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Minute of the fourth meeting of the Elective Recovery Taskforce

28 March 2023 | 0930 – 1030

Attendees (Members except where stipulated)

Will Quince MP
Minister for Health and Secondary Care, DHSC (chair)

Elin Jones,
Director of Elective Recovery, DHSC

Robert Ede
Ministerial Advisor, DHSC

Bill Morgan
Ministerial Advisor, No10

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

Dr Elaine Kelly
Head of Economics Research, REAL Centre team

Dr Roberto Tamsanguan
Clinical Director for Tower Hamlets

Rachel Power
Chief Executive, The Patients 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

Bernadette Bluhm
Director of Elective Operations and Delivery, NHS England

Cara Charles-Barks
Chief Executive, Royal United Hospitals Bath

Jodie Smith (Attendee)
Deputy Director, Joint Delivery Unit, Elective Recovery, DHSC

Item 1: Welcome

1. Minister Quince (WQ) opened the meeting. Apologies were received from Sir Jim Mackey.

Item 2: Update on workstreams and deliverables from Meeting 2

2. Elin Jones (EJ) introduced the draft of the Taskforce Report. [redacted]

3. The Taskforce discussed patient choice and the barriers to ensuring more patients are aware of their right and feel empowered to execute it. [redacted]

[redacted]

[redacted]

[redacted]

3. Bernie Bluhm (BB) set out that most requests received through the digital mutual aid system (DMAS) to date had been picked up by the independent sector, which represented better utilisation of the independent sector for long waiters.

4. [redacted]

   Action: DHSC to incorporate comments into report

5. On operational planning, the Taskforce requested more local planning was undertaken to deliver on the actions and achieve cultural change. [redacted]

6. The Taskforce advised that inequalities could arise from the choice agenda, as patients could experience different availabilities of choice and may encounter different barriers to effectively utilising it. [redacted]

7. [redacted]

[redacted]

Item 3: Next steps and measuring progress

8. [redacted] updated the Taskforce on monitoring progress. The Taskforce agreed that they would discuss progress on key metrics when they convene for an update in six months' time, including around choice promotion.

[redacted]

Item 4: Update on the plans for publication

13. [redacted] updated on communications regarding the Taskforce plan. [redacted]

- [redacted]

- amplify that patient choice is not a new initiative but needs re-promoting following the pandemic,
- make efforts to promote choice to groups who have not actively exerted choice where they could have, for example by producing infographics on how choice should work, and
- target primary care professionals and ensure that there are examples of how they can enable choice.

Action: Secretariat to share updated communications plan with Taskforce appointees once announcement slot has been secured.

14. WQ confirmed that an embargoed copy of the report would be shared with ahead of publication. The priority of the department would then shift to delivering on the recommendations.

15. The Chair thanked appointees for their commitment and closed the meeting.