

Meeting Title	Open Board of Directors Meeting		
Date	20 January 2022	Agenda item	Bo.1.22.10

## Reporting of Learning Disability within BTHFT Waiting List Data and Impact on Clinical Prioritisation

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Purpose of the paper	To describe measures taken to capture the status of patient living with a learning disability (LD) within waiting list data and to illustrate the impact on clinical prioritisation for these patients awaiting surgical procedures		
Key control			
Action required	To note		
Previously discussed at/informed by			
Previously approved at:	Committee/Group	Date	

### Key Options, Issues and Risks

#### Background

In December 2020, The West Yorkshire and Harrogate Health and Care Partnership produced an options paper as part of part of the wider 'Improving Population Health Programme'. The paper outlined the requirement to consider approaches to the prioritisation of waiting lists that embed wider socio-economic factors. The impact of living with a learning disability was explicitly highlighted in the document.

BTHFT, like all Providers across WYAAT has been actively responding to the challenges outlined.

The focus of this work can be summarised as follows into three arms:

1. Support clinicians to identify and act on the health inequalities that affect the physical and mental health of their patients.
2. Look at referral pathways and how steps to address the impact of health inequalities can be embedded in routine workflows/practices.
3. Support the waiting list population both individually and collectively as the mean and median time that an individual will spend on a waiting list has invariably increased as a consequence of the backlog built up over the course of the pandemic.

The pandemic has particularly highlighted and exacerbated the significant health inequalities experienced by people with a Learning Disability (LD) and Autism. As we recover from the pandemic, we must ensure that people are not further disadvantaged in securing fair access to healthcare (2022/23 priorities and operational planning guidance).

In July 2021 the BTHFT board took the decision to prioritise those waiting list patients who have learning disabilities. This paper -

- (i) details measures taken to explicitly and proactively identify patients with a learning disability within overall waiting list data,
- (ii) illustrates how clinical prioritisation of patients awaiting surgical procedures was altered as a consequence *and*
- (iii) specifies the resultant impact on overall waiting time for patients with learning disabilities.

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## Operational Progress

In July 2021 an immediate intervention was to prioritise patients with a diagnosis of LD to the top of their priority group.

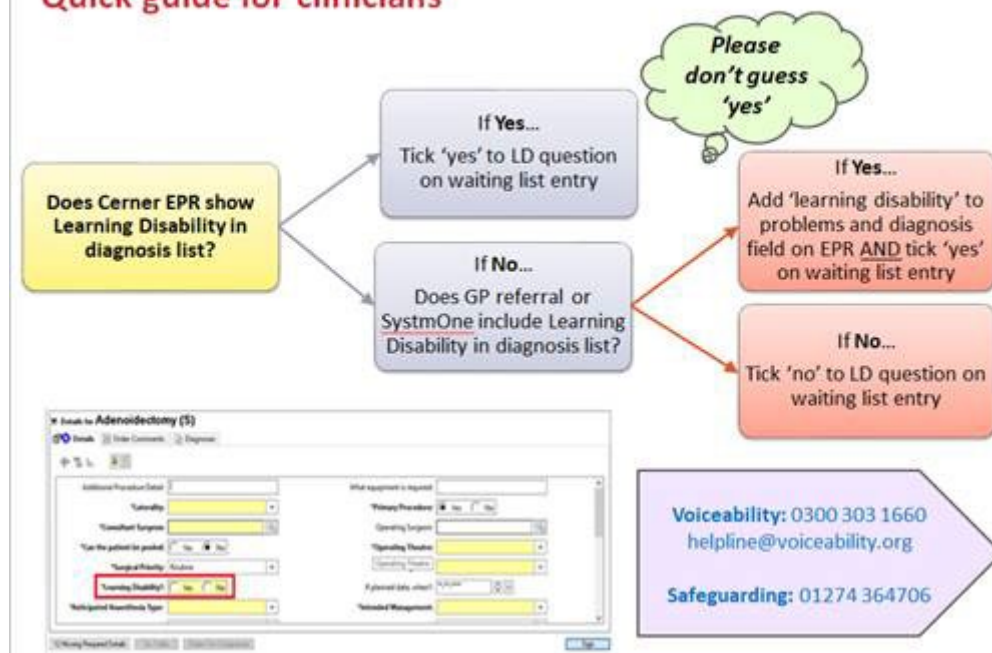
In August 2021 a Task & Finish Group began meeting fortnightly to progress more accurate recording of LD within the Electronic Patient Record (EPR) and to confirm how linking this diagnosis to Surgical Orders (SO) would take place in order that it could be used to prioritise patients within the same Clinical Priority or 'P' status.

