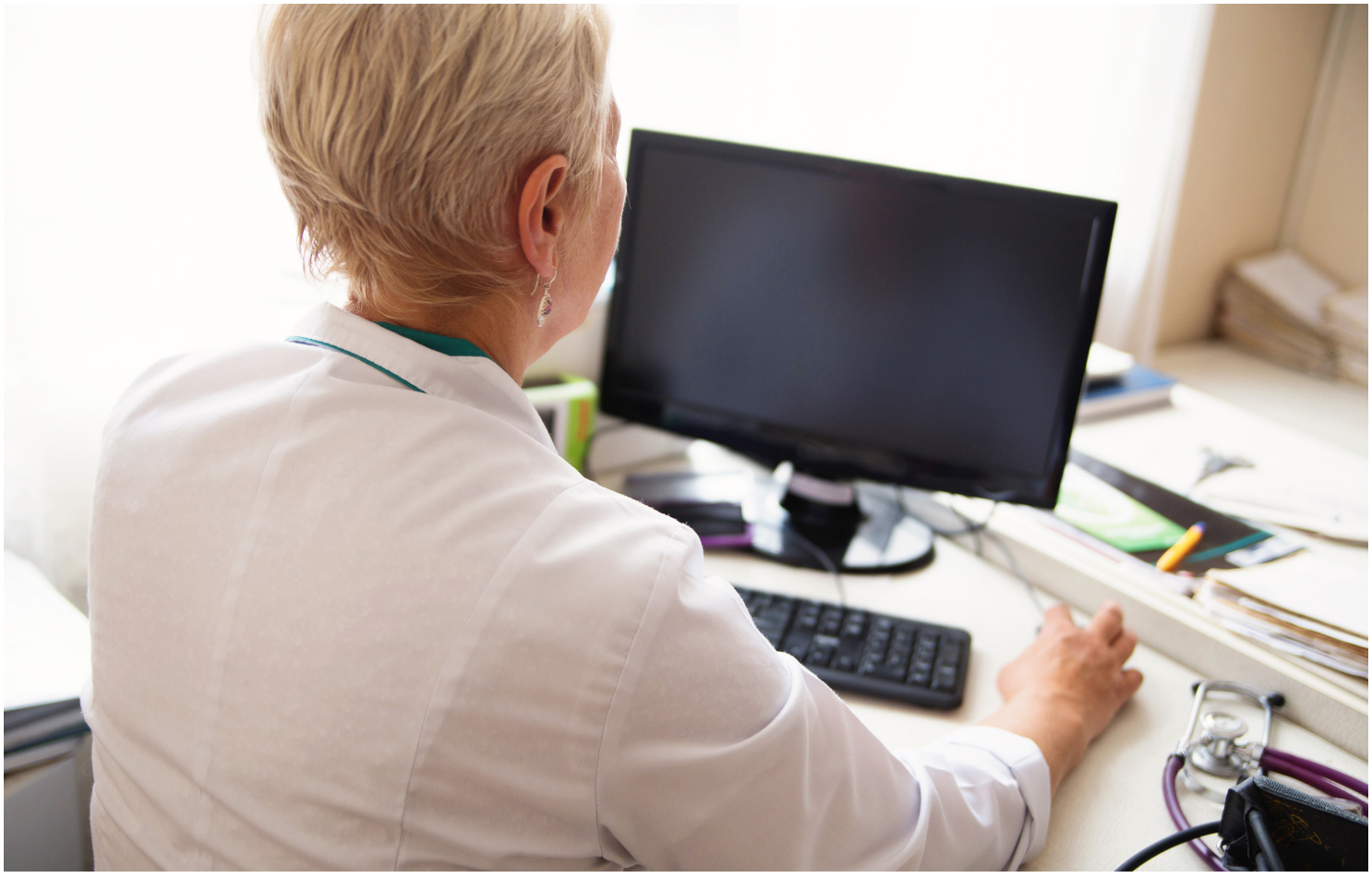
> *"The transfer of information between primary and secondary care can be challenging. It is often a lengthy process and sometimes the information provided is incomplete. Ensuring all staff members have a complete picture of the patient journey is very important for patient safety. Technology can support this by implementing the one system across primary and secondary care, ensuring all staff have access to the data required, in real time."*

Professor Mark Goodfield
Consultant Dermatologist and Former President of the British Association of Dermatologists

There are many technology based solutions that are viable options, already implemented within the NHS. One such example is Virtual Lucy, a digital solution by HBSUK. Virtual Lucy has the ability to offer a rapid diagnosis, at a time and location convenient for the patient. This should empower and support patients in managing their condition on their own terms. Those patients who do not require physical treatment will be able to self-manage and receive medication via GP or clinical pharmacist in a primary care environment. The interoperability of Virtual Lucy means that it has the ability to integrate with other resources patients need to manage long term conditions.

“The clinical and technical expertise of the HBSUK team allows the Virtual Lucy service to be tailored to specific specialisms by request and interest. There is huge potential to expand the service across new specialisms, and even across systems. Ultimately, we hope the platform will be able to support patient self-management and triage for many conditions.”

Mark Emerton
Chief Medical Officer at HBSUK



Contact us

Get in touch with the HBSUK team to find out more about what we do and how we can help.

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