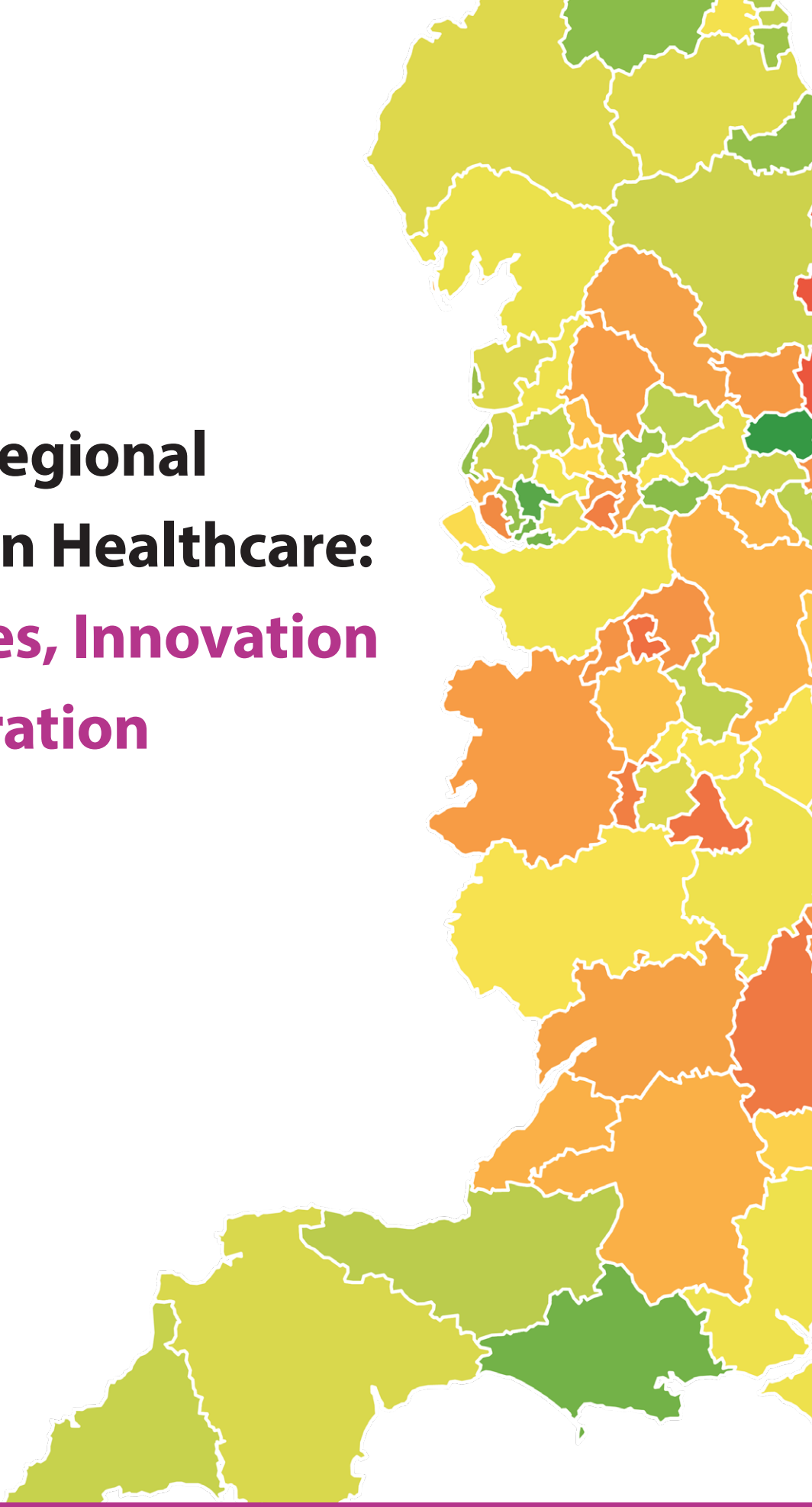
Tackling Regional Variation in Healthcare: Inequalities, Innovation and Integration



Ration Watch

The Medical Technology Group

Improving patient access to medical technology

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Map boundaries from www.gbmaps.com

Executive Summary

There is widespread variation in the quality of care you are likely to receive in the NHS in England. The key findings from the MTG's analysis of NHS England's Monthly Referral to Treatment (RTT) data show widespread variation in outcomes for overall waiting lists in each local area, as well as for disease specific waiting times.

The types of variation we found are outlined as follows:

1. National variation, with wide variation between the best and worst performing CCGs in the country.
2. Regional variation, with the Midlands, London and the East of England performing more poorly than South West, North East and North West.
3. Local variation, with Integrated Care Systems (ICSs) now made up of both high and low performing CCGs.

This variation is demonstrated most acutely in the diagrams contained in this report, which show the performance of CCGs for the overall completed pathways in the time period. We also see these trends of variation present in each disease area for cardiology, orthopaedics, gynaecology and general surgery.

Despite this variation, there is evidence of consistently high performing areas as well as those that greatly improved during the time scale examined. Case studies from some of these high-performing CCGs which are included in this report highlight the benefits of using innovation and innovative thinking to help tackle the backlog and create a high performing ICS moving forwards.

This report looks to highlight these case studies and examples of best practice, and make policy recommendations for Government and the NHS to help tackle the backlog, and end variation in care across the NHS.

As the latest reforms to the NHS begin to take shape, as pressures on demand continue, and as the new Secretary of State takes up their role, action is needed to ensure consistency across services. Patients need to be able to access the same standard of gynaecological and cardiac care as they do orthopaedic and vice versa.

The move to Integrated Care Systems (ICSs) adds another layer of complexity when working to end this variation. Becoming statutory bodies in July 2022, ICSs are now faced with the challenge to benchmark good practice against the top performers in their area, and look to set standards alongside these good outcomes.

Looking at the component CCGs within an ICS from July 2021 to March 2022, we can see the overwhelming variety in performance within them. The Greater Manchester Health and Social Care Partnership will contain CCGs ranked 7th (Tameside and Glossop CCG) and 94th (Trafford CCG) in March 2022. The recommendations in this report are provided so the NHS can endeavour for its new bodies to perform at the rate of the best, not the worst performers.

As we move out of the pandemic, and into the new ICS system, we have an opportunity to use both the funding and guidance from the elective restart plan, as well as good practice from across the country, some of which are highlighted in this report, to tackle the remaining backlog, deliver for the present needs of patients and create a high performing health service for all

The MTG is aware that this will be challenging, particularly as pressures continue to mount for hospitals and their staff. We hope this report will inspire greater confidence in the ability of strong leadership and innovative thinking to transform our health service under the new ICS model.

Foreword

Barbara Harpham

The Covid-19 pandemic has had a seismic impact on the delivery of health and care services right across the world.

It has also had a significant, detrimental impact on patients and outcomes in the UK – with waiting lists and treatment times increasing over the past two years. Waiting lists are now at their highest, since records began.

Change to data shows that these waits aren't evenly distributed, with clear inequality of access for patients in some parts of the country.

This is due to a range of factors, including history of deprivation, historic underinvestment and already hard-pressed services – all exacerbated by the pandemic.

However, some areas are using innovation and innovative thinking to bring down waiting lists, see patients quicker and help clear the backlog. We have seen waiting lists grow across the country; but we have also seen good practice spread across the country, and our report highlights some of these good examples.

Ration Watch was launched to highlight the impact of rationing care across the NHS and demonstrate the postcode lottery of care. Through this report we have sought to highlight good practice, which can be replicated across the country in order to drive down waiting lists.

Through our analysis of NHS England's Monthly Referral to Treatment (RTT) data, we have drawn out examples from CCGs who are delivering positive outcomes for patients across completed pathways. It is these completed pathway data points which represent patients who have managed to travel through the system, get seen by a clinician, and hopefully start their journey of recovery.

These good examples also represent innovative thinking in practice. It is our hope that the examples we highlight in this report can be replicated across the country, and utilised by underperforming NHS organisations to improve outcomes for patients in their areas.

As CCGs move to ICSs, following the completion of the Health and Care Act, it is imperative that leadership within the new integrated systems look to benchmark their success against the most successful of the organisations who have merged into their area.

The Medical Technology Group will continue to monitor the outcomes for patients, and will continue to call for equitable access for all patients regardless of where they live, including through medical technology and innovative thinking.

Barbara Harpham,

Chair, Medical Technology Group

Background

The Medical Technology Group (MTG) campaigns for fair and equitable access to proven medical technology for everyone in the UK, regardless of location.

Our campaign, Ration Watch, launched in 2017 to highlight the impact of rationing care across the NHS and demonstrate the postcode lottery of care. In the NHS today, the determining factor in the treatment you receive is likely to be where you live, not what you need.

With over 6 million people currently on waiting lists, the key challenge for NHS England is how it ensures patients have access to the correct treatment as quickly as possible.

NHS England has published its delivery plan for tackling the COVID-19 backlog of elected care. This contains the Government's commitments to increasing health service capacity; prioritising diagnosis and treatment; transformation in the way they provide elective care; and providing better information and support to patients.[1] Part of this work includes establishing a national network for people waiting a long time for elective care, which will see patients given the choice to take up appointments away from their local hospital, as well as support for travel and accommodation where necessary.

The effort needed to ensure high quality, location-specific and quick treatment for patients across all clinical areas is fundamental to ensuring that every patient has access to treatment when and where they need it.

In order to understand the speed with which every Clinical Commissioning Group (CCG) and NHS Regional Team is working to reduce their backlog, the MTG has looked at condition-specific waiting lists across four clinical areas. To do this, the MTG used NHS England's Monthly Referral to Treatment (RTT) data on waiting times for completed admitted pathways, alongside the RTT data for the total number of incomplete pathways.

Using both datasets has helped the MTG assess CCG waiting lists, as well as the number of patients who complete a pathway in each month.

The treatment areas which have been assessed for Ration Watch 2022 include:

1. **Cardiology Service**
2. **Trauma and Orthopaedic Service**
3. **Gynaecology Service**
4. **General Surgery Service**

To allow for fair data comparison across regions and in line with previous comparisons, statistics have been adjusted according to population.

By assessing a variety of clinical areas, the MTG has tried to analyse overall variation in care across the country, as while a CCG may be the most productive in one area, it might lag significantly in another.

Case studies have been provided to highlight good practice across regions and disease areas, detailing what they are doing to successfully maintain output levels. These case studies draw from a range of sources, each of which is outlined in greater detail in the report.

1. Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)

Trauma and Orthopaedics

Alongside Oral Surgery and Ophthalmology Services, Trauma and Orthopaedic waiting lists are among the highest across NHS England.

There has been very clear regional variation amongst completed trauma and Orthopaedic pathways, with the South East, South West and North West regions all performing consistently better than the Midlands and East of England from July 2021 to March 2022.

The top 10 CCGs' average completed pathway per 1000 people was similar at the start and end of our period of analysis (1.36/1000 in July 2021, compared with 1.34 in March 2022). Except for a dip from December to January which impacted all disease areas, there was no marked improvement or decline in output of services (see Fig. 1).

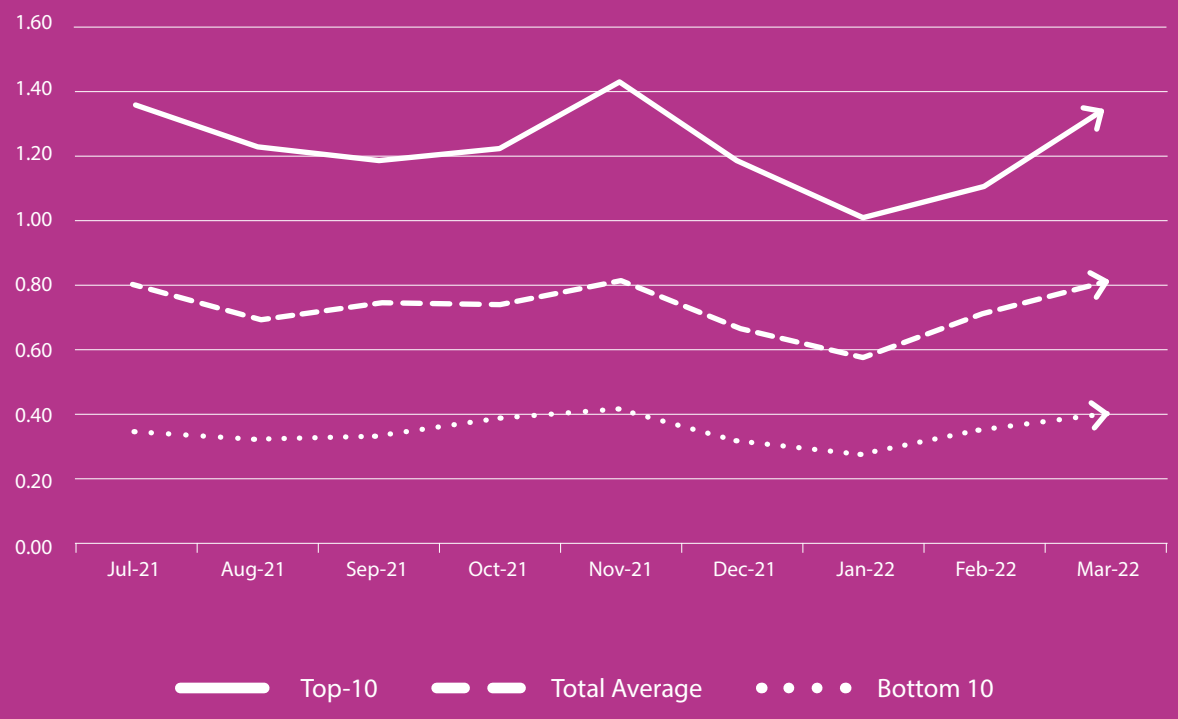
The bottom performing CCGs improved slightly over the 9 month period, with the average of the bottom 10 worse performing CCGs moving from 0.35/1000 to 0.39/1000, with the average CCG also ending March 2022 in a similar position to the performance in July 2021 (see Fig. 1).

Within that range, there were consistent good performers in Wakefield, Cannock Chase and Blackpool, all finding themselves within the top 15 from July 2021 to March 2022. West Lancashire moved from 99th position to 47th, significantly improving performance over the 9-month range.

However, the range of variation across the areas was significant, and points to clear inequalities in accessing treatment across CCGs, and even regionally (see Fig. 2 and 3), with some regions getting significantly worse through the period.

