South East London
Integrated Care System

South East London Acute Provider Collaborative

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
King's College Hospital
NHS Foundation Trust

NHS
Lewisham and Greenwich
NHS Trust

PROVIDER COLLABORATIVES INNOVATORS:

Expression of interest

“South East London Acute Provider Collaborative was born on the back of our determination as organisations and leaders to work collectively to tackle the fundamental issues of improving health for all our population, access to care – in line with health need thereby reducing inequalities across the system , and a commitment to make the best use of total resources.

“We have worked hard to deliver against those aims and have shown significant success in our approach to elective care, planning our developments of diagnostic capacity and standardising care pathways.

“But that has only opened the door on what we know we can achieve by working together and we now aim to take further steps on workforce, becoming a major economic force through our collective anchor institutional footprint and pushing harder at the heart of the ICS operating model to deliver their triple aim and redress unfair health inequalities.

“I’m delighted to put forward this Expression of Interest.”

– **Professor Clive Kay**, Lead CEO for South East London Acute Provider Collaborative, and Chief Executive of King’s College Hospital NHS Foundation Trust

INFORMATION ABOUT YOUR PROVIDER COLLABORATIVE

1. What is the name of your provider collaborative?

South East London Acute Provider Collaborative

2. Please provide the name of the person submitting this application on the collaborative's behalf

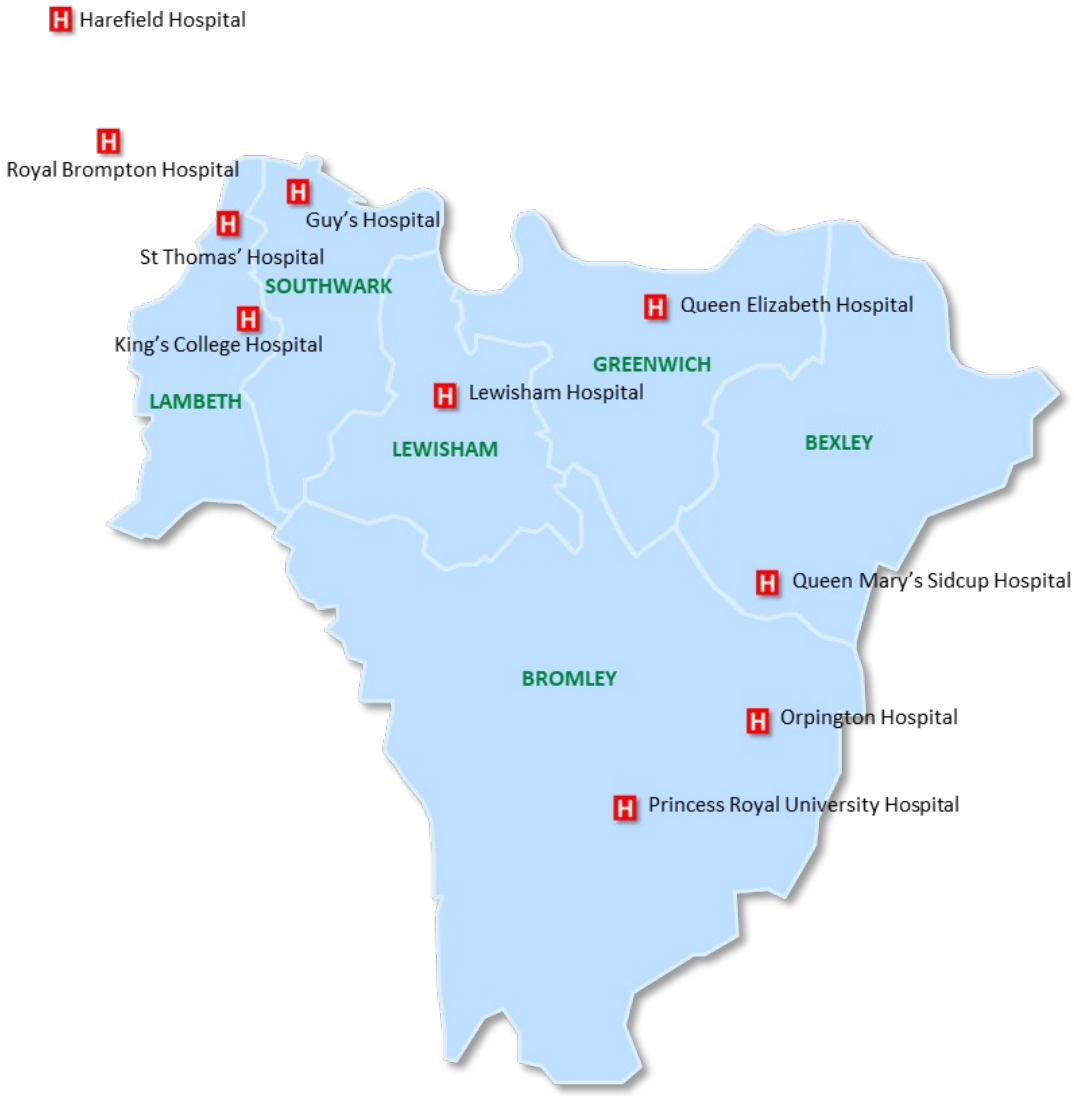
Professor Clive Kay – Lead CEO for the South East London Acute Provider Collaborative, and Chief Executive of King's College Hospital NHS Foundation Trust.