LD can be added to EPR as a Diagnosis (New Condition) and Problem (Chronic Condition) but as with all diagnoses this information is not automatically linked to waiting list entries for a patient. In September 2021 LD was added as a 'mandatory field' within an SO requiring clinicians to add the diagnosis when deciding whether to add the patient to the inpatient waiting list.

The screenshot shows the 'Details for Adenoidectomy (S)' form in the EPR system. The 'Learning Disability?' field is highlighted with a red box, indicating it is a mandatory field. The form includes various other fields such as 'Laterality', 'Consultant Surgeon', 'Can the patient be pooled', 'Surgical Priority', 'Anticipated Anaesthesia Type', 'What equipment is required', 'Primary Procedures', 'Operating Surgeon', 'Operating Theatre', 'If planned date, when?', and 'Intended Management'.

Clinicians were introduced to the EPR change via Silver Clinical Reference Group. It was accompanied by a guide to encourage accurate use.

## Expediting Care for Adults with Learning Disability: Quick guide for clinicians



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This has allowed the inpatient waiting list to be filtered by the diagnosis of LD from October 2021. It became clear very quickly following the first validation by the specialist nurse (Caroline Carass) for people with learning disabilities that clinicians were over reporting LD. This is what one might expect having seen similar trends for many other diagnoses when the organisation has asked clinicians to highlight comorbidities as part of a wider push to improve Depth of Coding.

At the end of October 2021 BI began work on a Power BI reporting tool that would allow CBUs to search for patients diagnosed with a learning disability within their waiting list by including their P status, weeks waiting and whether a TCI is planned.

The first step was to identify patients where:

1. A diagnosis of LD was recorded on EPR but not within the Surgical Order
2. A diagnosis of LD was not recorded on EPR but was flagged within the Surgical Order

These 2 lists (Figure 1) are then shared with the nurse specialist for people with a learning disability for validation. The nurse then checks the patients EPR and SystmOne record to confirm or refute the diagnosis and amends the EPR and Order accordingly. (SystmOne is the GP record and for a range of reasons historically it is more likely that an individual's position as being diagnosed with a learning disability is comprehensively and accurately captured here.)

The figure below illustrates a list of 66 orders for validation without an LD flag in the first week in January 2022. It is notable that the report only shows 3 patients with a recorded LD diagnosis where this is not included on the order.