Fig. 1

Completed Trauma and Orthopaedic Pathways



Completed Trauma and Orthopaedic Pathways (CCGs)

July 2021

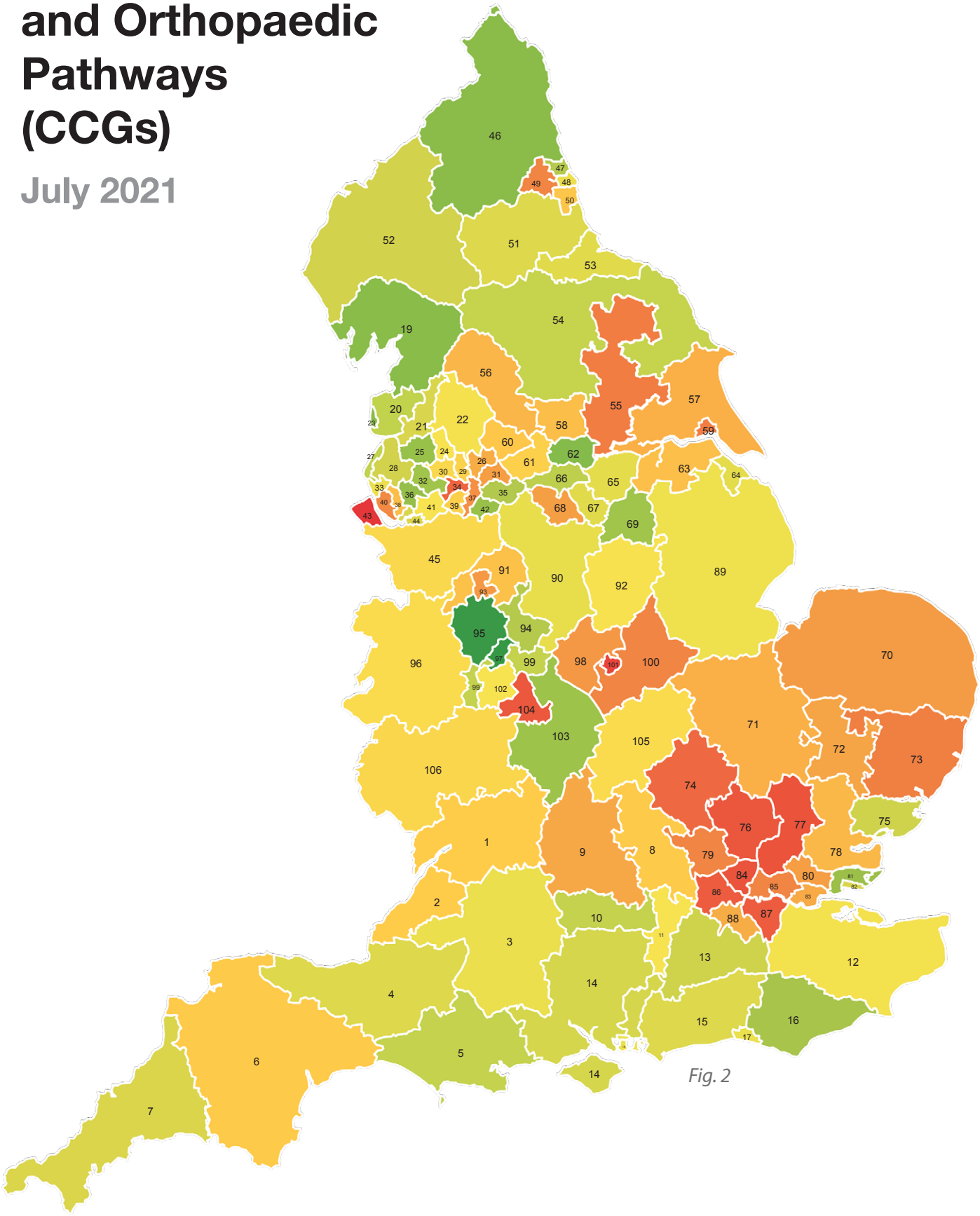


Fig. 2

Completed Trauma and Orthopaedic Pathways (CCGs)

March 2022

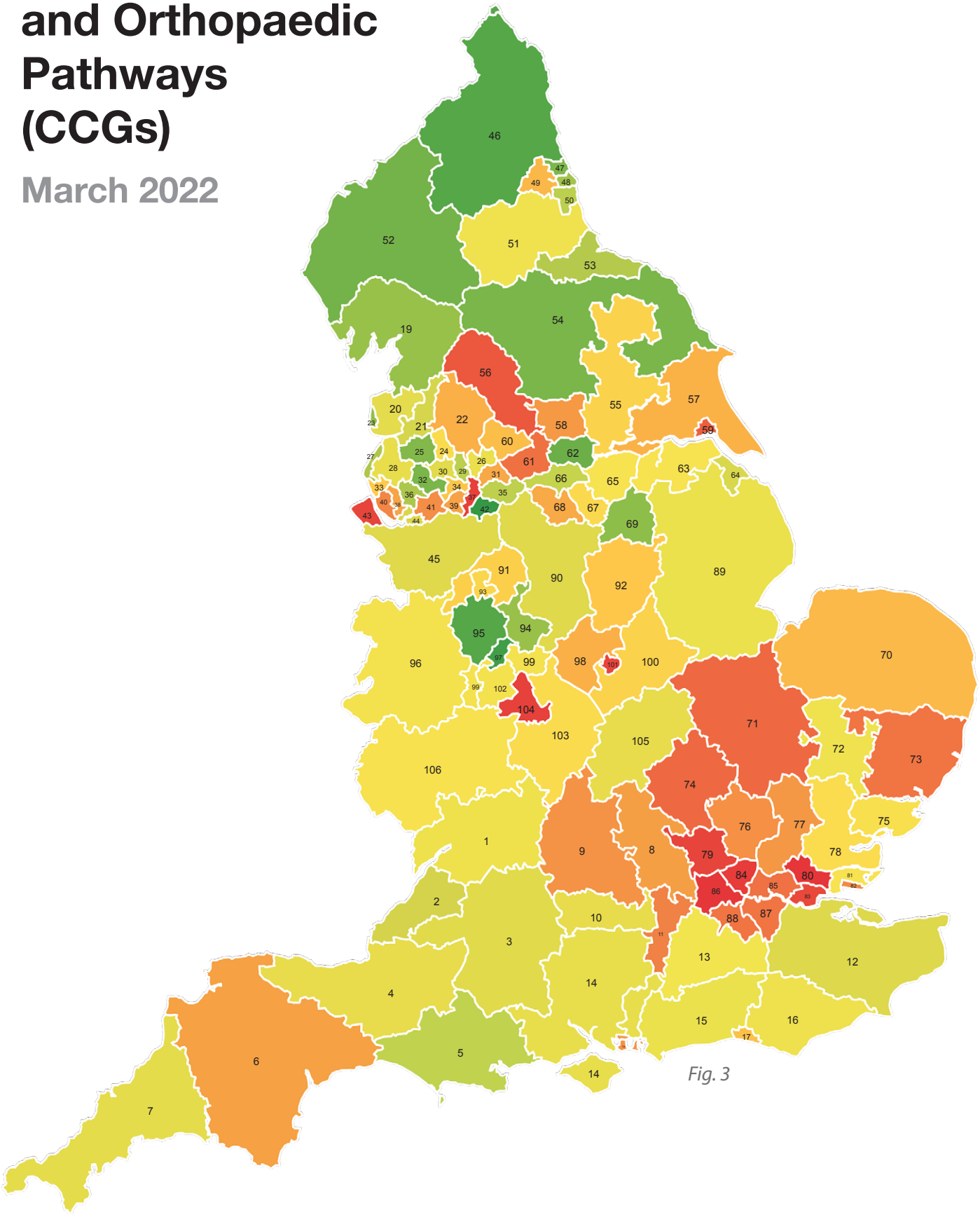


Fig. 3

Orthopaedic Care in Bury

T&O Performance in Bury:

Fig. 4

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**190,990**	**136**	**0.71**	**61**			
March 2022	**190,990**	**199**	**1.04**	**19**	**+0.33**	**46.32%**	**-42**

Super Saturday Orthopaedics List

The Bury Care Organisation tested a new way of working within Fairfield Hospital Theatres by holding a "Super Saturday Orthopaedics List".

This initiative was to achieve the top decile of GIRFT principles, having already adopted the High Volume, Low Complexity (HVLC) philosophy. These include use of an orthopaedic ring-fenced unit, with standardised kit and consistent staff to deliver the right number of cases, with a short length of stay (LoS). More recently this has included a target of 10% as day case arthroplasty procedures.

It was agreed that if successful, day case Orthopaedic surgery would be rolled out routinely to help reset benchmark & increase day case (DC) rates, reduce departmental LoS, create extra capacity without impacting weekday activity and reduce the waiting list.

The project took place on one Saturday in July, and successfully treated 10 patients in 1 day between 2 theatres as opposed to the 'business as usual' number of 3 – 4 per theatre in 1 day.

The project realised the following benefits:

- **Treated 10 patients under 1 named Surgeon utilising 2 theatres in 1 day**
- **Long waiters reduced by 10 (average wait 48 weeks with longest wait at 81 weeks)**
- **Improved patient care and experience**
- **Staff morale improvements**
- **Reduced length of stay**
- **80% daycase rate, with 8 out of the 10 patients discharged the same day with only 2 patients requiring an overnight stay**
- **Improved theatre productivity and utilisation**
- **Set new benchmark for unit to strive to achieve**

The pilot showed a successful test of change and innovation that could be used again. The process and approach were said to be repeatable to tackle HVLC patients across any speciality and to start to address long waiting times for patients. It has also provided a baseline case for change for 6 day working in the future and improving flow within the same bed numbers.

Cardiology

In Cardiology services, the variation in treatment was considerable both locally and regionally.

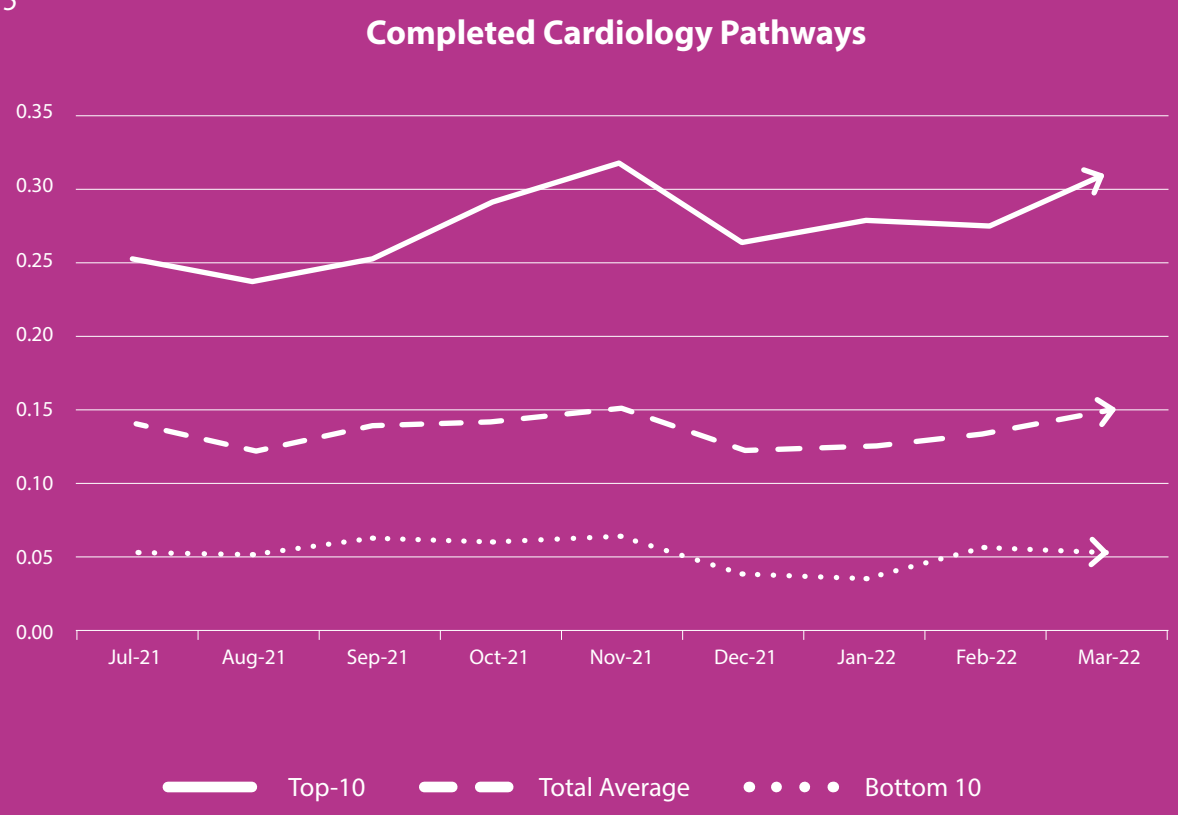
Although the South West was top during 4 of the 9 months analysed, it also fell as low as 5th place, with the remaining regions experiencing similar variation. London moved from last place (7th) to 3rd, and the North West also came both first and last during the same July-March period.

This was replicated in some of the individual CCGs analysed, with Knowsley CCG moving from 30th to first place (a position it retained for the last 4 months of analysis). Similarly, Basildon and Brentwood CCG moved upwards from 80th up to 60th during that time.

Cardiology was one of the services analysed which saw an overall increase in completed pathways for the top performing CCGs during the period (see Fig. 5 below), with the average of the top 10 performers moving from 0.25 completed pathways per 1000 people, to 0.31/1000 by March 2022.

The 10 worst performing CCGs during that time saw completed pathways remain static with an average of 0.05/1000.

Fig. 5



Completed Cardiology Pathways (CCGs)

July 2021

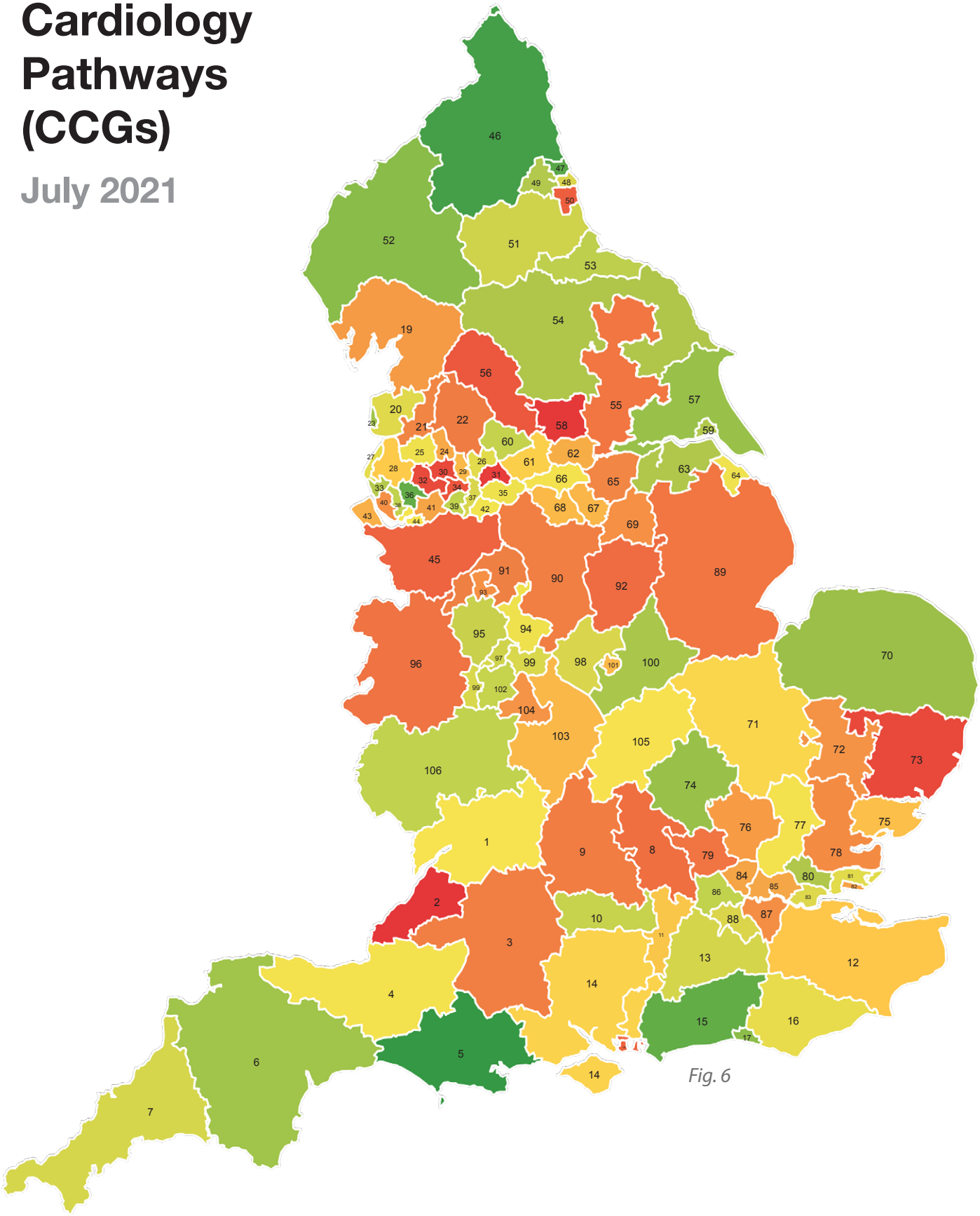


Fig. 6

Completed Cardiology Pathways (CCGs)