Contact point: **Fiona Howgego** – Managing Director, South East London Acute Provider Collaborative. f.howgego@nhs.net

3. Which organisations are part of your provider collaborative and what types of services do they provide?

South East London Acute Provider Collaborative is born out of a **long history of joint-working**, bringing together and **pooling the expertise**, of all the NHS trusts which deliver **acute hospital services** across South East London:

- Guy's and St Thomas' NHS Foundation Trust – Guy's Hospital, St Thomas' Hospital; Evelina London Children's Hospital; Royal Brompton Hospital, Harefield Hospital; plus community services in Lambeth and Southwark and a number of services at Queen Mary's Hospital, Sidcup including cancer services and a kidney treatment centre.
- King's College Hospital NHS Foundation Trust – King's College Hospital; Princess Royal University Hospital; Orpington Hospital; plus services operated at Beckenham Beacon and Queen Mary's Hospital, Sidcup.
- Lewisham and Greenwich NHS Trust – Lewisham Hospital; Queen Elizabeth Hospital; plus community services and services at Queen Mary's Hospital, Sidcup.



4. When was your provider collaborative formed?

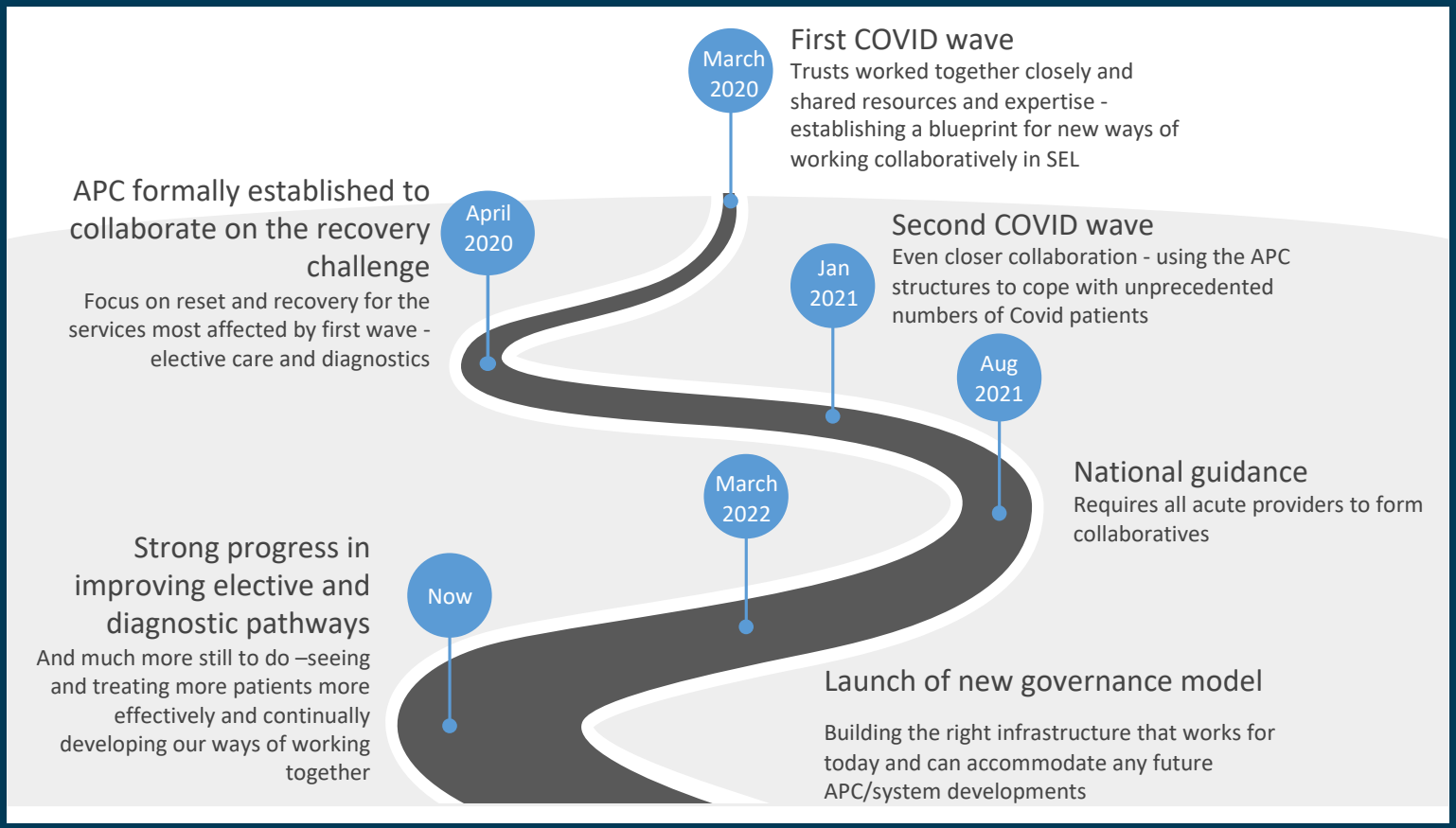
The first wave of the COVID-19 pandemic in March 2020 **accelerated the importance of closer collaboration** between our trusts. We established a nascent collaborative structure in April 2020, ensuring we coped with unprecedented numbers of COVID-19 patients, as well as starting to **coordinate our elective and diagnostic recovery efforts** across the three trusts.