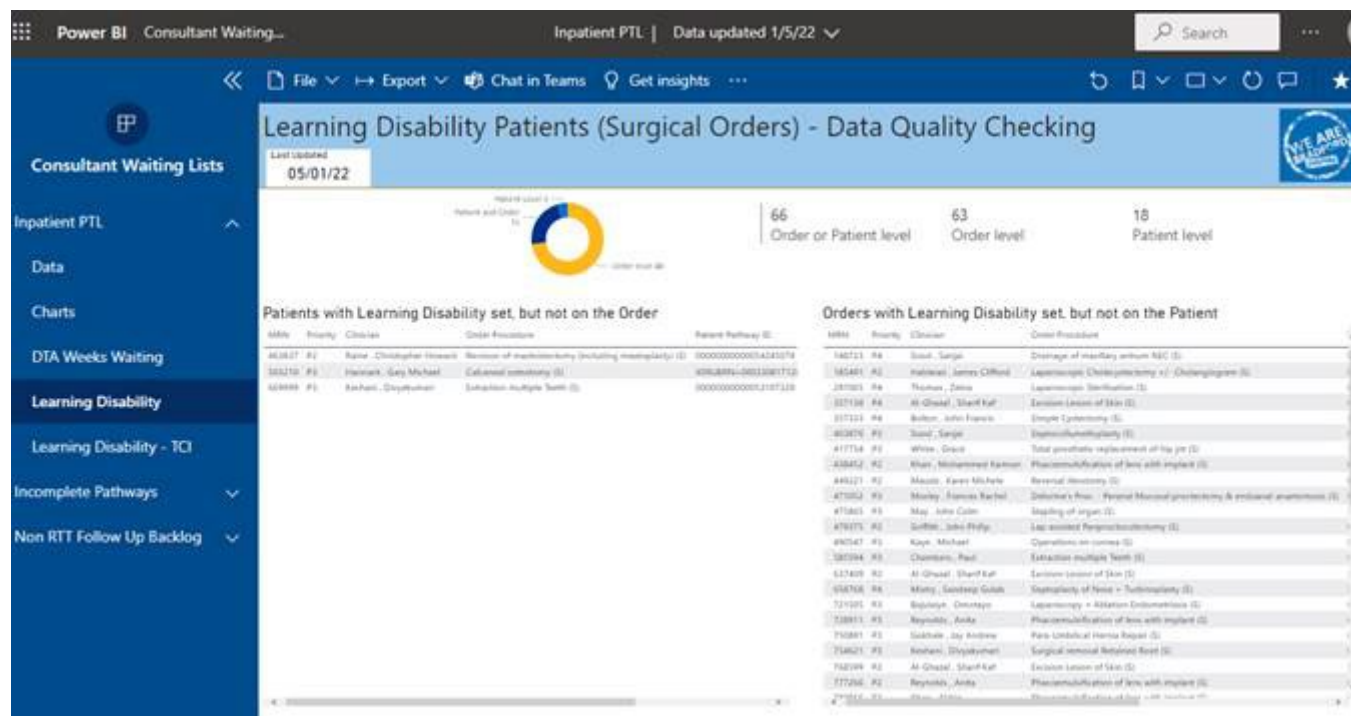


Figure 1: Learning Disability – Data Quality

Going forward in order to avoid a bottle neck at the point of validation it may be necessary to train other colleagues to cross check orders against SystmOne.

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Additional training activities to re-confirm with consultant colleagues the basis upon which they are making this determination are also being scheduled.

Following validation a 2<sup>nd</sup> report (Figure 2) can now 'Go Live' in January 2022 that shows the CBU and their clinicians a patient list including all key information to allow prioritisation. The link has been shared with the CBU's. This report will also be used during weekly Access Meetings to track patients with LD on the waiting list and ensure those who are P2 have a TCI date confirmed.



Figure 2: Learning Disability Patients TCI status

### Impact on LD recording

LD recording for patients on the inpatient waiting list has increased significantly. In July 2021 during the initial BI analysis 0.3% of the inpatient waiting could be identified as having LD. Table 1 shows the number of patients on the current inpatient waiting list with LD listed as a diagnosis or flagged within the Surgical Order.

Table 1

	Surgical Orders		
Priority	All Patients	LD on Patient or Order	%
P1	37	0	0.0%
P2	1142	22	1.9%
P3	2330	29	1.2%
P4	1838	15	0.8%
P5	26	0	0.0%
P6	18	0	0.0%
None	15	0	0.0%
	<b>5406</b>	<b>66</b>	<b>1.2%</b>

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This suggests that 1.2% of the patients on our current waiting list have a LD diagnosis.

QOF data suggests the prevalence of LD in Bradford is 0.6% so this could represent over reporting or a higher prevalence of surgically treatable pathology in LD patients. The current Outpatient PTL analysed in the same way shows a prevalence of 0.63% which could confirm that we are accurately representing the population.

### Impact on Waiting Times

Statistical analysis to facilitate comparison between a large IP PTL and small number of LD patients, only 1.2% of the total, could make impact assessment less conclusive. However with these caveats we appear to be expediting LD patients. For illustration in the P2 category:

Median Wait (Elective weeks wait from DTA) for non LD P2s - 56 days (1164 patients)

Median Wait for LD at patient level P2s – 27 days (9 patients)

Median Wait for LD at order level P2s – 22.5 days (4 patients)

### Recommendation

Within a broader programme of work addressing the additional burden that the pandemic has placed on the most vulnerable and disadvantaged in our community the BTHFT Board were explicit in their commitment to address inequalities for people with a diagnosed learning disability in terms of the length of time they spend waiting for surgical intervention.

The organisation has been actively working to identify that percentage of patients with a learning disability on our waiting lists through capturing this information more consistently on the Electronic Patient Record. We have begun to furnish CBUs with the information to proactively identify patients diagnosed with a learning disability and then expedite them within their Priority cohorts.

Our initial analysis demonstrates that in comparison with the general patient population this activity is helping ensure that on average patients with a learning disability are waiting a shorter time for high priority surgery.

Going forward work we will continue to refine the approach as part of a comprehensive set of interventions to address the national operational guidance around addressing health inequalities.

Further updates will be provided to the Board on progress being made.

### Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients						
To deliver our financial plan and key performance targets						
To be in the top 20% of NHS employers						
To be a continually learning organisation						
To collaborate effectively with local and regional partners						
The level of risk against each objective should be indicated.	Low		Moderate	High	Significant	



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Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	<b>Risk (*)</b>
<b>Explanation of variance from Board of Directors Agreed General risk appetite (G)</b>	

<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain:</b>
<b>Care Quality Commission Fundamental Standard:</b>
<b>NHS Improvement Effective Use of Resources: Clinical Services</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's Committee: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>