March 2022

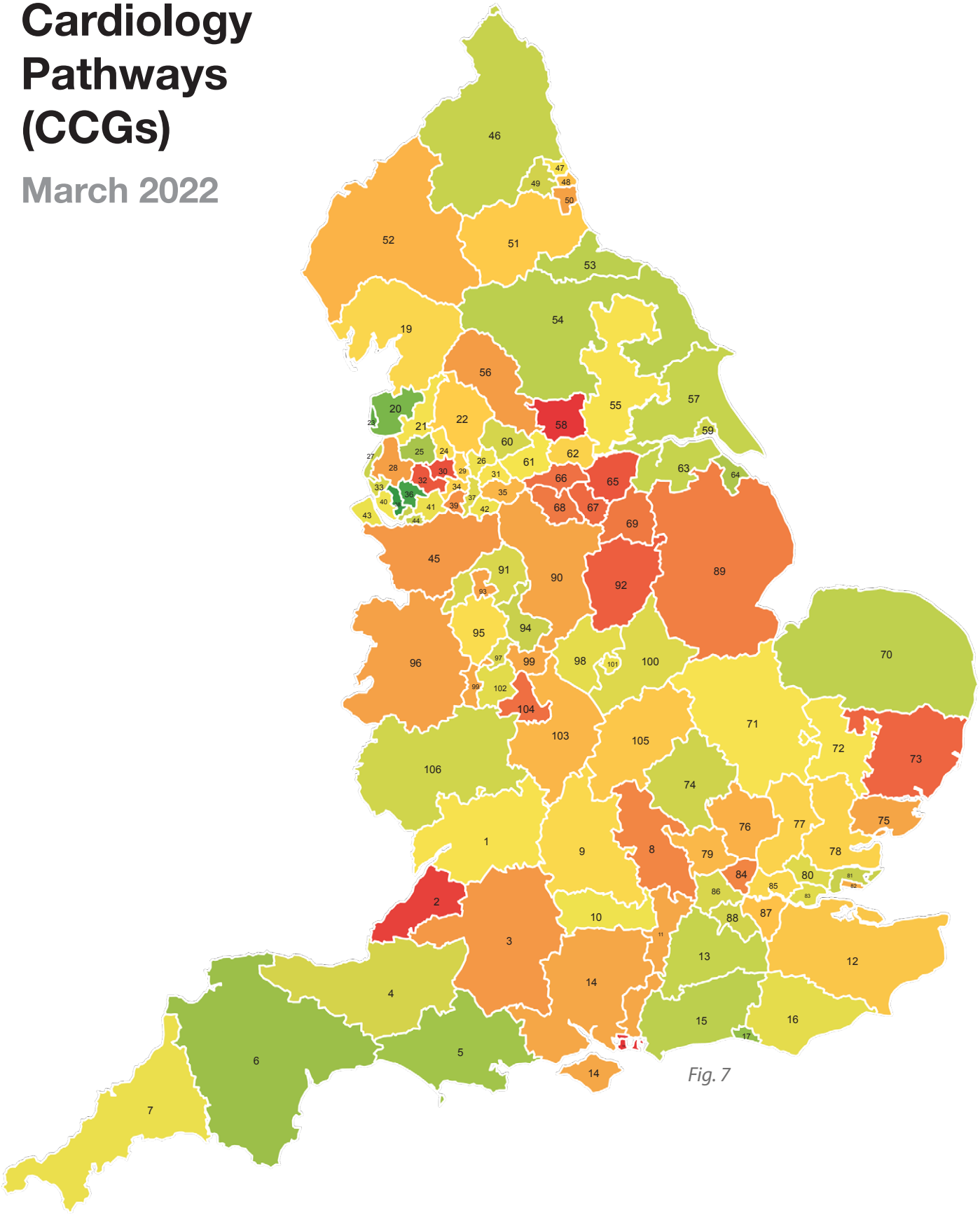


Fig. 7

Cardiology in Halton and Warrington

Cardiology Performance in Halton and Warrington:

Fig. 21

		Population	Total number of Completed Pathways	Completed Pathways per 100	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
Halt	July 2021	**129,410**	**18**	**0.14**	**52**			
Warr		**210,014**	**22**	**0.10**	**71**			
Halt	March 2022	**129,410**	**27**	**0.21**	**18**	**0.07**	**50%**	**-34**
Warr		**210,014**	**33**	**0.16**	**40**	**0.06**	**60%**	**-31**

Cardiology Care in Halton and Warrington:

Halton and Warrington CCGs have taken a combined and innovative approach to cardiology care throughout the COVID-19 pandemic.

From a provider perspective, cardiology treatment has been partly provided in the Acute Cardiac Care Unit (ACCU) of the Warrington and Halton Teaching Hospitals. All 8 beds in the high care area of ACCU are equipped with state of the art monitoring equipment, with access to a designated area to undertake emergency procedures such as temporary pacemakers for acutely ill patients along with other complex and invasive procedures.

The high care area of ACCU also provides the surveillance of telemetry channels which is distance monitoring of up to 8 patients chosen to wear a portable monitoring device and have their cardiac rhythm and heart rate transmitted. This data is interpreted by specially trained telemetry nurses within high care, where an electronic report is generated and provided for medical staff.

In the Cardiac Catheter Suite, there is a dedicated, fully digital, flat panel Cardiac Catheter Laboratory. The imaging and monitoring system includes angiography equipment with an archive and reporting system. The Catheter Suite undertakes approximately 1,500 diagnostic procedures per annum.

Looking at more structural transformation programmes, the Halton and Warrington have had a Cardiovascular Disease (CVD) programme in place for the last 5 years and have been working with the HCP and Innovation Agency to adopt additional initiatives. The CVD board has led on the development of clinical pathways in line with the Long Term Plan priorities.

In September 2020, Halton CCG also commissioned a 12-month pilot for the 'my mhealth' Long Term Condition Platform Patient Self-Management Apps, which were adopted to support Halton patients with heart disease, COPD, asthma, and diabetes. The my health apps have been rolled out across the Halton pathways for each of the 4 conditions.

MyHealth brings digital support to patients with heart disease or recovering from cardiac surgery, delivering personalised self-management and cardiac rehabilitation programmes. For clinicians, myhealth apps allow them to remotely support patients, deliver and manage a comprehensive cardiac rehabilitation and education course, individualised to a patient's condition and track symptoms.

Warrington and Halton Hospitals NHS Trust

General Surgery

General surgery services provide a full range of diagnostic tests, scans and examinations for patients with hernias, lumps and bumps, gallstones and general abdominal conditions, and can include:

- **surgical conditions of the gastrointestinal tract from the oesophagus to the anus**
- **breast conditions**
- **kidney, pancreas and liver transplantation**
- **trauma to the abdomen and thorax**

In our analysis for General Surgery services, there was further regional variation, with a clearer set of regions coming out on top and bottom. North West and North East once again were stronger performers; with London, the South West and Midlands delivering fewer completed pathways.

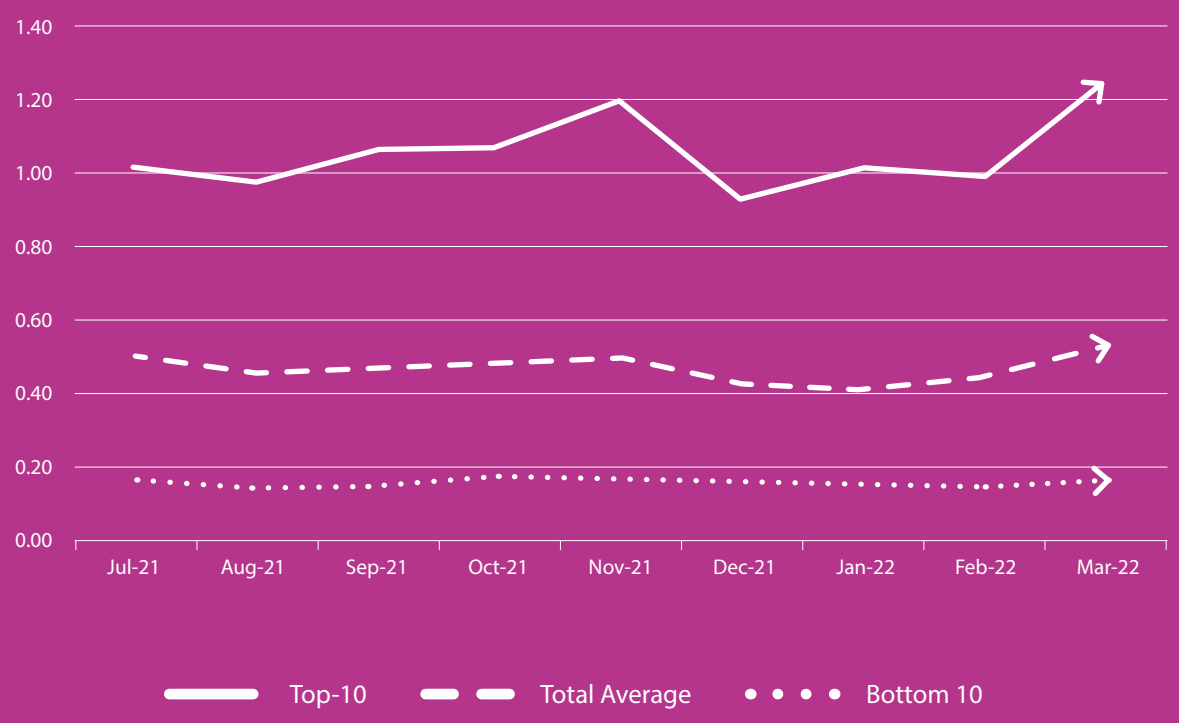
Although there was a clear local variation, there were some CCGs consistently amongst the top 10 performers, for example, Tameside and Glossop, Sunderland and North East Lincolnshire, and bottom performers, for example, Brighton and Hove, Gloucestershire and Wirral.

The performance of some CCGs varied significantly through the 9 month period examined, with Greater Preston CCG moving from 106th in the rankings, to 20th.

The average completed pathway for the 10 best performing CCG across the period rose from 1.02/1000 to 1.25/1000: the biggest increase in the four disease areas analysed. The bottom performing 10 CCGs had an average number of completed pathways of 0.16/1000 across the period, again showing the vast difference in outcome for patients depending on where they live.

Fig. 8

Completed General Surgery Pathways



Completed General Surgery Pathways (CCGs)

July 2021

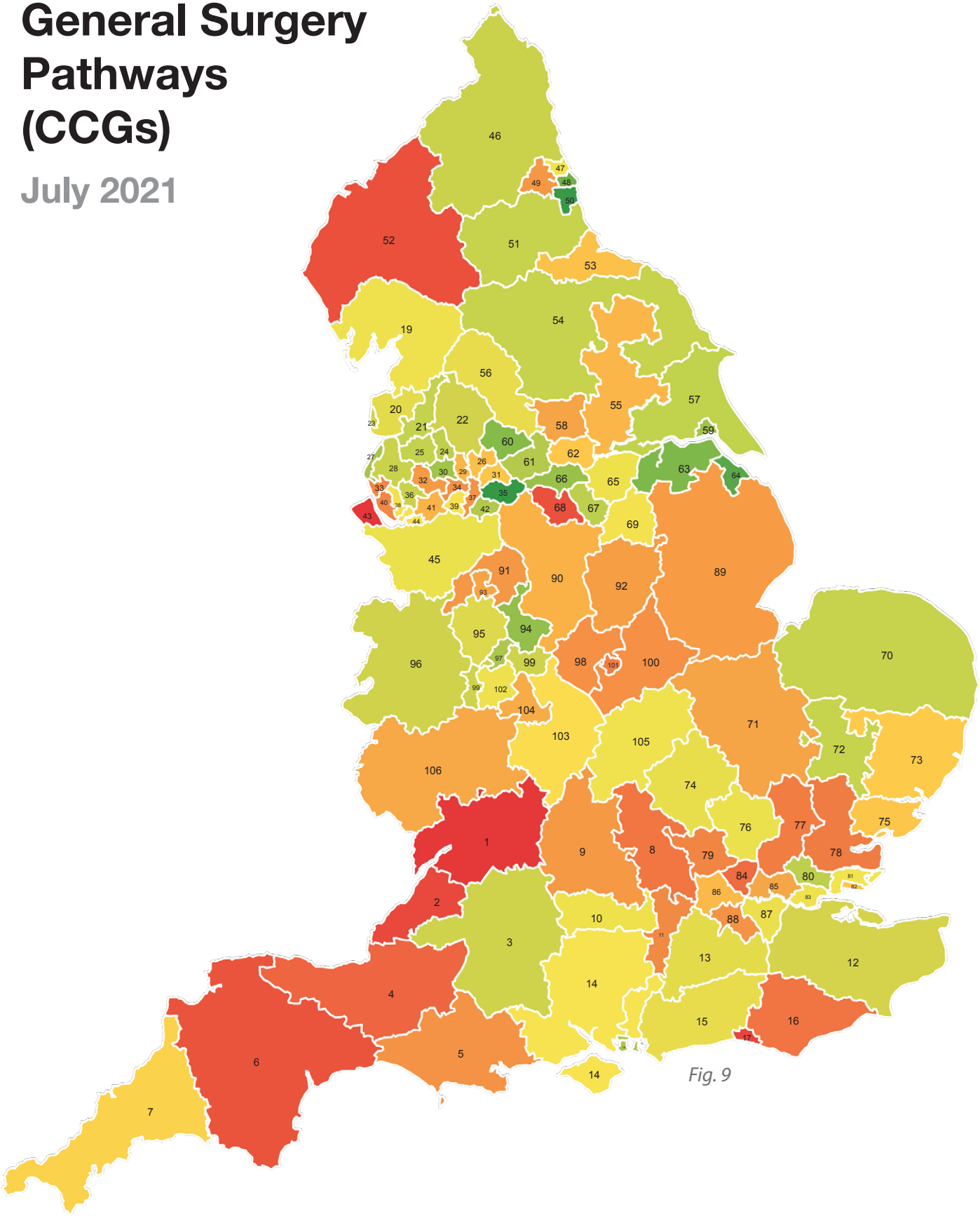


Fig. 9

Completed General Surgery Pathways (CCGs)

March 2022

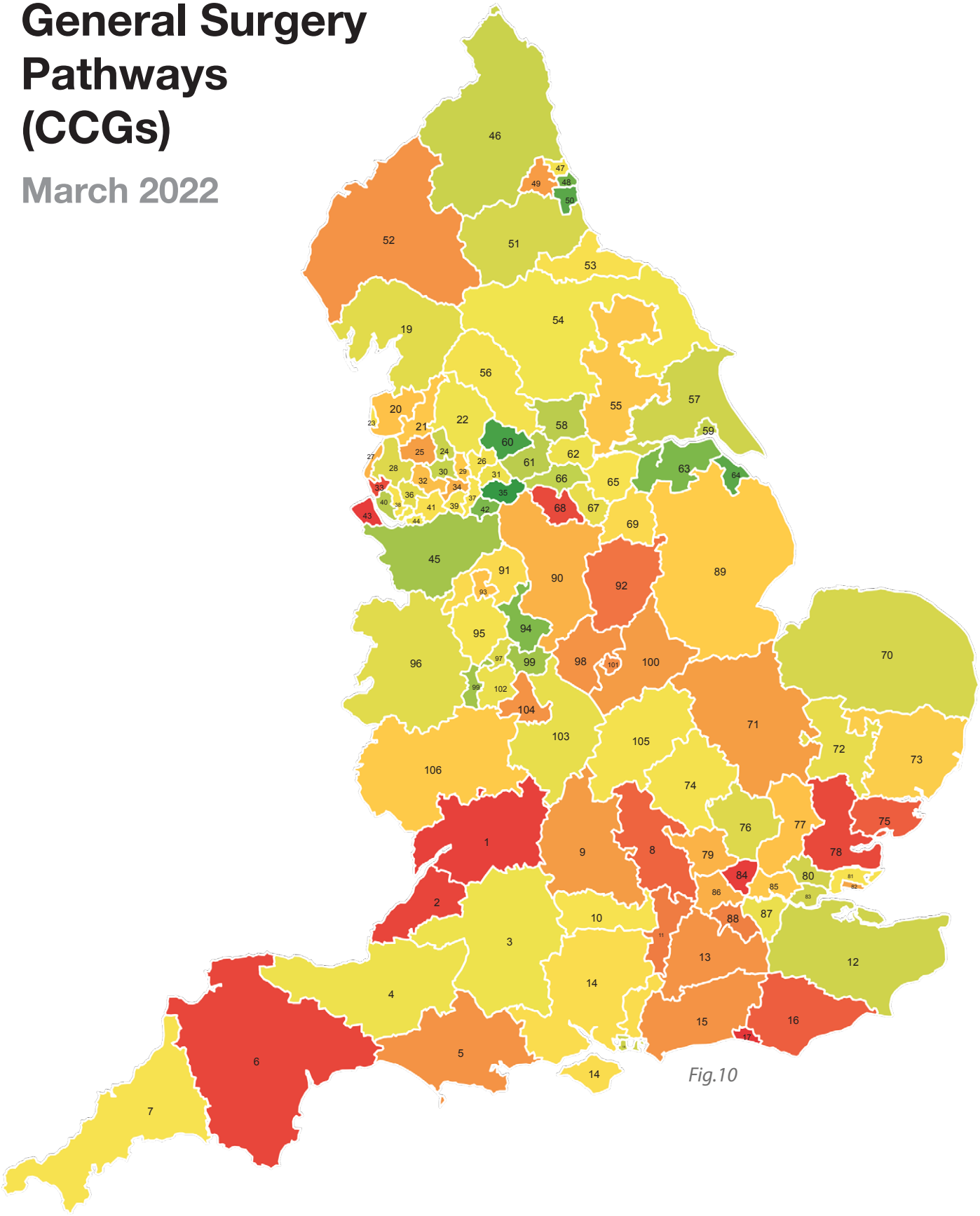


Fig.10

General Surgery in South Tyneside

General Surgery Performance in South Tyneside:

Fig. 11

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**150,976**	**155**	**1.03**	**4**			
March 2022	**150,976**	**191**	**1.27**	**5**	**0.24**	**22.83%**	**-1**

Path to Excellence Programme

The Path to Excellence is five-year healthcare transformation programme across South Tyneside and Sunderland which has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined-up, sustainable care that will benefit the population both now and in the future.