Impetus and infrastructure were added throughout 2021 and into 2022 as we stepped up our **collaboration work on the recovery challenge**. Our APC has **developed significantly in recent months**, with a revised and strengthened **governance model** now in place, and delegated responsibility for high volume low complexity elective surgery,diagnostic services, critical care, and dental services

This includes a new **Committee-in-Common** of the three trust boards, which sets our **overarching goals and vision** to ensure we make the greatest possible contribution to the health and wellbeing of people living in our **six boroughs**.

As a **maturing APC**, with ambitions to grow **at pace and at scale** into a **thriving** one, we have solid relationships in place with South East London ICB, and others, for solving problems and meeting challenges **together**.

THE JOURNEY SO FAR



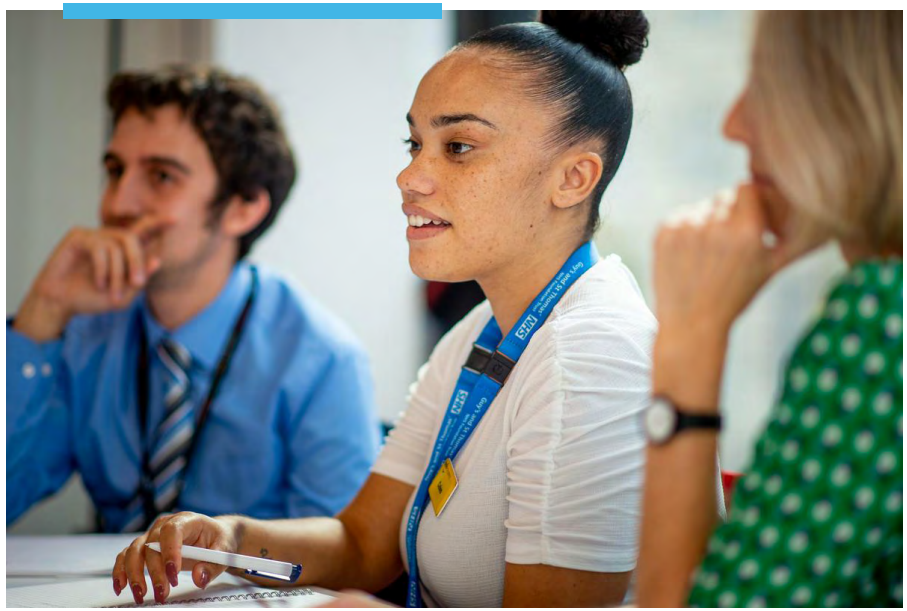
"We have come a long way since Spring 2020 when we started mid-wave 1 of COVID-19. The SEL APC is proving to be a very effective mechanism for addressing the complex challenges of equitably reducing waiting times for elective surgery across the HVLC specialties; and co-ordinating our diagnostic capacity and critical care services response.

