

Elective Recovery Taskforce Minute

24 January 2022 | 1500 – 1600

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 Roberto Tamsanguan
GP and Clinical Advisor, NHSE

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,
NHSE

[REDACTED]
[REDACTED]
[REDACTED]

Rhydian Phillips (Attendee)
Director of Diagnostics & System
Improvement, NHSE

Item 1: Welcome

1. Minister Quince opened the second meeting of the Taskforce.

Item 2: Summary of papers

2. Elin Jones introduced the papers as drafted for 5 of the 8 Taskforce workstreams.

Item 3: Feedback and comments on papers

3. The Taskforce was invited to provide comments.

Data

4. The Taskforce discussed proposals on the data publication of independent sector performance and agreed the need to consider what the data is used for and whether it provides information on the full patient pathway.

Provider selection and finance

5. The Taskforce discussed relevant changes to the 2023/24 NHS Planning Guidance, how the impact of these will be monitored and [REDACTED]
[REDACTED] The Taskforce agreed these changes would be useful but discussed the need for standards for the qualification criteria, usually known as the Any Qualified Provider methodology, including timescales. The Taskforce also discussed what more could be done to address any issues between now and 1 April 2023.

Action: [REDACTED]
[REDACTED]

Patient choice

6. The Taskforce discussed proposals for improving patients' awareness and opportunities to exercise decisions over which provider they receive their care through.
7. The Taskforce discussed [REDACTED], including the role of the independent sector in [REDACTED]

Action: [REDACTED]
[REDACTED]

8. The Taskforce discussed how the NHS app could be used to support choice [REDACTED]
[REDACTED]

Action: DHSC officials to provide a further update on the use of the app at the next meeting

9. The Taskforce discussed the need for flexibility in approaching discussions around choice to ensure they are person-centred, reduce potential health inequalities and do not increase the burden on GPs. The Taskforce agreed [REDACTED]
[REDACTED]

Action: [REDACTED]
[REDACTED]

Long Waits

10. The Taskforce discussed the project proposal on how the independent sector can help NHS systems and providers meet the 78-week target, as well as learning for further targets such as 65- and 52- week waits, and heard that:

- a. The NHS need [REDACTED]
[REDACTED]
- b. Visibility of independent sector capacity in advance can help the NHS to manage their capacity and plan for expected pressure points.
- c. There are opportunities with [REDACTED]
[REDACTED]
[REDACTED]
- d. There is a need to ensure [REDACTED]
[REDACTED]
- e. There are [REDACTED]
[REDACTED]

11. The Taskforce discussed the validation of waiting lists and the need to balance automation with ensuring patients are at the centre of conversations.

Action: [REDACTED]
[REDACTED]

Cancer

12. The Taskforce discussed the challenges in identifying specific areas for action in the [REDACTED] and Minister Quince asked attendees to consider where there may be opportunities for action before March 2023 [REDACTED]
[REDACTED]

13. The Taskforce discussed opportunities for [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Action: [REDACTED]
[REDACTED]

14. The Taskforce discussed variation and the importance of local relationships on improving independent sector use for cancer services.

Action: The Taskforce agreed to [REDACTED]
[REDACTED]

Item 4: Next steps and meeting forward look

15. The papers were signed off noting the above comments from the Taskforce.

16. Meeting closed by the Chair.