Provider collaboratives are partnerships that bring together two or more NHS trusts to work together at scale to benefit their populations. The move to formalise this way of working is part of a fundamental shift in the way the health and care system is organised, moving from an emphasis on organisational autonomy and competition to collaboration and partnership working.

By working together, the aim is to improve patient experiences, address vulnerable service areas and deliver the highest possible quality and safety standards to improve patient outcomes and deliver clinical excellence.

The aim of Phase Two of the Path to Excellence programme is to build on the strengths and successes of the hospital Trust whilst helping us to plan and prepare for the tidal wave of pressures facing the NHS. Phase Two looks at surgical care and covers two main areas, trauma and orthopaedics and general surgery.

In the 'working ideas', the majority of planned operations would take place at South Tyneside District Hospital. Emergency operations and some planned operations would take place at Sunderland Royal Hospital. Plans also include the development of a new state-of-the-art Integrated Diagnostic and Imaging Centre at South Tyneside District Hospital which would offer world-class diagnostics and serve both local populations.

By organising surgery in this way there are many benefits, and it is a tried and tested model which many other parts of the NHS have already done this with great success. The main benefits are:

- **less cancellations or delays to planned operations for patients**
- **helping to prevent and control infection**
- **improved patient journey for common injuries and conditions leading to better individual care**
- **better use of our theatre resources**
- **creating services that attract and retain more staff and newly qualified staff.**
- **ensure consultant-delivered care and rapid availability of a senior surgical opinion**

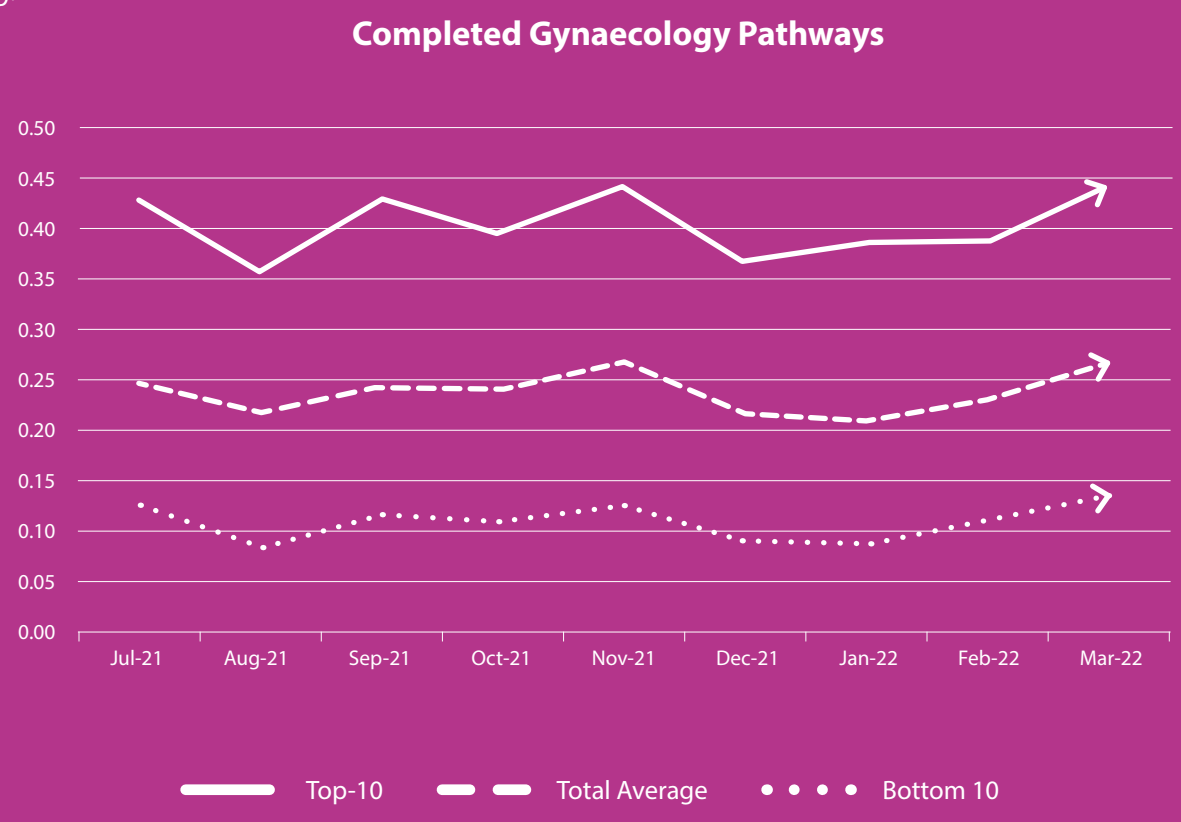
Gynaecology

The analysis for Gynaecology services delivered from July 2021 to March 2022 showed there were further regional divisions, with the South West and South East consistently performing best, and East and Midlands very clearly the worst performing – with East the worst performing region in every month, except one.

The average completed pathways during that time in the best 10 performing CCGs remained static, ending the period with almost the same number of completed pathways as it began (0.44 and 0.43 respectively). The worst performing 10 CCGs remained similarly static across the period, with no significant jump or fall in output. However, the variation between the top and bottom performers was once again significant.

Excluding February, Wakefield CCG moved from 40th-60th during the period of July 2021-November 2020 to 1st-5th in December 2020-March 2021.

Fig. 12



Completed Gynaecology Pathways (CCGs)

July 2021

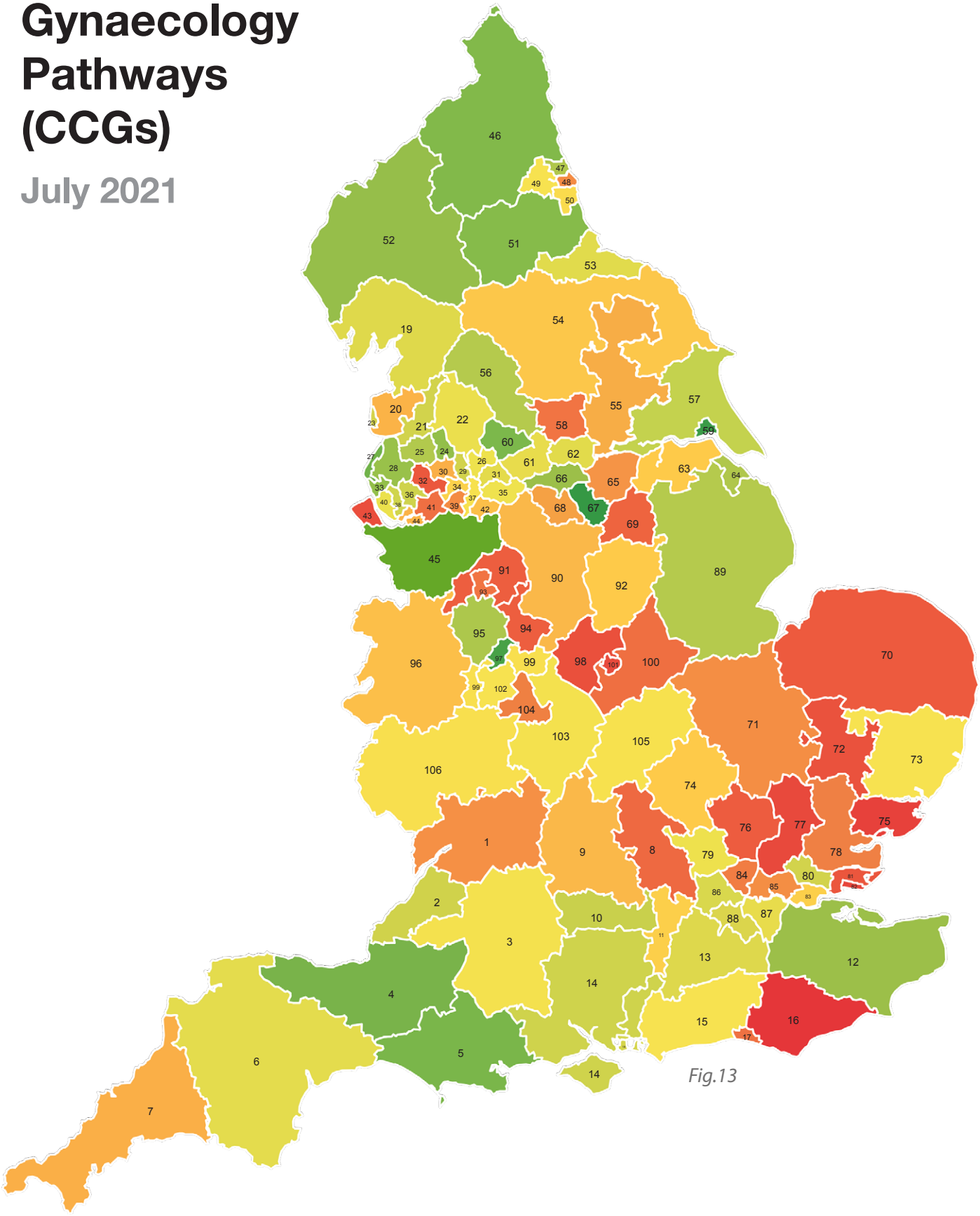


Fig.13

Completed Gynaecology Pathways (CCGs)

March 2022

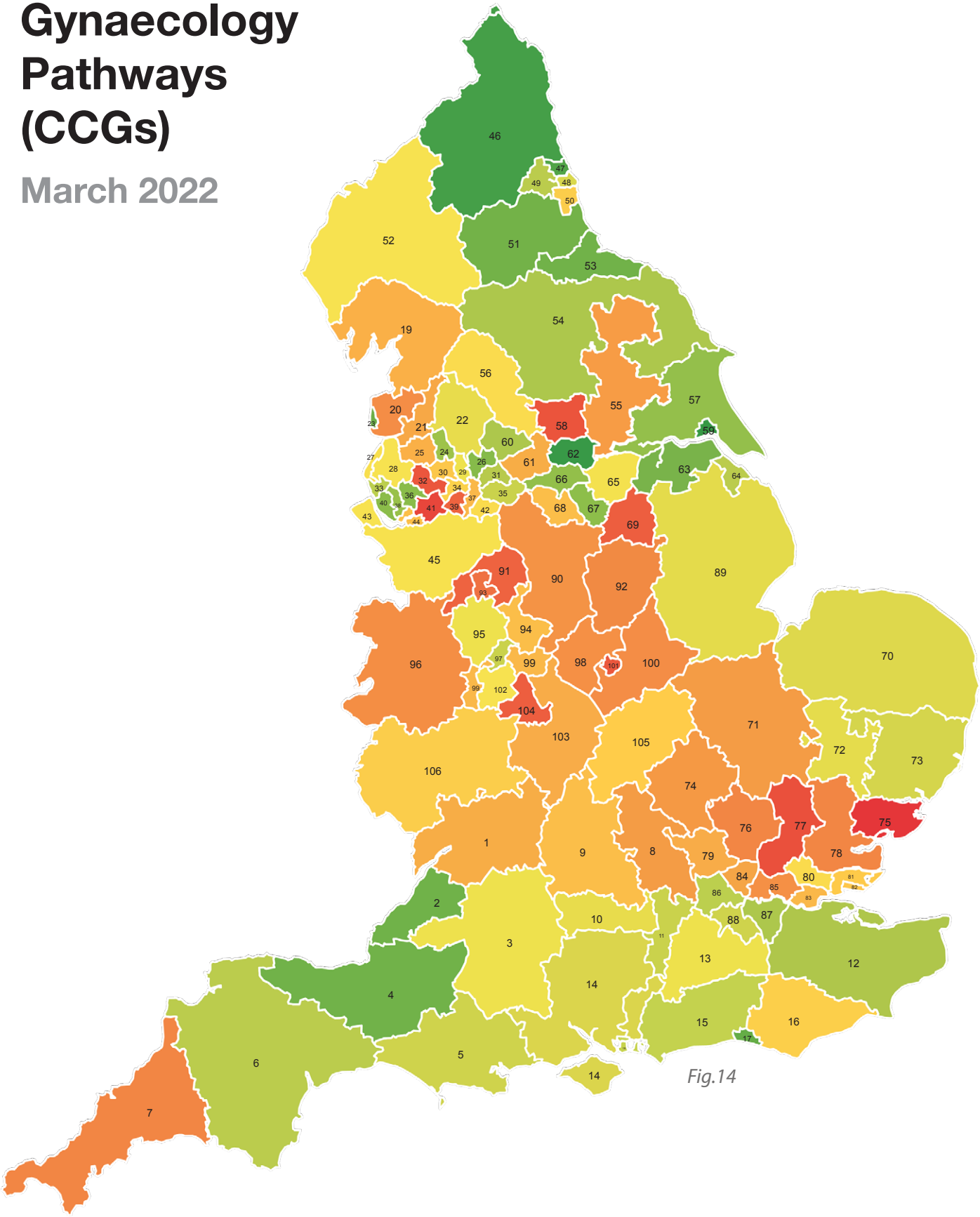


Fig.14

Gynaecology in Dorset

Gynaecology Performance in Dorset:

Fig. 15

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**773,839**	**311**	**0.40**	**6**			
March 2022	**773,839**	**232**	**0.30**	**36**	**-0.10**	**-25.40%**	**30**

Shared Referral Pathway:

Developing One NHS in Dorset is a collaboration between Dorset County Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust and The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

The hospitals are working in partnership to make the most of local NHS resources, now and for the future.

Developing One NHS in Dorset is one of 50 vanguards across the country which were selected to take a lead on the development of 'new care models'. These will act as blueprints for the NHS moving forward, and as inspiration to the rest of the health and care system.

Dorset CCG has established 10 workstreams looking at different patient and support services: stroke, ophthalmology, women's health, paediatrics, cardiology, non-surgical cancer, pathology, radiology, health informatics and business support services.

For Women's Health, gynaecology staff from the three acute trusts are working together to shape the future of their services. They are working towards the alignment of gynaecology services across Dorset by focusing on the patient journey. They have agreed a vision statement that represents what they are trying to achieve

'To provide a single gynaecology service for the women of Dorset, delivering patient-centred, seamless, equitable care.'

Staff will now become part of small working parties for each patient pathway, to work through the changes in detail, standardising services across Dorset.

Dorset CCG

'To provide a single gynaecology service for the women of Dorset, delivering patient-centred, seamless, equitable care.'

Consistency in Service

The trends which are seen in the completed pathways for each individual disease area are also seen in the overall total completed pathways (total waiting lists) figures. These show a significant regional variation between the best and worst performing CCGs.