"The clinically-led networks are at the heart of service planning and transformation thereby ensuring a clinically led and supported approach to changing pathways and service models, in response to ongoing challenges.

"Our challenge now is to harmonise our approaches across the APC – for example in relation to administrative processes, PTL management and pushing to put in place the support and systems to enable clinical colleagues to move to where the capacity is available, and to be restless and ambitious in considering everything we do through a 'health equity' lens."

– **Jackie Parrott**, Chief Strategy Officer, Guy's & St Thomas' NHS Foundation Trust

5. Please list the ICS or ICSs which are served by the provider collaborative member organisations.



Our local community

Our trusts provide a range of hospital and community services mainly to people living in the six boroughs of the South East London ICS – **Bexley, Bromley, Greenwich, Lambeth, Lewisham** and **Southwark**.

We're proud to serve the **vibrant and hugely diverse communities of South East London** – as well as many communities and populations **beyond the SEL boundary**.

Supporting the population in neighbouring ICSs

This reflects local geography and service configuration – people in parts of **SW London, NW London** and **Kent** look to us for acute services.

Royal Brompton & Harefield services are located geographically in **NW London footprint** which requires us to **think beyond our local ICS**.

National and international reach due to specialist service provision

Given the depth and breadth of specialist services provided by GSTT and KCH, we have a **regional, national** and **global impact** – including in **research and education** as well as **service provision**.

As a result of this geographical span, our relationships with ICSs extend not just **beyond the boundaries of South East London boundaries**, but also into **other parts of the UK**.

We are mindful of the challenge of developing our services and ways of working beyond our own ICS, recognising the interrelationships borne out of our extensive specialist services portfolios and the fact that two of the Trusts of the APC provide clinical services for multiple ICSs. **This is an area where we would value support as part of this Innovator programme.**

6. What senior support do you have for your application from each of the organisations which are part of your provider collaborative? (Eg, board support, CEO, Chair).

7. How have you secured support for your application from each of the ICBs of the ICS or ICSs served by your provider collaborative? Please provide names of ICB contacts who have agreed to support the collaborative's participation.

Our two trust chairs, **Charles Alexander** and **Mike Bell**, have set out their whole-hearted support in the attached letters.

Richard Douglas, the chair of SEL ICB is also a keen supporter of our application, and sets out his commitment to the work of the APC and its continued development in the attached letter, and we are also supported by the ICB CEO, **Andrew Bland**. The strength of shared working and trust between the APC and ICB is something we have worked hard to develop, and it plays a significant part in our current success and future direction.

Within the three trusts, support for the APC and its development is not confined to the most senior leaders but **permeates throughout** the organisations, as indicated by the words of clinical, operational and network colleagues that we have included in our application.

"The Acute Provider Collaborative is proving an increasingly effective element of our South East London "system of systems". We're really proud of the new ways of working we've developed – ICB and APC colleagues work hand in hand across a wide range of programmes, breaking down traditional "commissioner/ provider" roles. We face big challenges in South East London but there are also big opportunities for even more joined up working in future."

– **Andrew Bland**,
CEO South East London ICB

South East London
Integrated Care System

I'm delighted to support this bid for the South East London Acute Provider Collaborative to become one of the Provider Collaborative Innovators for 2023/24.

I see the role of the Acute Provider Collaborative as a fundamental pillar in the development of our system architecture in South East London. The APC has already made huge progress in bringing the three acute trusts of South East London to work together in new and innovative ways, which I fully welcome. This is clearly a positive way of working for our patients and local population.

The APC already has formal delegation for elective and diagnostic recovery and oversees the Community Diagnostic Centre programme on behalf of the ICB. A strong first step but I believe the APC can evolve to take on more, expanding beyond its current remit. It is seeking to play a key role in system population health management and using make a greater impact on inequalities of access both of which I strongly endorse.

We are keen to continue to explore together the practicalities of further joint working within South East London – for exampling developing truly joined up and consistent "best practice" pathways from primary care into secondary care, as well exploring how best to facilitate this through existing APC and ICB governance.

There is much to learn, together – I fully support this bid, to learn with and from the best across England and beyond, and to share the learning from our own experiences.

