Elective Recovery Taskforce Minute

13 December 2022 | 1015 – 1115

Attendees (Members except where stipulated)

Minister Will Quince MP
Minister of State, DHSC (chair)

Elin Jones,
Director of Elective Recovery, DHSC

Robert Ede
Ministerial Advisor, DHSC

Bill Morgan
Healthcare Advisor, No. 10

Sir Jim Mackey
National Director, Elective Recovery, NHSE

Prof Tim Briggs
National Director of Clinical Improvement, NHSE

Mark Brassington
Regional Director of Performance, NHSE Midlands

Mandy Nagra
Chief Delivery Officer, Birmingham and Solihull ICS

Cara Charles-Barks
Chief Executive, Royal United Hospitals Bath

Dr Elaine Kelly
Head of Economics Research, REAL Centre team

Rachel Power
Chief Executive, Patient Association

David Hare
Chief Executive, IHPN

Darshak Shah
Co-founder & Non-executive Director, Newmedica

Dr Paul Manning
NHS Consultant Surgeon and Chief Medical Officer

Dr Bahman Nedjat-Shokouhi
CEO, Medefer

Bernie Bluhm (Attendee)
Director of Elective Operations and Delivery, NHS England

[redacted]

Item 1: Welcome & intros

1. Minister Quince opened the first meeting of the Taskforce. Sir Jim Mackey, Cara Charles-Barks and Mandy Nagra were introduced as members of the taskforce attending their first meeting.

Item 2: Terms of reference

2. The Terms of Reference were agreed without comment.

Item 3: Review and agree taskforce plan

3. Elin Jones introduced the paper as drafted. The group was invited to provide comments on the short, medium and long-term aspects of the plan.

ISP utilisation

4. Members noted the importance of establishing long term relationships between independent sector providers (ISPs) and NHS commissioners to encourage investment and proposed [redacted]

Action: [redacted]

5. Geographic and specialism variation in ISP delivery was noted by the Taskforce. [redacted]

Action: [redacted]

Long Waits [redacted]

6. The Taskforce agreed [redacted] Additionally, Members suggested a [redacted]

Action: [redacted]

Patient choice

7. The Taskforce discussed patient choice and the inequalities present in how patients were able to access other providers and make an informed choice. The Taskforce agreed it was important to consider inequalities as part of work to deliver [redacted]

8. For increased certainty the taskforce suggested [redacted]

9. To improve long term patient flows through patient choice, the taskforce proposed [redacted]

Action: [redacted].

Cancer [redacted]

10. The Taskforce discussed the role of ISPs delivering services for patients with suspected / diagnosed cancers, and heard that:

    a. certain types of pathway would [redacted]

    b. early screening of those on the waiting list would be beneficial to ensure that cancer is not missed, [redacted]

    c. [redacted]

Action: The Taskforce requested [redacted]

Workforce

11. The Taskforce considered the role the independent sector can play developing the healthcare workforce and heard that:

    a. work has been undertaken within the Getting it Right First Time (GIRFT) to consider how the independent sector can develop the workforce, [redacted] The experience for healthcare professionals has improved but more could be done.

    b. ISPs have potential to further support the training of a wider range of non-clinical roles and the value added here should be considered.

    c. the workforce needs across the system over a longer horizon should be considered with Health Education England (HEE).

Action: The Taskforce requested [redacted]

Provider selection and financing

12. The Taskforce agreed that wider system guidance, including on the provider selection regime and planning guidance, would influence investment in the healthcare system. The Taskforce heard that:

    a. payment by results would be a key driver of independent sector investment in the healthcare system.

    b. more clarity was required on the provider selection regime and accreditation to provide potential investors with confidence.

Action: [redacted]

Action: [redacted]

Item 4: Next steps and meeting forward look

13. The plan was signed off noting the above comments from the taskforce.

14. Meeting closed by the Chair.