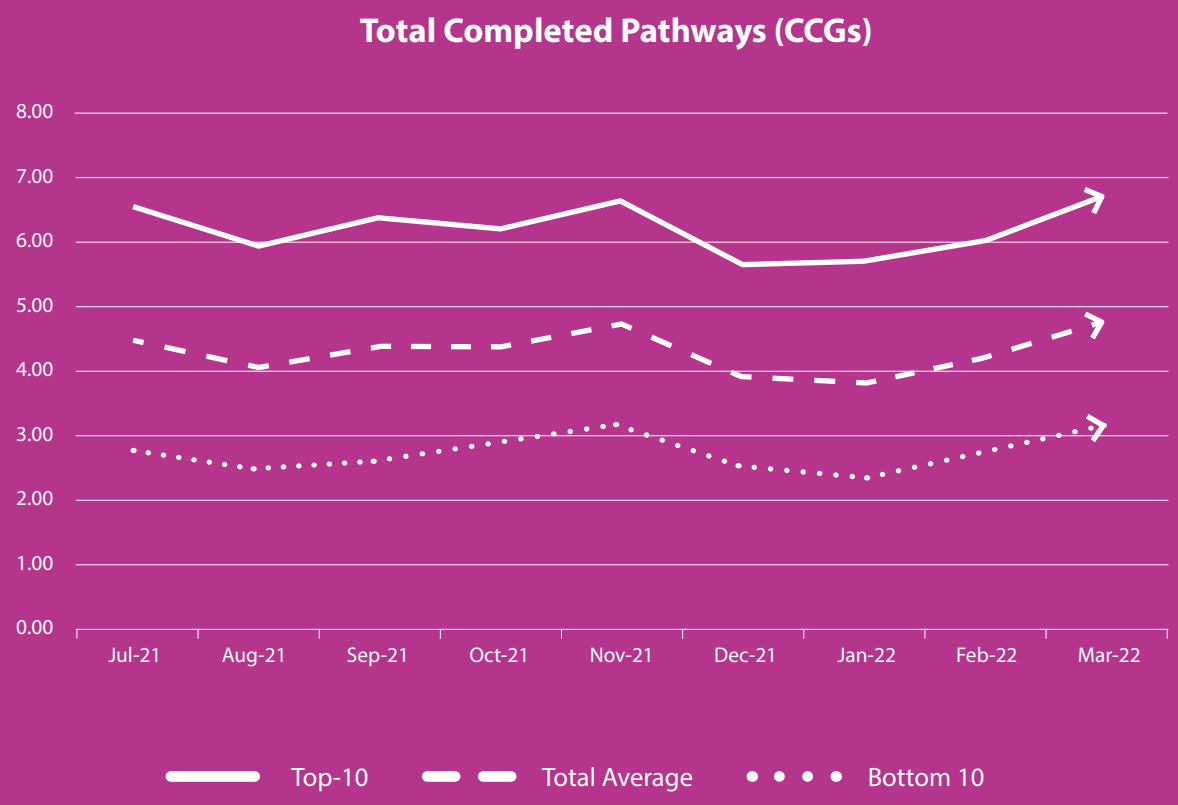
Regionally, the South West, South East and North East are the best performing on a consistent basis, with the East, the Midlands and London performing worst consistently through the time period analysed.

Overall, the average of the top 10 performing CCGs rose slightly from 6.59 completed pathways per 1000 people to 6.77/1000. The worst performing 10 CCGs moved from an average of 2.79/1000 to 3.23/1000, showing a marginal improvement across the 9 months.

There were also instances of variation within CCGs, with Surrey Heartlands CCG moving from around 30th in the rankings of CCGs to 11th, markedly improving their performances and outcomes for patients in that time.

Looking to the backlog of care, there needs to be widespread effort to achieve consistency across performance. From July 2021 to March 2022, few CCGs performed consistently well across all four treatment areas examined. NHS England must look at those that did, and disseminate this best practice nationally, whether through changes to individual treatments or structural pathways.

Fig. 16



Total Completed Pathways (CCGs)

July 2021

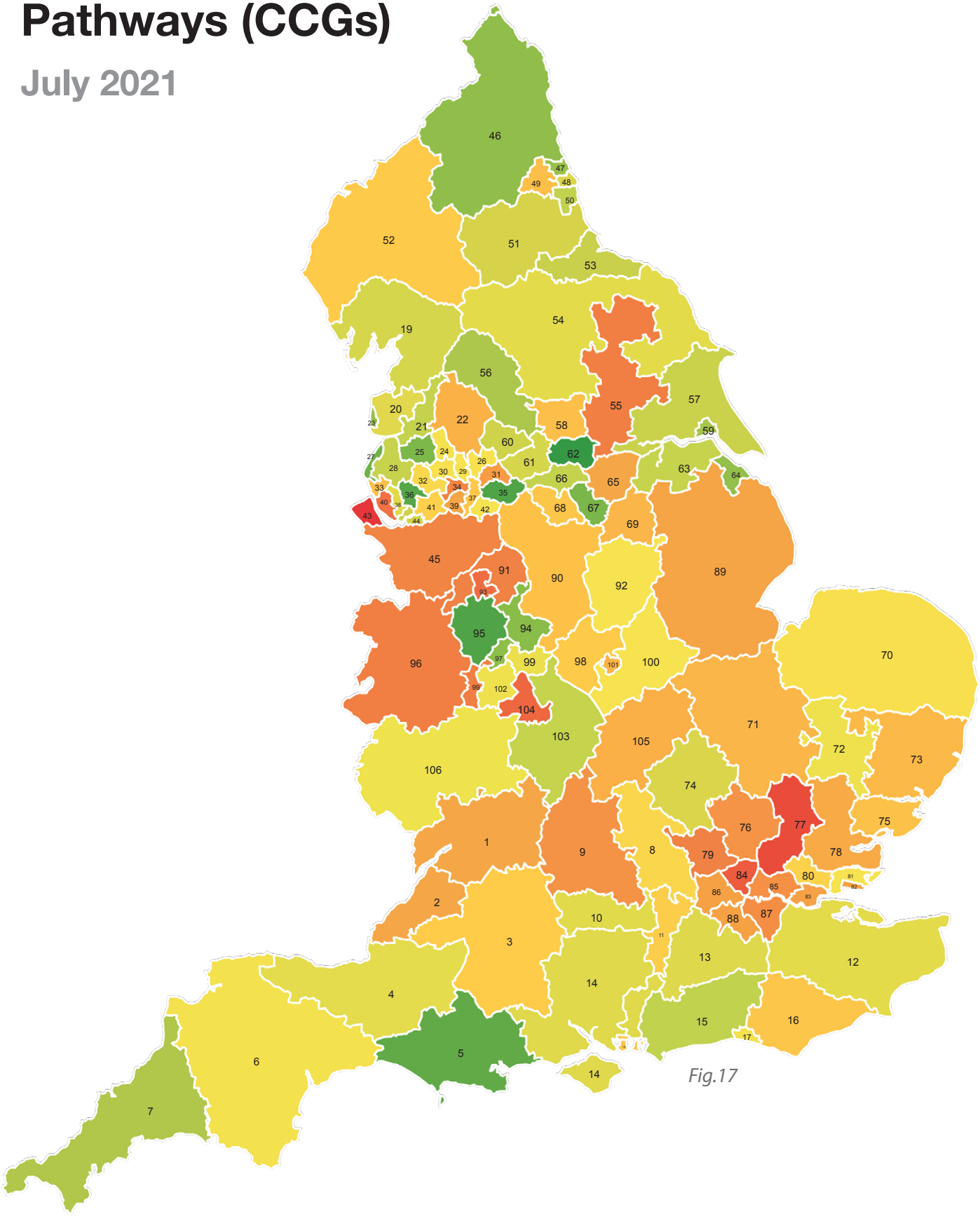


Fig.17

Total Completed Pathways (CCGs)

March 2022

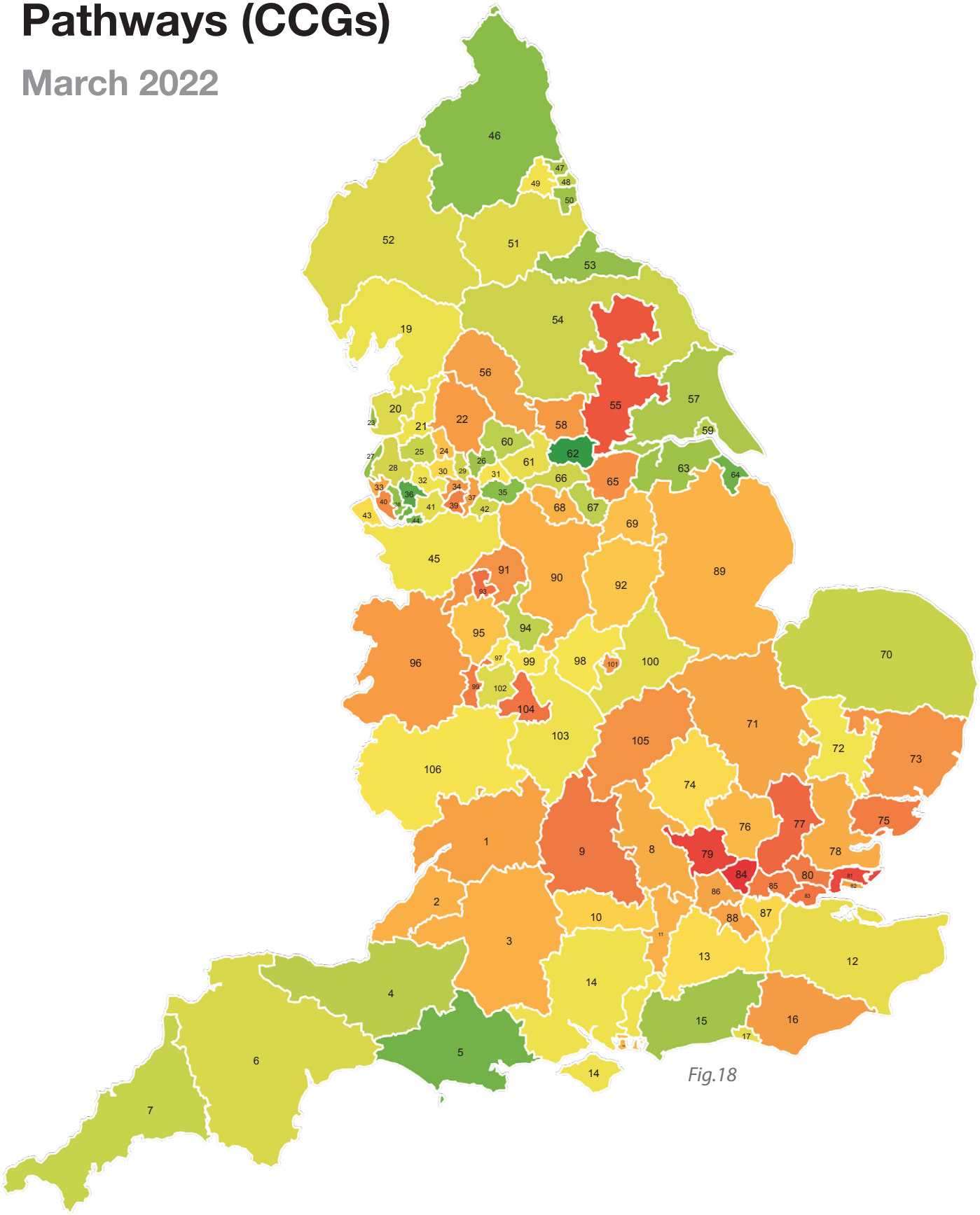


Fig.18

Waiting Lists in Wakefield

Overall Output in Wakefield:

Fig. 24

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**348,312**	**2,671**	**7.67**	**1**			
March 2022	**348,312**	**2,849**	**8.18**	**1**	**0.51**	**6.7%**	**0**

Shared Referral Pathway:

In the eight months analysed by the MTG, Wakefield CCG had the highest number of completed pathways in seven. Alongside the Mid Yorkshire Hospitals NHS Trust (MYHT) and Kirklees Health & Care Partnership, Wakefield District Health & Care Partnership understood the benefits of a more joined-up care system, helping to bring shared care to over half a million people through the creation of a Shared Referral Pathway (SRP) in July 2020.

The SRP was created through open collaboration between primary care, secondary care and technology providers. It has allowed commissioners and providers to work closer together to support the patient and ensure that a timely intervention was achievable and consistent.

When it is necessary to bring the patient into secondary care, they are seen in the right place, first time, along with all the supporting information necessary to ensure they can be treated as quickly as possible.

This is done by allowing primary and secondary care practitioners to communicate effectively and securely regarding their local population.

If a GP requires more specialist knowledge on a patient, the SRP allows them to send a message to a secondary care consultant directly (via eConsultation an Advice & Guidance functionality in SystmOne), who can then view the patient record in SystmOne and request diagnostics or call the patient before sending a message to the GP with a diagnosis, a new prescription recommendation or a template featuring referral details if a referral is required.

When a referral is generated the details from secondary care are pulled centrally into a template and sent with the referral to ensure the patient is booked into an appointment with the right clinic and consultant first time, reducing the administrative burden of any further post-referral clinical triage.

The benefits of the SRP are already being seen in cardiology – the first specialty to go live with the SRP in July 2020, having been closed to routine referrals due to the pandemic. From August to December 2020, the implementation of this new shared pathway resulted in a 30% overall increase in secondary care support to patients compared to the year before. The number of GP routine referrals to secondary care reduced by 60% whilst the number of eConsultations rose by 50% relative to the same months in 2019. So overall access to care has increased whilst the number of patients that need to be seen in a traditional outpatient appointment setting in secondary care has reduced.

Similar trends have been observed in other specialties that have rolled out the SRP, such as General Paediatrics and Respiratory. The figures show that greater communication between primary and secondary care benefits both staff and patients alike through improved efficiency and accuracy. These benefits are underpinned by SystmOne's interoperability capabilities that continue to help enhance interconnectivity both within organisations and across the NHS.

Key benefits for patients of Shared Referral Pathway:

- **Care Closer to Home** – Through SRP, a cohort of patients who previously would have been referred into secondary care for a traditional outpatient appointment, now receive that care and support without the need to attend the hospital. This reduces the time to care from weeks and months to days by eliminating the waiting list to be seen in secondary care.
- **Make Every Contact Count** – For those patients who still require a traditional hospital outpatient appointment, SRP helps to ensure that they get the most out of their first outpatient appointment, by:
  - Ensuring the patient is referred to the right clinic first time e
  - Enabling specialists to provide the GP with suggested medication for the patient to take whilst they are waiting to be seen
- **Personalised Care (Urgency)** - By the secondary care clinician having full access to the patient record before considering the best course of action for that patient, it is possible to determine the level of urgency by which the patient requires seeing. This can be achieved through:
  - Patients being called by the consultant straight away and a management plan discussed over the phone. Within a couple of days of the patient being seen in primary care.
  - Determining that patient requires a 2 week wait (2WW) referral or an urgent referral after review in SRP.
- **Collaborative Care** - Efficiencies have been achieved through working collaboratively across the boundaries of the two healthcare settings, resulting in a further reduction in the length of patient pathways.

Key outcomes of the Shared Referral Pathway:

- **2,536** routine outpatient appointments no longer needed
- **751** years less time waiting on a waiting list
- **157** extra patients seen urgently
- **96** extra patients seen in a 2 week wait capacity
- **1,425** work days saved
- **£17,987** reduction in travel costs
- **26,448** road miles avoided contributing to sustainability
- **1,471** admin hours saved across primary care, 1,022 across secondary

MYHT with primary care colleagues are currently in communication with providers and commissioners across England and Wales, sharing best practice in an attempt to reduce waiting lists and NHS burden nationwide. The team is also working on ways to build upon this collaborative approach to the management of patients by this new way of working, to provide further improvements for the health of the local population.

Waiting Lists in Northumbria

Overall Output in Northumbria

Fig. 22

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**322,434**	**1,909**	**5.92**	**11**			
March 2022	**322,434**	**2,076**	**6.44**	**6**	**0.52**	**8.78%**	**-5**

North Tyneside CCG

Fig. 23

	Population	Total number of Completed Pathways	Completed Pathways per 1000	Rank (x/106)	**Rate Change**	**Rate % Change**	**Rank Change**
July 2021	**207,913**	**1,207**	**5.81**	**14**			
March 2022	**207,913**	**1,244**	**5.98**	**16**	**0.17**	**2.95%**	**+2**

Integrated Approach to Care:

Northumbria Healthcare Foundation NHS Trust is commissioned to deliver the care within two the best-performing CCGs in the country, Northumberland and North Tyneside. This case study will look into how they have helped to tackle elective backlogs, clear their waiting lists, and manage the impact of Covid-19 on patients waiting for treatment in their area.

The MTG interviewed senior Executive Directors within the Foundation Trust to explore the reasons why they have been as successful in tackling the backlog, and to try to draw out examples of best-practice which might be shared across the country.

