Covid-19 Elective Guidance

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Risk Stratifying Elective Care Patients: A Practical Guide

Resumption of Elective Services

The NHS has been instructed to make plans for the resumption of elective care by Executive Simon Stevens.

The letter was all about risk stratification.

Organisations need to be working now on identifying clinical risk for its elective patients and prioritising accordingly. This is the 'new normal' for elective services and is likely to be in place for more than a year.

When looking at clinical risk, it needs to take account of all patients regardless of the waiting list they are on. The NHS has been accustomed to prioritising RTT patients in order to meet national targets.

What needs to change?

Prioritising scheduled care using Clinical Risk criteria means that NHS Trusts will have to look beyond RTT patients that are often at the forefront of actions, because they are nationally reported and subject to more scrutiny from regulators.

Systems will need to understand the entire architecture of scheduled care demand and make informed resourcing decisions based upon that knowledge and understanding. This is something that Simon Stevens's letter made clear.

Firstly, it will require an updated Governance Framework that aims to collaborate Hospital Clinicians, Managers, Informatics, Estates and Primary Care.

We have set out the architecture for elective care that includes the specific groups of patients that should be prioritised across all waiting lists they are sitting on:

What does this mean in practice?

Priority groups of patients need to be identified across all of the 5 main waiting lists that exist.

2 of these lists (Cancer and RTT) are well known and easy to identify. The other 3 less so – urgent work should be underway now to get these in place.

Priority	Cancer PTL	Non-RTT Follow-Ups (Long-Term Conditions)	Planned PTL	Diagnostic PTL	RTT PTL
1	Confirmed diagnosis	Past Due Date	Past Due Date	Suspected Cancer	Urgent
2	Awaiting MDT	High Risk Specialties	High Risk Specialties	Urgent	High Risk Specialties
3	Awaiting diagnostics	Urgent	Urgent	Long Waits (6+ weeks)	Long Waits (40+ weeks)
4	2WW	Due Date in next 3 months	Due Date in next 3 months	Routine	Routine

These 3 waiting lists are often the blind spots for elective care within organisations but represent more clinical risk than RTT patients.

This gives the system 4 priority groups of patients that require plans for treatment, regardless of where they are in the elective process.

This then leaves the healthcare system with 4 risk-stratified groups of patients across all elective waiting lists

Priority 1	Priority 2	Priority 3	Priority 4
Confirmed diagnosis	Awaiting MDT	Awaiting diagnostic	2WW
Non-RTT Past Due Date	Non-RTT High Risk Specialties	Non-RTT Urgent	Non-RTT Due Date Upcoming
Planned Past Due Date	Planned High Risk Specialties	Planned Urgent	Planned Due Date Upcoming
Diagnostic Suspected Cancer	Diagnostic Urgent	Diagnostic Long-Waits	Diagnostic Routine
RTT Long-Waits	RTT High Risk Specialties	RTT Urgent	RTT Routine

Once these groups have been identified and reviewed, the governance framework will need to assess infrastructure, estates and workforce issues that may impact on the ability of organisations to treat each group.

The output of this risk stratification will be a plan that clearly sets out how the system plans to deal with each priority group of patients.

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