Richard Douglas
Chair
South East London Integrated Care Board

NHS
Lewisham and Greenwich
NHS Trust

I'm delighted with the progress we have made recently with SEL Acute Providers Collaborative. As you know we are working closely with our colleagues in the ICB to further reset our ambitions for the work and role of our ACP here in South London and I hope to bring learning from my long association with SWL ACP to this reset.

The Provider Collaborative Innovators programme offers us in South East London a unique opportunity to accelerate our own development and I fully support the bid.

I'm very clear that this acceleration is essential to meet the growing challenge of elective and diagnostic recovery – our current focus as an APC. The shared way of working implemented by the APC has paid dividends in the coordinated way that the waiting lists are being managed, 104 week waiters eliminated and strong progress in removing the 78week waiters from across the system.

Serving as chair of two trusts that sit within different ICSs, I'm keen that we use this programme to consider how best we can look beyond the ICS boundaries (including with multiple ICSs, across both routine secondary care and specialist services) and consider what role our clinical networks play in those relationships.

Michael Bell
Chairman
Lewisham and Greenwich NHS Trust

NHS
Guy's and St Thomas'
NHS Foundation Trust

NHS
King's College Hospital
NHS Foundation Trust

I wholeheartedly support this bid to become part of the Provider Collaborative Innovator Scheme.

I am impressed by the achievements of the collaborative in elective and diagnostic recovery. While the three trusts have come from a challenged starting point on the back of the COVID pandemic, they have built positive and trusting relationships across all three partner trusts and the ICB, and are making a real difference to patients.

The APC provides us with a great platform on which to further build ways to challenge unwarranted clinical variation and differential access times across the three trusts. I applaud the focus of the APC on improvement of consistency in standards across all pathways.

The APC has much to offer to South East London and beyond. The targeted support that the Innovator Programme is seeking to develop will be of immense benefit to our efforts to develop the scope and range of programmes that it provides.

Charles Alexander
Joint Chairman – Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust

YOUR PROVIDER COLLABORATIVE'S AMBITION AND PLANS, AND COMMITMENT TO THE INNOVATORS SCHEME

1. Please describe the ambition and plans of your provider collaborative to deliver benefits for patients and communities they serve, and how you are working or intend to work with partners across your systems on these plans.

Our overall purpose is **aligned to the aims of our system** as a whole – to coordinate efforts across the acute provider sector in pursuit of the **triple aim** of:

- **Better health for everyone**
- **Better care for all patients**
- **Efficient use of NHS resources**

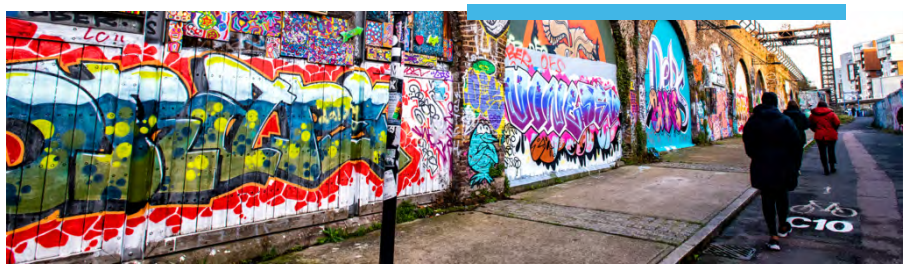
The APC was tasked initially to provide a **system-wide mechanism** to coordinate and deliver **elective and diagnostic recovery**, particularly given the growth in the waiting lists following COVID-19 and this remains the **key focus** of our current remit.

We've made big strides in tackling the longest waits for treatment, which were a challenge even before the pandemic but which became an even bigger problem after the first waves – in April 2021, over 200 patients had been waiting over two years: this figure is now zero. Diagnostic services were also badly affected by pandemic related delays – but we now have the lowest total diagnostic waiting list and the lowest backlog of patients across London.

In September 2022 we agreed our **vision and priorities** to the end of 2023/24, weaving together the multiple strands of work to **reduce waiting times, tackle the inequalities emerging in our waiting lists, support our patients** and **meet our operational plan commitments**. All these priorities are grounded on a solid foundation of **achievement and progress**. Our vision and priorities are set out on the next page.

All our workstreams are underpinned by **clinically-led programmes of innovation** – not shying away from **tackling long-standing challenges** ranging from unwarranted variation in clinical practice, to reconfiguring and supporting potentially 'at risk' services, to streamlining the inconsistent and sometimes confusing administrative processes whichour patients need to navigate.