Unlike other commissioners and providers, which may have utilised innovation or developed new systems to deliver more efficient processes for dealing with waiting lists, Northumbria made use of long-standing advantages which have been built into their way of working for a number of years.

This was built around a number of key areas, including:

- **Effective leadership;**
- **Clear goals, and strategies for implementing them;**
- **Consistent communication, including the involvement of clinical colleagues in decision-making; and**
- **Utilisation of data for planning and managing waiting list.**

During the pandemic, Northumbria set up clear structures and communication strategies to ensure that all teams were clear on tackling covid-19. This included an effective Gold, Silver and Bronze command structure; communication channels throughout teams (top-to-bottom); utilisation of data to monitor upcoming challenges and communicate those in advance; and consistent engagement with clinical colleagues around pressures and challenges and how to overcome them.

They also put in place support mechanisms for their workforce, including additional HR, occupational health and psychology services, and were fortunate to have had a relatively stable workforce throughout. This consistent team meant that institutional knowledge and familiar command structures were already in place, which supported the change in services required to deal with the additional pressures due to the pandemic, and the resulting challenges after the acute phase of the pandemic.

Their utilisation of data was also key, particularly the effective development of live dashboards and information on developing trends and changing needs of patients. This meant that pressures were foreseen and plans were put in place to tackle them proactively.

This was done in partnership with clinical staff, including key, experienced clinical teams. It was also supported by an effective Infection Prevention and Control programme, which helped to support the re-opening of services. The Executive Team met with the surgery and IPC team every day, and ensured that they were supported to deliver safe environments for clinicians and patients.

Northumbria also benefited from having multiple sites which could be used to re-open elective surgery. This meant that they could monitor and utilise 'clean' sites; select where elective work was to be carried out; and ensure enhanced cleaning and IPC was in place on those sites.

They also had clear and consistent leadership underpinning all of this. Sir James Mackey, Chief Executive of Northumbria Healthcare Foundation NHS Trust – who was in 2021 appointed an advisor to the NHS on elective recovery – has led proactively, and has created a culture of high standards and not allowing poor outcomes for patients, as far as possible. This leadership, and setting of a culture of high standards was key to ensuring that all of the team have been pushing in the same direction; having the structures in place to ensure success; being given the freedom to adapt to meet new challenges and the needs of patients; and not letting waiting list numbers creep up, as has happened in other parts of the country.

Although a useful example of where good practice and solid foundations have allowed a CCG to meet the challenges of the pandemic more effectively, the example of Northumbria is not one that can be replicated overnight in other parts of the country. These benefits are the result of years of good practice and effective leadership.

It is important that all ICSs, when looking at setting structures for success, look to models like Northumbria, where strategies and structures are put in place to allow success on an ongoing basis, that are adaptable to shocks, and allow teams to deliver success for patients on an ongoing basis.

Perhaps it is for ICSs to ensure that those parts of their new areas where 'soft powers', including leadership, culture and communication, are most-developed, are the benchmark against which ICS success is measured, and that the best of these standards are replicated across each region, rather than allowing poorer leadership, culture, planning, communication and support to permeate the ICS and promote poorer outcomes.

'These benefits are the result of years of good practice and effective leadership.'

Integrated Care Systems (ICSs)

It is clear from looking at Referral to Treatment data that a patient's ability to access care varies depending on where they live. With Integrated Care Systems (ICSs) now in place in England, there is an opportunity to improve outcomes for patients.

Made statutory bodies in July 2022, the potential impact of ICSs is not yet known. However, from the variation in the outcomes from CCGs, each ICS will inherit a wide spectrum of practice, with very different patient outcomes. How ICSs deliver for their patients will depend on whether the best models of care from those CCGs can be used as exemplars, or whether the needs of the poorest performing CCGs pull down the performance of the whole ICS.

Through the transition from CCGs to ICSs, and the subsequent shift to internal structures, many commissioners will see a change in how they are seen to perform nationally. In March 2022, Dorset ICS would have been the best performing Integrated Care System when looking to completed pathways, with its predecessor, Dorset CCG, ranked 4th in the same timeframe.

A number of CCGs integrated their services throughout 2021 while maintaining the old CCG model, for example, South West and South East London. In comparison, others such as the Greater Manchester Health and Social Care Partnership, will be integrating the 10 component CCGs for the first time in July 2022.

There is variation across every ICS that did not integrate services in March 2022. In the Greater Manchester Health and Social Care Partnership, the CCG rankings range from 7th to 92nd, in the Cheshire and Merseyside Health and Care Partnership, 2nd to 93rd and in Sussex ICS, 15th to 82nd.

It is clear that some ICSs will include CCGs that skew the data through better or worse performance, meaning the measure of their overall output may appear higher or lower than it could have been otherwise, due to those anomalous CCGs. It is in cases such as this where ICSs must drive local performance up to the standard of their best performing, opposed to down to their worst. In the West Yorkshire and Harrogate ICS, this will mean making an effort to improve all services to meet the output of Wakefield (1st), rather than down to Leeds (83rd) or Bradford District and Craven (77th).

Variation in care will still be evident in the move to Integrated Care Systems. However, by bringing more patients under single bodies with additional control, there is the opportunity to make use of centralised decision-making, for ICSs to share best practice and implement positive change.

Total Completed Pathways (ICS)

March 2022

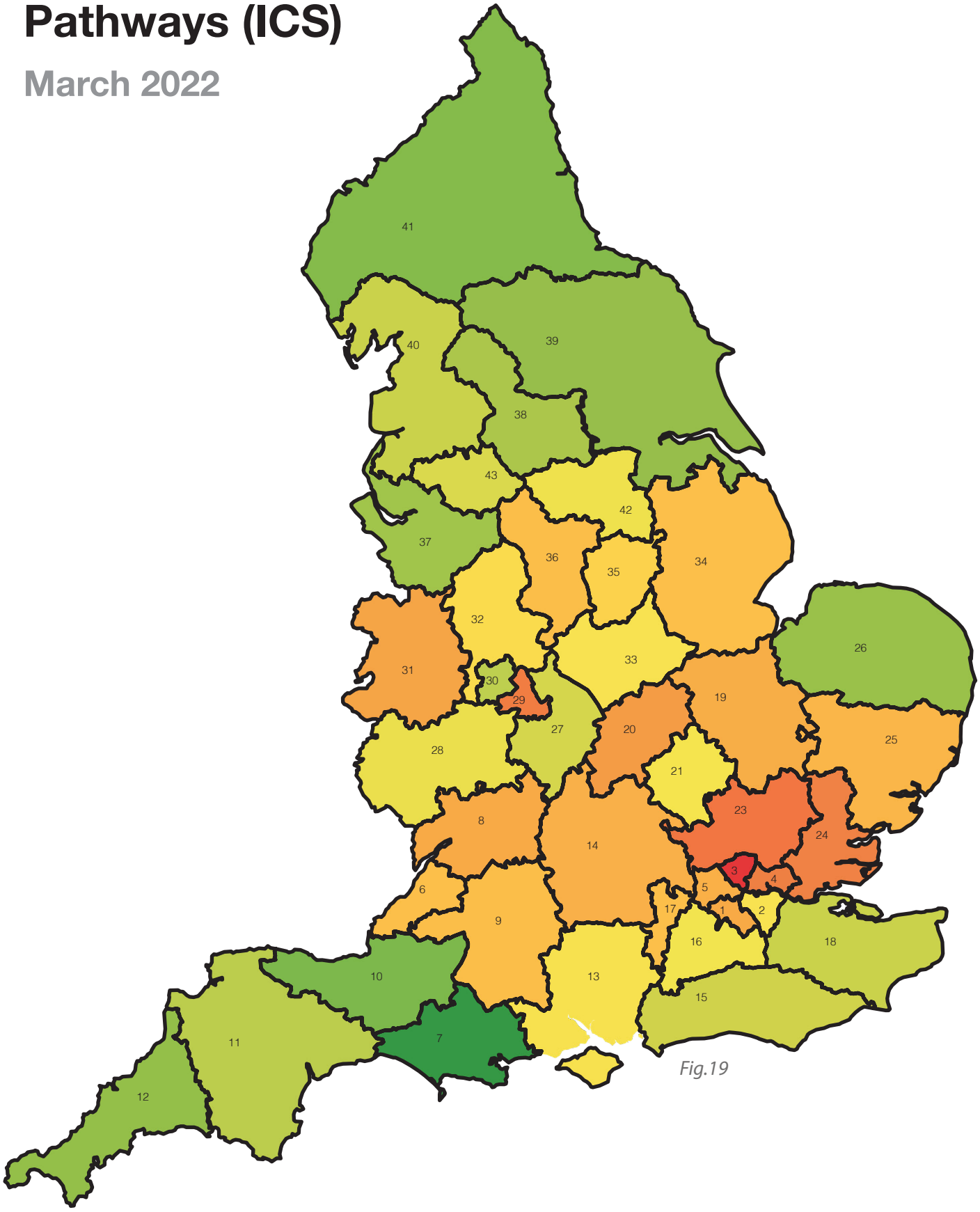


Fig.19

Total Completed Pathways (CCGs/ICS)

March 2022

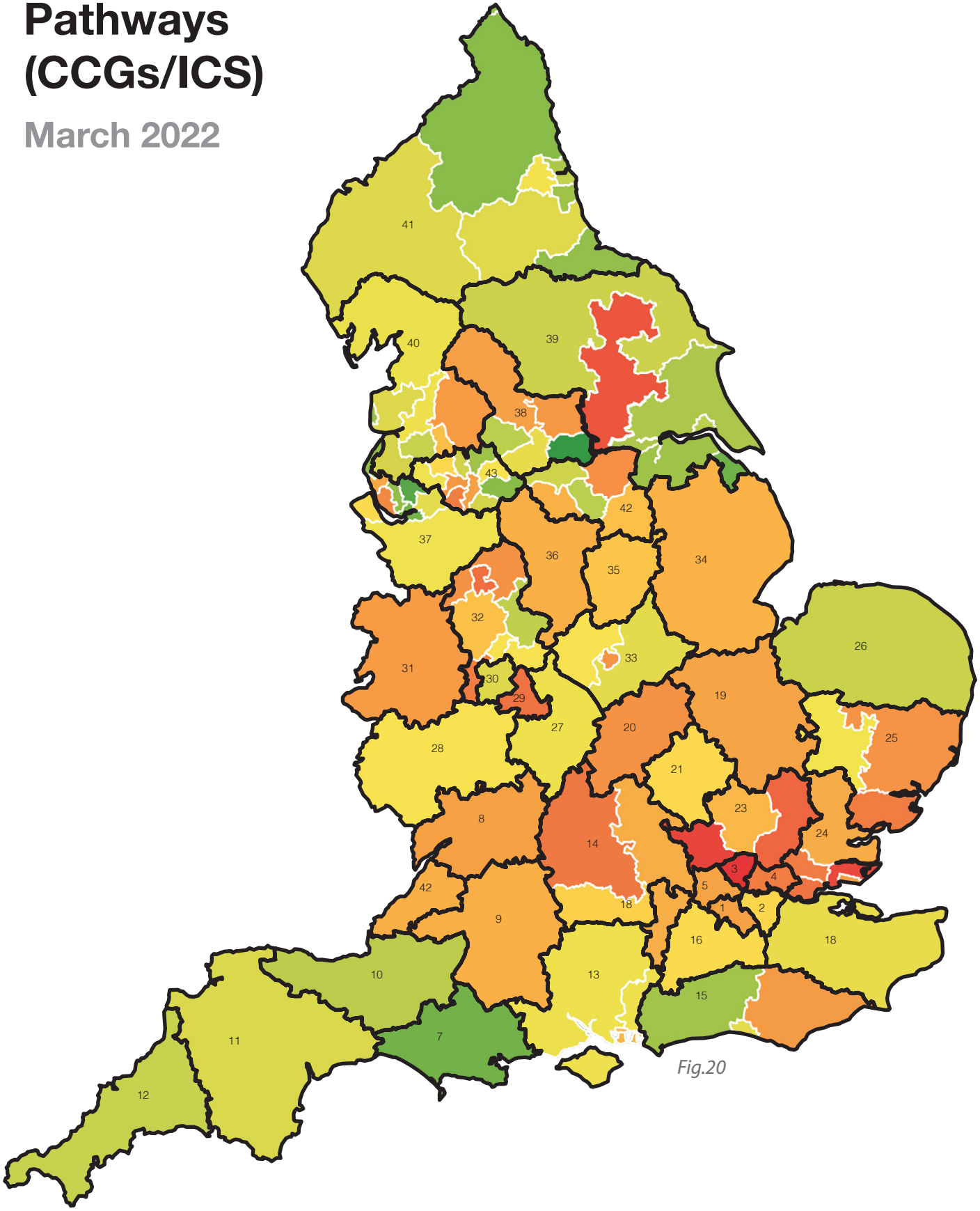


Fig.20

Conclusions and Recommendations

The challenges faced by the NHS at present are significant, and the pandemic has had a huge impact on how it has operated over the past few years. The increase in waiting times is down, in part, to the pandemic, but is also impacted by the knock on effects of the pandemic, including increasingly complex needs of patients; delayed discharge of patients creating a backlog of need for beds; and staff shortages.

The findings of the data show:

- **There are some small improvements over the months analysed, but only small shifts, and not consistently across disease areas or in the overall data. The data for Cardiology Services shows that the best CCGs are doing well and getting better; but the worse performing have continued to perform badly throughout.**
- **There is a consistent inequality of outcome right across the reviewed disease areas, with no clear improvement in services at the bottom, and no clear improvement across the top.**
- **There are clear regional disparities, with the Midlands and the East of England performing consistently worse than other regions, and South West, South East and North East performing best overall.**
- **The challenges for ICSs will be in bringing together health and care services with increasingly varied levels of performance to deliver for patients across a large geographical area. With ICSs at varying degrees of readiness, these challenges may be exacerbated over the coming months.**

Although not touched upon great detail in this report, the challenges which are presented as a result of the ongoing inequalities and regional variation are significant, and include the exacerbation of poor health and care outcomes in areas of multiple deprivation; higher economic inactivity due to ill-health; and burnout for health and care staff. As such, it is imperative that NHS organisations are given the information and tools necessary to tackle their elective backlogs.

Through the case studies used in the previous sections, it is clear that there are a wide range of activities being undertaken across the country to tackle the backlog, support clinicians to do their work more efficiently and effectively, and provide positive outcomes for patients. However, these case studies also demonstrate that good practice often occurs in isolation, and is restricted to single Trusts, and even single departments within Trusts. There is a wide range of support and good practice available in the system, and ICSs will need support to ensure that best practice is highlighted and shared, so that standards can be raised throughout the country.

This support includes the use of innovative practices and technology. There is a clear need – based on the success of some of the innovations highlighted in this report - to promote the use of proven technology and ensure fair access for all patients.

The benefits of technology include:

- **Giving patients more choice and control over treatment**
- **Streamlining pathways by reducing complications and readmissions**
- **Reducing the pressure on the workforce by improving efficiencies and reducing time and money spent on administration through digital health solutions**
- **Better outcomes for patients through minimally invasive alternatives to treatment**
- **Long-term financial savings by increasing efficiencies and reducing long-term dependencies on the health system**

Tackling the backlog will also require collaboration, and working across natural boundaries and borders to tackle common challenges. This has been demonstrated most acutely through provider collaboratives, where providers have worked together to tackle waiting lists and common challenges. This is a key tool in the fight against the backlog, and one which may be used increasingly as the ICS system embeds, and collaboration across areas is promoted.

The pandemic has put a huge burden on the NHS, which was already facing significant challenges prior to the outbreak of Covid-19. These challenges are exacerbated by existing underlying issues in areas, including socio-economic challenges, funding pressures, and an increase in demand from an aging population, often engaging the system with multiple co-morbidities.

The NHS will require every tool available to tackle these challenges, including medical technologies, collaboration and new models of working.

MTG Ration Watch 2022 Recommendations:

For local NHS bodies:

1. **Adopt and utilise proven and available medical technology** as effective tools to tackle the backlog and improve patient outcomes
2. **Adapt, implement and promote best practice**, and ensure high standards and successful local leadership are promoted across new integrated health and care partnerships
3. **Empower local NHS leadership** teams to drive forward technology, innovation and best practice within ICSs and ICBs

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For NHS England:

1. Create platforms and forums to **share best practice** at national level
2. **Support ICSs to improve standards** across all areas
3. **Support the adoption of innovation**, and create pathways to increase spread

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For Government:

1. **Develop strategies and support to raise performances** of the poorest performing bodies within ICSs
2. **Prioritise adoption and spread of innovation** in national strategies, including through effective funding
3. **Ensure the needs of patients are promoted** through national and local strategies

Key & Abbreviations

ICS

South East
15 Sussex
14 "Buckinghamshire, Oxfordshire and Berkshire West (BOB)"
13 Hampshire and the Isle of Wight
18 Kent and Medway
16 Surrey Heartlands H&C Partnership
17 Frimley Health and Care

Midlands
33 Leicester, Leicestershire and Rutland
32 Staffordshire and Stoke on Trent
29 Birmingham and Solihull
36 Derbyshire
38 Herefordshire and Worcestershire
35 Nottinghamshire
34 Lincolnshire
20 Northamptonshire
27 Coventry and Warwickshire
30 The Black Country and West Birmingham
31 Shropshire, Telford and Wrekin

East
19 Cambridge and Peterborough
23 Hertfordshire and West Essex
25 Suffolk and North East Essex
24 Mid and South Essex
26 Norfolk and Waveney
21 Bedfordshire, Luton and Milton Keynes

North West
37 Cheshire and Merseyside Health and Care Partnership
43 Greater Manchester Health and Social Care Partnership
40 Lancashire and South Cumbria

North East and Yorkshire
39 Humber and North Yorkshire
41 North East and North Cumbria
42 South Yorkshire and Bassetlaw
38 West Yorkshire and Harrogate

London
1 South West London
2 South East London
3 North Central London
4 North East London
5 North West London

South West
7 Dorset
8 Gloucestershire
12 Kernow
10 Somerset
6 Bristol, North Somerset and South Gloucestershire
11 Devon
9 Bath and North East Somerset, Swindon and Wiltshire

CCGs

South West
1 NHS Gloucestershire CCG
2 NHS Bristol, North Somerset and South Gloucestershire CCG
3 NHS Bath and North East Somerset, Swindon and Wiltshire CCG
4 NHS Somerset CCG
5 NHS Dorset CCG
6 NHS Devon CCG
7 NHS Kernow CCG

South East
8 NHS Buckinghamshire CCG
9 NHS Oxfordshire CCG
10 NHS Berkshire West CCG
11 NHS Frimley CCG
12 NHS Kent and Medway CCG
13 NHS Surrey Heartlands CCG
14 NHS Hampshire, Southampton and Isle of Wight CCG
15 NHS West Sussex CCG
16 NHS East Sussex CCG
17 NHS Brighton and Hove CCG
18 NHS Portsmouth CCG

North West
19 NHS Morecambe Bay CCG
20 NHS Fylde and Wyre CCG
21 NHS Greater Preston CCG
22 NHS East Lancashire CCG
23 NHS Blackpool CCG
24 NHS Blackburn with Darwen CCG
25 NHS Chorley and South Ribble CCG
26 NHS Heywood, Middleton and Rochdale CCG
27 NHS Southport and Formby CCG
28 NHS West Lancashire CCG
29 NHS Bury CCG
30 NHS Bolton CCG
31 NHS Oldham CCG
32 NHS Wigan Borough CCG
33 NHS South Sefton CCG
34 NHS Salford CCG
35 NHS Tameside and Glossop CCG
36 NHS St Helens CCG
37 NHS Manchester CCG
38 NHS Knowsley CCG
39 NHS Trafford CCG
40 NHS Liverpool CCG
41 NHS Warrington CCG
42 NHS Stockport CCG
43 NHS Wirral CCG
44 NHS Halton CCG
45 NHS Cheshire CCG

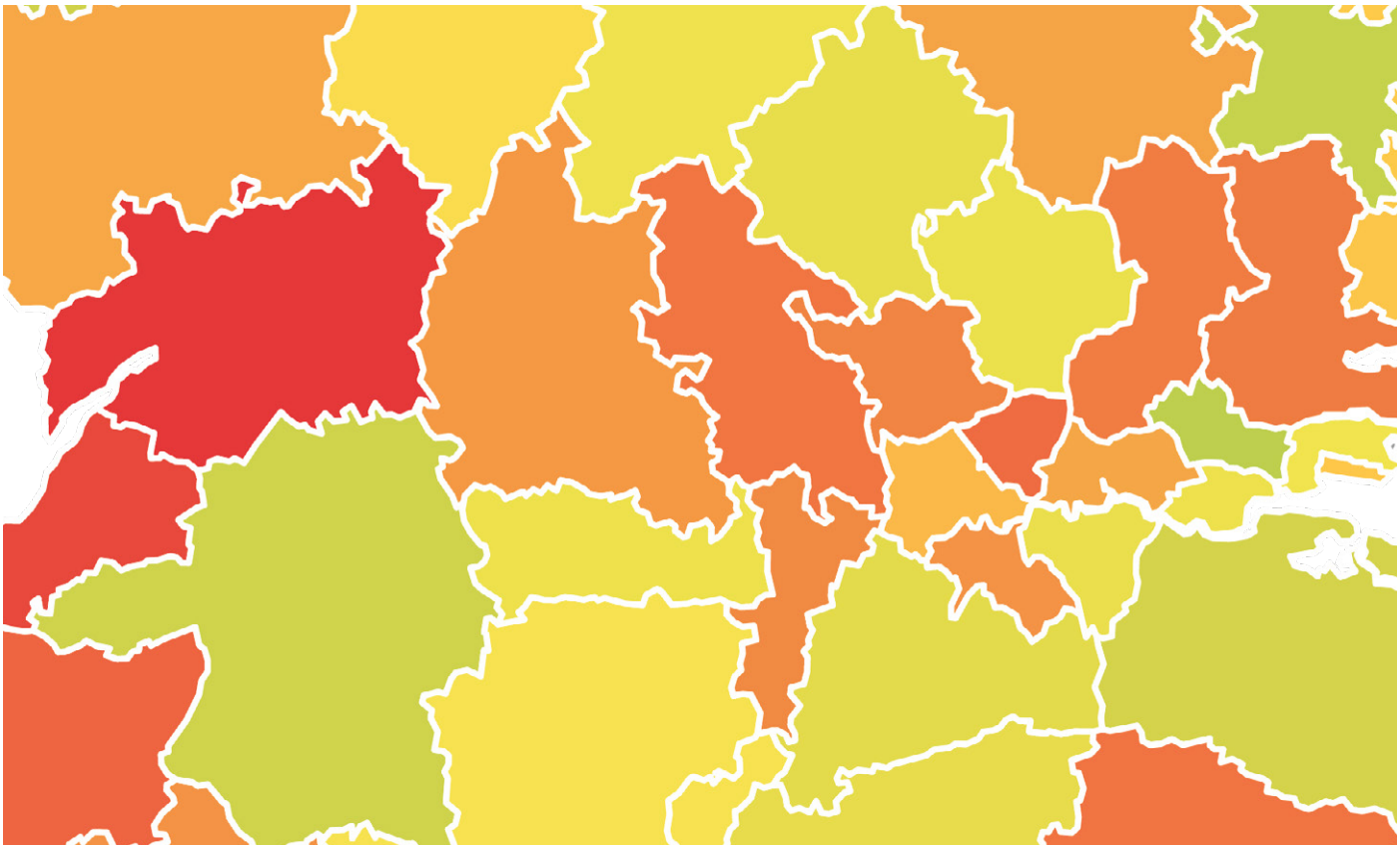
London
84 NHS North Central London CCG
85 NHS North East London CCG
86 NHS North West London CCG
87 NHS South East London CCG
88 NHS South West London CCG

North East & Yorkshire
46 NHS Northumberland CCG
47 NHS North Tyneside CCG
48 NHS South Tyneside CCG
49 NHS Newcastle Gateshead CCG
50 NHS Sunderland CCG
51 NHS County Durham CCG
52 NHS North Cumbria CCG
53 NHS Tees Valley CCG
54 NHS North Yorkshire CCG
55 NHS Vale of York CCG
56 NHS Bradford District and Craven CCG
57 NHS East Riding ofYorkshire CCG
59 NHS Hull CCG
58 NHS Leeds CCG
60 NHS Calderdale CCG
61 NHS Kirklees CCG
62 NHS Wakefield CCG

East of England
70 NHS Norfolk and Waveney CCG
71 NHS Cambridgeshire and Peterborough CCG
72 NHS West Suffolk CCG
73 NHS Ipswich and East Suffolk CCG
74 NHS Bedfordshire, Luton and Milton Keynes CCG
75 NHS North East Essex CCG
76 NHS East and North Hertfordshire CCG
77 NHS West EssexCCG
78 NHS Mid Essex CCG
79 NHS Herts Valley:; CCG
80 NHS Basildon and Brentwood CCG
81 NHS Castle Point and Rochford CCG
82 NHS Southend CCG
83 NHS Thurrock CCG

Midlands
89 NHS Lincolnshire CCG
90 NHS Derby and Derbyshire CCG
91 NHS North Staffordshire CCG
92 NHS Nottingham and Nottinghamshire CCG
93 NHS Stoke on Trent CCG
94 NHS East Staffordshire CCG
95 NHS Stafford and Surrounds CCG
96 NHS Shropshire, Telford and Wrekin CCG
97 NHS Cannock Chase CCG
98 NHS West Leicestershire CCG
99 NHS South East Staffordshire and Seisdon Peninsula CCG
100 NHS East Leicestershire and Rutland CCG
101 NHS Leicester City CCG
102 NHS Black Country and West Birmingham CCG
103 NHS Coventry and Warwickshire CCG
104 NHS Birmingham and Solihull CCG
105 NHS Northamptonshire CCG
106 NHS Herefordshire and Worcestershire CCG

Colour Key



Abbreviations

CCG – Clinical Commissioning Group

GIRFT – Getting It Right First Time

HCP – Healthcare Professional

HVLC – High Volume, Low Complexity

ICBs – Integrated Care Board

ICS – Integrated Care System

IPC – Infection Prevention and Control

LoS – Length of Stay

MTG – Medical Technology Group

NHS – National Health Service

RTT – Referral to Treatment Data

Appendix

Total Completed Pathways (CCGs): July 2021 & March 2022

London - Population 8,961,989

Jul-21

Regional Data

Comp Path	Per 1000
30,072	3.36

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS SOUTH WEST LONDON CCG	1,504,810	5,814	3.86	75
NHS SOUTH EAST LONDON CCG	1,819,271	6,002	3.30	94
NHS NORTH CENTRAL LONDON CCG	1,510,806	3,988	2.64	104
NHS NORTH EAST LONDON CCG	2,023,383	6,774	3.35	93
NHS NORTH WEST LONDON CCG	2,103,719	7,494	3.56	88

London - Population 8,961,989

Mar-22

Regional Data

Comp Path	Per 1000
34,022	3.80
Change	**Rank**
3,950	7

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS SOUTH WEST LONDON CCG	1,504,810	6,060	4.03	81	0.16	4.23%	6
NHS SOUTH EAST LONDON CCG	1,819,271	8,426	4.63	59	1.33	40.39%	-35
NHS NORTH CENTRAL LONDON CCG	1,510,806	3,714	2.46	106	-0.18	-6.87%	2
NHS NORTH EAST LONDON CCG	2,023,383	7,250	3.58	97	0.24	7.03%	4
NHS NORTH WEST LONDON CCG	2,103,719	8,572	4.07	76	0.51	14.38%	-12

South West - Population 5,631,114

Jul-21

Regional Data

Comp Path	Per 1000
26,003	4.62

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS DORSET CCG	773,839	5,163	6.67	5
NHS GLOUCESTERSHIRE CCG	637,070	2,319	3.64	84
NHS KERNOW CCG	571,802	3,146	5.50	17
NHS SOMERSET CCG	562,225	2,683	4.77	41
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	963,522	3,522	3.66	82
NHS DEVON CCG	1,200,739	5,400	4.50	48
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE CCG	921,917	3,770	4.09	62

South West - Population 5,631,114

Mar-22

Regional Data

Comp Path	Per 1000
28,594	5.08
WL Change	**Rank**
2,591	2

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS DORSET CCG	773,839	5,258	6.79	4	0.12	1.84%	-1
NHS GLOUCESTERSHIRE CCG	637,070	2,566	4.03	80	0.39	10.65%	-4
NHS KERNOW CCG	571,802	3,197	5.59	25	0.09	1.62%	8
NHS SOMERSET CCG	562,225	3,272	5.82	18	1.05	21.95%	-23
NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE CCG	963,522	4,063	4.22	70	0.56	15.36%	-12
NHS DEVON CCG	1,200,739	6,352	5.29	32	0.79	17.63%	-16
NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE CCG	921,917	3,886	4.22	71	0.13	3.08%	9

South East - Population 8,897,835

Jul-21

Regional Data

Comp Path	Per 1000
40,811	4.59

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS BRIGHTON AND HOVE CCG	290,885	1,313	4.51	46
NHS OXFORDSHIRE CCG	676,171	2,283	3.38	92
NHS PORTSMOUTH CCG	214,905	863	4.02	68
NHS BUCKINGHAMSHIRE CCG	546,626	2,322	4.25	58
NHS BERKSHIRE WEST CCG	491,349	2,366	4.82	37
NHS WEST SUSSEX CCG	857,166	4,565	5.33	18
NHS KENT AND MEDWAY CCG	1,860,111	8,890	4.78	39
NHS SURREY HEARTLANDS CCG	1,049,170	5,129	4.89	34
NHS EAST SUSSEX CCG	557,229	2,239	4.02	67
NHS FRIMLEY CCG	744,974	3,071	4.12	61
NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CCG	1,609,249	7,770	4.83	36

South East - Population 8,897,835

Mar-22

Regional Data

Comp Path	Per 1000
42,284	4.75
WL Change	**Rank**
1,473	4

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS BRIGHTON AND HOVE CCG	290,885	1,494	5.14	39	0.62	13.79%	-7
NHS OXFORDSHIRE CCG	676,171	2,421	3.58	98	0.20	6.04%	6
NHS PORTSMOUTH CCG	214,905	917	4.27	66	0.25	6.26%	-2
NHS BUCKINGHAMSHIRE CCG	546,626	2,282	4.17	73	-0.07	-1.72%	15
NHS BERKSHIRE WEST CCG	491,349	2,233	4.54	60	-0.27	-5.62%	23
NHS WEST SUSSEX CCG	857,166	5,203	6.07	15	0.74	13.98%	-3
NHS KENT AND MEDWAY CCG	1,860,111	9,468	5.09	41	0.31	6.50%	2
NHS SURREY HEARTLANDS CCG	1,049,170	4,932	4.70	55	-0.19	-3.84%	21
NHS EAST SUSSEX CCG	557,229	2,215	3.98	82	-0.04	-1.07%	15
NHS FRIMLEY CCG	744,974	3,145	4.22	69	0.10	2.41%	8
NHS HAMPSHIRE, SOUTHAMPTON AND ISLE OF WIGHT CCG	1,609,249	7,974	4.96	45	0.13	2.63%	9