For 22/23 and into 23/24, we will focus on delivering against these existing commitments for **elective and diagnostic services** – as shown on the left of the diagram – alongside **building the longer-term infrastructure, relationships** and **behaviours** to deliver sustainable services (summarised on the right). Success in this application process will allow us materially to **accelerate progress** – and allow us to look to the future, beyond the next eighteen months.



Our vision and priorities to 2023/24

Our vision is that by working together on elective recovery and improvement, GSTT, KCH and LGT will be greater than the sum of their collective parts

For 22/23 and into 23/24 we will focus on delivering against our existing commitments for elective and diagnostic services…

Coordinate delivery of our operating plan commitments for elective and diagnostic recovery…

- Post-Covid, too many patients are waiting too long for treatment – we have agreed key principles for 2023/24 planning to help us tackle challenged specialties and services to meet the national targets
- We established a community dermatology-led "lumps and bumps" pathway to ensure patients are seen more quickly and release surgical time – and we aim to further expand the scope of services in the community
- Increasing activity up to and beyond pre-Covid levels is key - we've seen measurable improvements in theatre productivity since we established our theatres programme – we've set ambitous aims to drive this furtehr
- Some networks have created new SEL-wide referral guidelines to support GPs and patients – we want to expand the scope of this further

… supported by network-led clinical transformation that also improves the quality of services we provide…

- Implementing our ophthalmology diagnostic lanes has shown how we can "flip" pathways to provide better care – we want to apply these principles across more services, including via the CDC programme
- Providing care safely on a day case basis is quicker and better for patients – we have many examples of good practice and aim to spread this further
- Our ENT network LGT site is the national ENT pilot for switching from outpatient to day case care to free up theatre capacity and ensure patients are seen more quickly – again we will use the learning from this to benefit patients in other specialties

…in a way that recognises and reduces inequalities in access to elective and diagnostic services in SEL

Working across the APC, ICB and place, we've analysed our PTLs and established there is currently no statistically significant evidence of unequal waits for key groups. We are now building on pilots at Lewisham and elsewhere to use the data in more sophisticated ways to target patients potentially at higher risk of harm while waitng.

…alongside building the longer term infrastructure, relationships and behaviours to deliver sustainable services

Develop a clinical strategy for high volume/HVLC specialties and for diagnostics including CDCs

We've been working collectively on clinical strategy in multiple phases, which provided the rationale for our three successful TIF bids - national team feedback recognised the "strong clinical strategy" that underpinned

Provide a unified voice for SEL acute trusts and build relationships at ICB and regional level

- As collaborative relationships develop, colleagues at all levels have seen the benefit of speaking with one voice
- Our primary care leads are embedded within our clinical networks and programmes, and provide vital insight and links to the wider system
- We are developing our relationships with place based partnerships

Continue to develop the APC, thinking about how the collaborative matures and where collective work could add value

- Our work so far has put in place key building blocks to support our developing relationships – the governance model, our clinical networks and their supporting infrastructure within that, and the reporting that underpins everything
- Accelerate our approach to population health and inequalities in tandem with the ICB
- Develop our future strategy
- Establish new ways to share, disseminate and harness the expertise all around us in SEL

“The work we have done around Ophthalmology has had a huge impact.

“Working as a system, we have established a Single Point of Access which ensures that all patients are clinically triaged and are seen in the right place, first time.

“This year, we should save 4,000 appointments in secondary care from this initiative alone, and ensure that patients with relatively minor conditions are now seen in days in the community rather than in months in secondary care.

“Clinicians have formed fantastic relationships, and cannot wait to go further and faster than any other ICS in England.”

– **David Reith**, Associate Director, Planned Care and Maternity – NHS South East London Integrated Care Board; Non-Admitted Lead – South East London Acute Provider Collaborative


South East London

South East London Acute Provider Collaborative

Ophthalmology acute single point of access

Go-live date - Tuesday September 27 2022

What is the current referral process in SEL and why does it need to change?

Acute ophthalmology services in South East London (SEL) receive ~39k referrals per year; 26k from referrers within SEL and 13k from referrers outside SEL. Primary care GPs and optometrists in the community can directly book patients into hospital ophthalmology appointments.

When triaged correctly, approximately 65-69% of GP and optometrist referrals can be managed within primary eye care. But those that are not triaged correctly often end up on acute hospital waiting lists and can be booked into the wrong hospital clinic.