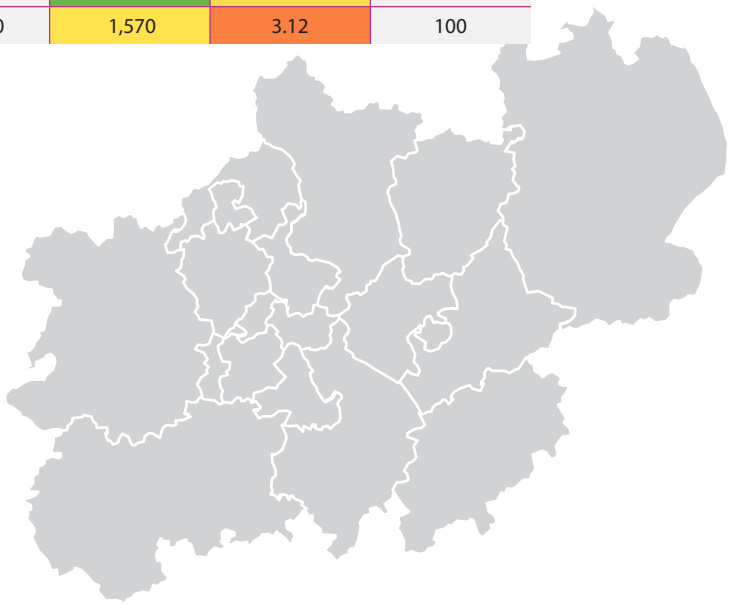
Midlands - Population 10,601,877

Jul-21

Regional Data

Comp Path	Per 1000
43,729	4.12

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	338,592	1,507	4.45	49
NHS LEICESTER CITY CCG	354,224	1,348	3.81	78
NHS WEST LEICESTERSHIRE CCG	407,490	1,662	4.08	63
NHS CANNOCK CHASE CCG	137,595	817	5.94	10
NHS EAST STAFFORDSHIRE CCG	129,944	781	6.01	9
NHS NORTH STAFFORDSHIRE CCG	219,600	694	3.16	97
NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG	226,837	1,062	4.68	42
NHS STAFFORD AND SURROUNDS CCG	157,308	1,097	6.97	2
NHS STOKE ON TRENT CCG	264,651	758	2.86	102
NHS BIRMINGHAM AND SOLIHULL CCG	1,180,567	3,270	2.77	103
NHS DERBY AND DERBYSHIRE CCG	1,026,426	4,082	3.98	70
NHS HEREFORDSHIRE AND WORCESTERSHIRE CCG	788,587	3,649	4.63	43
NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG	1,043,665	4,643	4.45	50
NHS LINCOLNSHIRE CCG	761,224	2,748	3.61	86
NHS NORTHAMPTONSHIRE CCG	736,219	2,759	3.75	80
NHS COVENTRY AND WARWICKSHIRE CCG	949,454	4,980	5.25	22
NHS BLACK COUNTRY AND WEST BIRMINGHAM CCG	1,376,504	6,302	4.58	45
NHS SHROPSHIRE, TELFORD AND WREKIN CCG	502,990	1,570	3.12	100



Midlands - Population 10,601,877

Mar-22

Regional Data

Comp Path	Per 1000
46,948	4.43
WL Change	**Rank**
3,219	5

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS EAST LEICESTERSHIRE AND RUTLAND CCG	338,592	1,748	5.16	37	0.71	15.99%	-12
NHS LEICESTER CITY CCG	354,224	1,382	3.90	87	0.10	2.52%	9
NHS WEST LEICESTERSHIRE CCG	407,490	1,952	4.79	53	0.71	17.45%	-10
NHS CANNOCK CHASE CCG	137,595	655	4.76	54	-1.18	-19.83%	44
NHS EAST STAFFORDSHIRE CCG	129,944	748	5.76	22	-0.25	-4.23%	13
NHS NORTH STAFFORDSHIRE CCG	219,600	851	3.88	90	0.71	22.62%	-7
NHS SOUTH EAST STAFFORDSHIRE AND SEISDON PENINSULA CCG	226,837	1,097	4.84	50	0.15	3.30%	8
NHS STAFFORD AND SURROUNDS CCG	157,308	694	4.41	62	-2.56	-36.74%	60
NHS STOKE ON TRENT CCG	264,651	914	3.45	101	0.59	20.58%	-1
NHS BIRMINGHAM AND SOLIHULL CCG	1,180,567	4,139	3.51	100	0.74	26.57%	-3
NHS DERBY AND DERBYSHIRE CCG	1,026,426	4,322	4.21	72	0.23	5.88%	2
NHS HEREFORDSHIRE AND WORCESTERSHIRE CCG	788,587	3,780	4.79	52	0.17	3.59%	9
NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG	1,043,665	4,629	4.44	61	-0.01	-0.30%	11
NHS LINCOLNSHIRE CCG	761,224	3,230	4.24	67	0.63	17.54%	-19
NHS NORTHAMPTONSHIRE CCG	736,219	2,858	3.88	89	0.13	3.59%	9
NHS COVENTRY AND WARWICKSHIRE CCG	949,454	4,738	4.99	43	-0.25	-4.86%	21
NHS BLACK COUNTRY AND WEST BIRMINGHAM CCG	1,376,504	7,219	5.24	34	0.67	14.55%	-11
NHS SHROPSHIRE, TELFORD AND WREKIN CCG	502,990	1,992	3.96	83	0.84	26.88%	-17

East - Population 6,529,013

Jul-21

Regional Data

Comp Path	Per 1000
25,796	3.95

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG	892,627	3,420	3.83	76
NHS EAST AND NORTH HERTFORDSHIRE CCG	571,713	1,943	3.40	91
NHS IPSWICH AND EAST SUFFOLK CCG	411,211	1,590	3.87	74
NHS HERTS VALLEYS CCG	598,034	1,888	3.16	98
NHS MID ESSEX CCG	395,918	1,460	3.69	81
NHS NORTH EAST ESSEX CCG	341,267	1,364	4.00	69
NHS THURROCK CCG	174,341	622	3.57	87
NHS WEST ESSEX CCG	310,040	732	2.36	105
NHS WEST SUFFOLK CCG	231,706	1,061	4.58	44
NHS NORFOLK AND WAVENEY CCG	1,026,193	4,467	4.35	56
NHS BASILDON AND BRENTWOOD CCG	264,220	1,103	4.17	59
NHS CASTLE POINT AND ROCHFORD CCG	177,744	790	4.44	51
NHS SOUTHEND CCG	183,125	652	3.56	89
NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG	950,874	4,704	4.95	32

East - Population 6,529,013

Mar-22

Regional Data

Comp Path	Per 1000
27,301	4.18
WL Change	**Rank**
1,505	6

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG	892,627	3,627	4.06	77	0.23	6.05%	1
NHS EAST AND NORTH HERTFORDSHIRE CCG	571,713	2,452	4.29	65	0.89	26.20%	-26
NHS IPSWICH AND EAST SUFFOLK CCG	411,211	1,603	3.90	88	0.03	0.82%	14
NHS HERTS VALLEYS CCG	598,034	1,675	2.80	105	-0.36	-11.28%	7
NHS MID ESSEX CCG	395,918	1,645	4.15	74	0.47	12.67%	-7
NHS NORTH EAST ESSEX CCG	341,267	1,228	3.60	96	-0.40	-9.97%	27
NHS THURROCK CCG	174,341	614	3.52	99	-0.05	-1.29%	12
NHS WEST ESSEX CCG	310,040	1,038	3.35	102	0.99	41.80%	-3
NHS WEST SUFFOLK CCG	231,706	1,140	4.92	48	0.34	7.45%	4
NHS NORFOLK AND WAVENEY CCG	1,026,193	5,685	5.54	26	1.19	27.27%	-30
NHS BASILDON AND BRENTWOOD CCG	264,220	958	3.63	95	-0.55	-13.15%	36
NHS CASTLE POINT AND ROCHFORD CCG	177,744	666	3.75	92	-0.70	-15.70%	41
NHS SOUTHEND CCG	183,125	538	2.94	104	-0.62	-17.48%	15
NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG	950,874	4,432	4.66	57	-0.29	-5.78%	25

North West - Population 7,061,412

Jul-21

Regional Data	
Comp Path	Per 1000
29,898	4.23

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS BLACKBURN WITH DARWEN CCG	149,696	675	4.51	47
NHS BLACKPOOL CCG	139,446	818	5.87	13
NHS BOLTON CCG	287,550	1,260	4.38	55
NHS BURY CCG	190,990	844	4.42	53
NHS CHORLEY AND SOUTH RIBBLE CCG	178,547	1,103	6.18	8
NHS OLDHAM CCG	237,110	829	3.50	90
NHS EAST LANCASHIRE CCG	382,746	1,453	3.80	79
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	222,412	979	4.40	54
NHS GREATER PRESTON CCG	203,825	1,074	5.27	21
NHS HALTON CCG	129,410	656	5.07	28
NHS SALFORD CCG	258,834	829	3.20	95
NHS KNOWSLEY CCG	150,862	726	4.81	38
NHS MORECAMBE BAY CCG	332,696	1,653	4.97	30
NHS SOUTH SEFTON CCG	160,226	629	3.93	73
NHS SOUTHPORT AND FORMBY CCG	116,184	739	6.36	6
NHS STOCKPORT CCG	293,423	1,304	4.44	52
NHS ST HELENS CCG	180,585	1,236	6.84	4
NHS TAMESIDE AND GLOSSOP CCG	260,063	1,811	6.96	3
NHS TRAFFORD CCG	237,354	857	3.61	85
NHS WARRINGTON CCG	210,014	873	4.16	60
NHS WEST LANCASHIRE CCG	114,306	594	5.20	24
NHS WIGAN BOROUGH CCG	328,662	1,401	4.26	57
NHS FYLDE AND WYRE CCG	194,337	942	4.85	35
NHS WIRRAL CCG	324,011	575	1.77	106
NHS MANCHESTER CCG	552,858	2,245	4.06	65
NHS CHESHIRE CCG	727,223	2,329	3.20	96
NHS LIVERPOOL CCG	498,042	1,464	2.94	101

North West - Population 7,061,412

Mar-22

Regional Data

Comp Path	Per 1000
34,814	4.93
WL Change	**Rank**
4,916	3

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS BLACKBURN WITH DARWEN CCG	149,696	650	4.34	64	-0.17	-3.70%	17
NHS BLACKPOOL CCG	139,446	863	6.19	11	0.32	5.50%	-2
NHS BOLTON CCG	287,550	1,340	4.66	58	0.28	6.35%	3
NHS BURY CCG	190,990	1,041	5.45	29	1.03	23.34%	-24
NHS CHORLEY AND SOUTH RIBBLE CCG	178,547	1,008	5.65	24	-0.53	-8.61%	16
NHS OLDHAM CCG	237,110	1,144	4.82	51	1.33	38.00%	-39
NHS EAST LANCASHIRE CCG	382,746	1,514	3.96	84	0.16	4.20%	5
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	222,412	1,364	6.13	14	1.73	39.33%	-40
NHS GREATER PRESTON CCG	203,825	1,016	4.98	44	-0.28	-5.40%	23
NHS HALTON CCG	129,410	877	6.78	5	1.71	33.69%	-23
NHS SALFORD CCG	258,834	1,011	3.91	86	0.70	21.95%	-9
NHS KNOWSLEY CCG	150,862	950	6.30	10	1.48	30.85%	-28
NHS MORECAMBE BAY CCG	332,696	1,669	5.02	42	0.05	0.97%	12
NHS SOUTH SEFTON CCG	160,226	664	4.14	75	0.22	5.56%	2
NHS SOUTHPORT AND FORMBY CCG	116,184	733	6.31	9	-0.05	-0.81%	3
NHS STOCKPORT CCG	293,423	1,575	5.37	31	0.92	20.78%	-21
NHS ST HELENS CCG	180,585	1,312	7.27	2	0.42	6.15%	-2
NHS TAMESIDE AND GLOSSOP CCG	260,063	1,674	6.44	7	-0.53	-7.56%	4
NHS TRAFFORD CCG	237,354	866	3.65	94	0.04	1.05%	9
NHS WARRINGTON CCG	210,014	1,082	5.15	38	1.00	23.94%	-22
NHS WEST LANCASHIRE CCG	114,306	616	5.39	30	0.19	3.70%	6
NHS WIGAN BOROUGH CCG	328,662	1,625	4.94	46	0.68	15.99%	-11
NHS FYLDE AND WYRE CCG	194,337	1,019	5.24	35	0.40	8.17%	0
NHS WIRRAL CCG	324,011	1,513	4.67	56	2.89	163.13%	-50
NHS MANCHESTER CCG	552,858	2,235	4.04	79	-0.02	-0.45%	14
NHS CHESHIRE CCG	727,223	3,589	4.94	47	1.73	54.10%	-49
NHS LIVERPOOL CCG	498,042	1,864	3.74	93	0.22	27.32%	-8

North East and Yorkshire - Population 8,603,721

Jul-21

Regional Data

Comp Path	Per 1000
42,144	4.90

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank
NHS NORTHUMBERLAND CCG	322,434	1,909	5.92	11
NHS SOUTH TYNESIDE CCG	150,976	746	4.94	33
NHS SUNDERLAND CCG	277,705	1,476	5.31	19
NHS NORTH CUMBRIA CCG	319,371	1,302	4.08	64
NHS BARNSLEY CCG	246,866	1,304	5.28	20
NHS BASSETLAW CCG	117,459	449	3.82	77
NHS CALDERDALE CCG	211,455	1,077	5.09	27
NHS DONCASTER CCG	311,890	1,138	3.65	83
NHS EAST RIDING OF YORKSHIRE CCG	318,400	1,640	5.15	26
NHS HULL CCG	259,778	1,455	5.60	15
NHS NORTH EAST LINCOLNSHIRE CCG	159,563	941	5.90	12
NHS NORTH LINCOLNSHIRE CCG	172,292	901	5.23	23
NHS ROTHERHAM CCG	265,411	1,661	6.26	7
NHS SHEFFIELD CCG	584,853	2,350	4.02	66
NHS VALE OF YORK CCG	366,072	1,144	3.13	99
NHS WAKEFIELD CCG	348,312	2,671	7.67	1
NHS NEWCASTLE GATESHEAD CCG	504,875	1,994	3.95	72
NHS LEEDS CCG	793,139	3,133	3.95	71
NHS TEES VALLEY CCG	675,944	3,501	5.18	25
NHS BRADFORD DISTRICT AND CRAVEN CCG	590,901	3,275	5.54	16
NHS NORTH YORKSHIRE CCG	428,231	2,045	4.78	40
NHS COUNTY DURHAM CCG	530,094	2,646	4.99	29
NHS NORTH TYNESIDE CCG	207,913	1,207	5.81	14
NHS KIRKLEES CCG	439,787	2,179	4.95	31

North East and Yorkshire - Population 8,603,721

Mar-22

Regional Data

Comp Path	Per 1000
45,060	5.24
WL Change	**Rank**
2,916	1

CCG Name	Population	Total number of Completed pathways	Comp Path per 1000	Rank	Rate Change	Rate % Change	Rank Change
NHS NORTHUMBERLAND CCG	322,434	2,076	6.44	6	0.52	8.75%	-5
NHS SOUTH TYNESIDE CCG	150,976	858	5.68	23	0.74	15.01%	-10
NHS SUNDERLAND CCG	277,705	1,704	6.14	13	0.82	15.45%	-6
NHS NORTH CUMBRIA CCG	319,371	1,678	5.25	33	1.18	28.88%	-31
NHS BARNSLEY CCG	246,866	1,361	5.51	28	0.23	4.37%	8
NHS BASSETLAW CCG	117,459	514	4.38	63	0.55	14.48%	-14
NHS CALDERDALE CCG	211,455	1,225	5.79	20	0.70	13.74%	-7
NHS DONCASTER CCG	311,890	1,199	3.84	91	0.20	5.36%	8
NHS EAST RIDING OF YORKSHIRE CCG	318,400	1,900	5.97	17	0.82	15.85%	-9
NHS HULL CCG	259,778	1,505	5.79	19	0.19	3.44%	4
NHS NORTH EAST LINCOLNSHIRE CCG	159,563	1,095	6.86	3	0.97	16.37%	-9
NHS NORTH LINCOLNSHIRE CCG	172,292	1,058	6.14	12	0.91	17.43%	-11
NHS ROTHERHAM CCG	265,411	1,534	5.78	21	-0.48	-7.65%	14
NHS SHEFFIELD CCG	584,853	2,473	4.23	68	0.21	5.23%	2
NHS VALE OF YORK CCG	366,072	1,147	3.13	103	0.01	0.26%	4
NHS WAKEFIELD CCG	348,312	2,849	8.18	1	0.51	6.66%	0
NHS NEWCASTLE GATESHEAD CCG	504,875	2,469	4.89	49	0.94	23.82%	-23
NHS LEEDS CCG	793,139	3,121	3.93	85	-0.02	-0.38%	14
NHS TEES VALLEY CCG	675,944	4,279	6.33	8	1.15	22.22%	-17
NHS BRADFORD DISTRICT AND CRAVEN CCG	590,901	2,389	4.04	78	-1.50	-27.05%	62
NHS NORTH YORKSHIRE CCG	428,231	2,369	5.53	27	0.76	15.84%	-13
NHS COUNTY DURHAM CCG	530,094	2,771	5.23	36	0.24	4.72%	7
NHS NORTH TYNESIDE CCG	207,913	1,244	5.98	16	0.18	3.07%	2
NHS KIRKLEES CCG	439,787	2,242	5.10	40	0.14	2.89%	9

To access the remaining data underpinning this report, please follow the below link

Medical Technology Group's 2022 Ration Watch Data

Contact

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Ration Watch

The Medical Technology Group

Improving patient access to medical technology