The Optometrist Triage Service (OTS) was set up in SEL in 2017. Experienced optometrists clinically triage SEL ophthalmology referrals to ensure they are booked to the most appropriate service; either a hospital appointment or a community appointment with the Minor Eye Conditions Service (MECS). However, OTS only triages 30% of the ophthalmology referrals from SEL as this is an optional choice for GPs and optometrists practices when referring patients.

“One of our big wins has been sharing expertise lodged in one trust right across the system. We have a fantastic subject matter expert on PTL management, who’d already transformed processes in KCH – and when we undertook our first system-wide insourced PTL validation exercise, nearly eighteen months ago, that really showed through in the difference in results between the trusts.

“Since then we’ve been able to work with her – together with some additional shared resource funded through the APC budget – to improve our processes both here at GSTT and at LGT. We found error rates of 15-20% in some services – we’ve been able to correct these, making sure patients get the care they need.

“We’ve now been able to teach staff new ways of working to bring these error rates down to near zero. Our admin staff are the unsung heroes of the NHS – they’ve really appreciated our collective investment of time and effort in improving our processes, because they experience day to day the impact this has on patients.”

– **Rachel Burnham**, Director of Operations for Cancer and Surgery Clinical Group, GSTT

2. Please describe the role of clinical leadership and clinical engagement in your provider collaborative's ambition and plans.

All eleven of our current networks are **clinically-led**, with **dedicated clinical time**. They build on the platform of one of the greatest advantages of our APC – that all our clinical leaders are **bound together by a common thread**: each is already a **long-standing supporter and innovator in sector-wide working**. None are tied to the different institutions they work in.

This has come to the fore through a **new era of maturity in decision-making** to agree collective priorities across different specialties, frame solutions, and drive delivery.

"My twelve months (so far!) as APC Clinical Director have been exciting and rewarding – and I also have to admit, often really challenging. I and my clinical leader colleagues have been on a steep learning curve – working across three trusts is new ground for most of us, and there isn't a straightforward "roadmap" to follow. We're really proud of what we have achieved – and excited and excited about building on this for the future."

– **Joanna Johnson**, South East London Acute Provider Collaborative Clinical Director, Clinical Director Dental Directorate GSTT, Consultant Paediatric Dentist, MCN Chair Paediatric Dentistry – London

Among many workstreams, our stand-out achievements include:

- **Creating new "system capacity"** to treat long waiting patients at Queen Mary's Sidcup, with aligned pre-operative assessment and deploying an innovative collaborative workforce model with scrub teams, surgeons and anaesthetists from different hospitals working together (gynaecology and general surgery networks). Twenty additional lists a week are now available and we are looking to expand the scope to serve other challenged specialties as well

- Tackling our long-standing challenges around **ENT service and workforce configuration**, historically a "frail" service in parts of our catchment – but via the APC it's been possible to start the robust discussions needed to tackle this

- Maximising the **efficiency and quality of our ophthalmology services** by "flipping" key patient pathways to be diagnostics-led, alongside introducing a single point of access to ensure patients get equal access to the right care more quickly – we estimate that over 4,000 patients per year will be seen more quickly via community services and receive more appropriate care – in turn freeing up much needed hospital capacity for more complex cases

- Developing an **agreed urology service** strategy that underpins the model for the high volume surgical hub at Lewisham Hospital (TIF funded)

- Build on the unanimous support for the **successful £13.8m TIF bid** for high volume surgical capacity at Lewisham Hospital, providing additional protected elective capacity for ENT and Urology services across SEL, tackling our backlogs and freeing up capacity elsewhere by treating nearly **4,500 additional patients per year**.

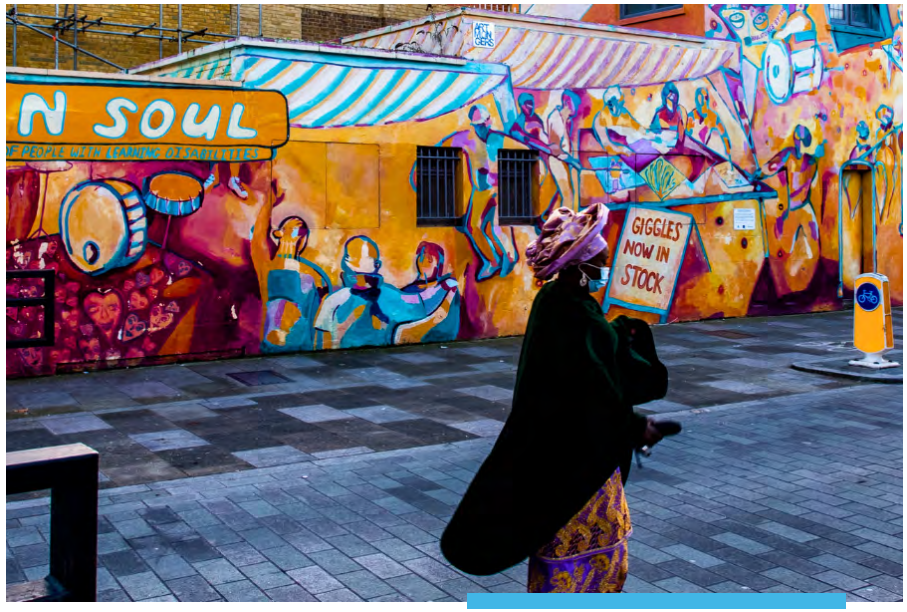
We have recently consolidated and strengthened input from primary care, with the appointments of **new primary care and community clinical leads**. They bring a new dimension to our discussions as a team of clinical leaders and are starting to drive further innovation within the clinical networks they support.

Working across placed-based teams and APC programmes, they will play a key role in working with us and the **South East London Integrated Care Board** on how we transform areas such as **advice and guidance, referral pathways** and **outpatients' services**, helping to **bridge the gap between primary and secondary care**. We are also developing our communication and engagement with wider clinical partners across primary and secondary care.

Our clinical leaders also form the **Clinical Delivery Group**, one of the key Executive Advisory Groups within our structure, overseeing the work of the clinical networks and channelling clinical expertise into the Steering Group and beyond. Originally established as the Clinical Senate during January 2021, the membership and scope of the group has evolved to include senior nursing expertise as well as greater diagnostic input.

The group has also proved its worth as a forum for exploring wider NHS issues that impact on our work as a system, including the recent **blood shortages** and upcoming **industrial action**.

We are also working to incorporate additional clinical perspectives and expertise including **anaesthetists and AHPs**.



"We developed a really strong collaborative spirit during the toughest days of the pandemic – and that sense of mutual aid and support still feeds through to how we work today. But it's challenging!

"Often it's feels easier to focus on our own trust, our own sites and solving our own problems. But from experience we now know that working together opens up new and better solutions, plus it saves duplicating effort when we're all facing similar challenges."

– **Belinda Regan**, Director of Nursing QEH, Lewisham and Greenwich NHS Trust

Our clinical leadership development programme

This year has seen us **break new ground** with the delivery of our **bespoke development programme** for all our clinical leaders, an initiative we would be keen to **share with fellow collaboratives**.

We knew our clinical leaders were keen to develop their system understanding and skills – **these are tough roles**. We developed an initial six-month leadership programme to help participants **come together**, **share best practice**, **problem-solve**, and **innovate in a trusted space**.

Clinical leadership development programme – sample modules

Workshop One – "Personal and "inner" Leadership" - module detail:

- Getting to know each other and developing our relationships at a deeper level
- The power of purpose – an introduction to purpose (to be revisited in a later module
- Developing a flexible skillset (including developing your transformational assets) that will enable you to "future proof" yourself, adapt through change

- Explore different styles we will use over the programme
- Understanding mindsets and behaviours and how to shift them; dialling strengths up and down as required
- Emotional Intelligence – revisited – how EI is as relevant as ever, if not more, for the 21st Century leader

"An excellent opportunity to engage with and learn from people from a wide range of different backgrounds but who are often facing similar challenges"

– **Prof Paul Sidhu**, Network Clinical Lead for Imaging, South East London Acute Provider Collaborative

"The SEL APC has been working to develop its clinical leaders as part of an ongoing leadership programme, which has brought together multiple leads from different clinical specialities over the last nine months.

"The programme now includes GP clinical leads, and brings together the ICS to make meaningful change for patients across SEL. This group continues to mature, and would benefit from further organisational development support to help it embed change into the variety of services SEL provides."

– **Dr Asif Mazumder**,
APC clinical lead for Community Diagnostic Centres

Workshop Two (1 day) - "Influencing with integrity"

- Consider the skills you can learn from people who are great influencers; remembering great leadership we have experienced
- Discover and confront the mental blocks you create in seeking to influence others and how to remove them
- How to create credibility and rapport and reach across barriers (both visible and invisible)
- Developing confidence and leadership presence
- Speaking truth to power and difficult conversations
- Influencing across the boundaries of our differences; the art of boundary spanning

Workshop Three - "Learning from Leadership Stories" –

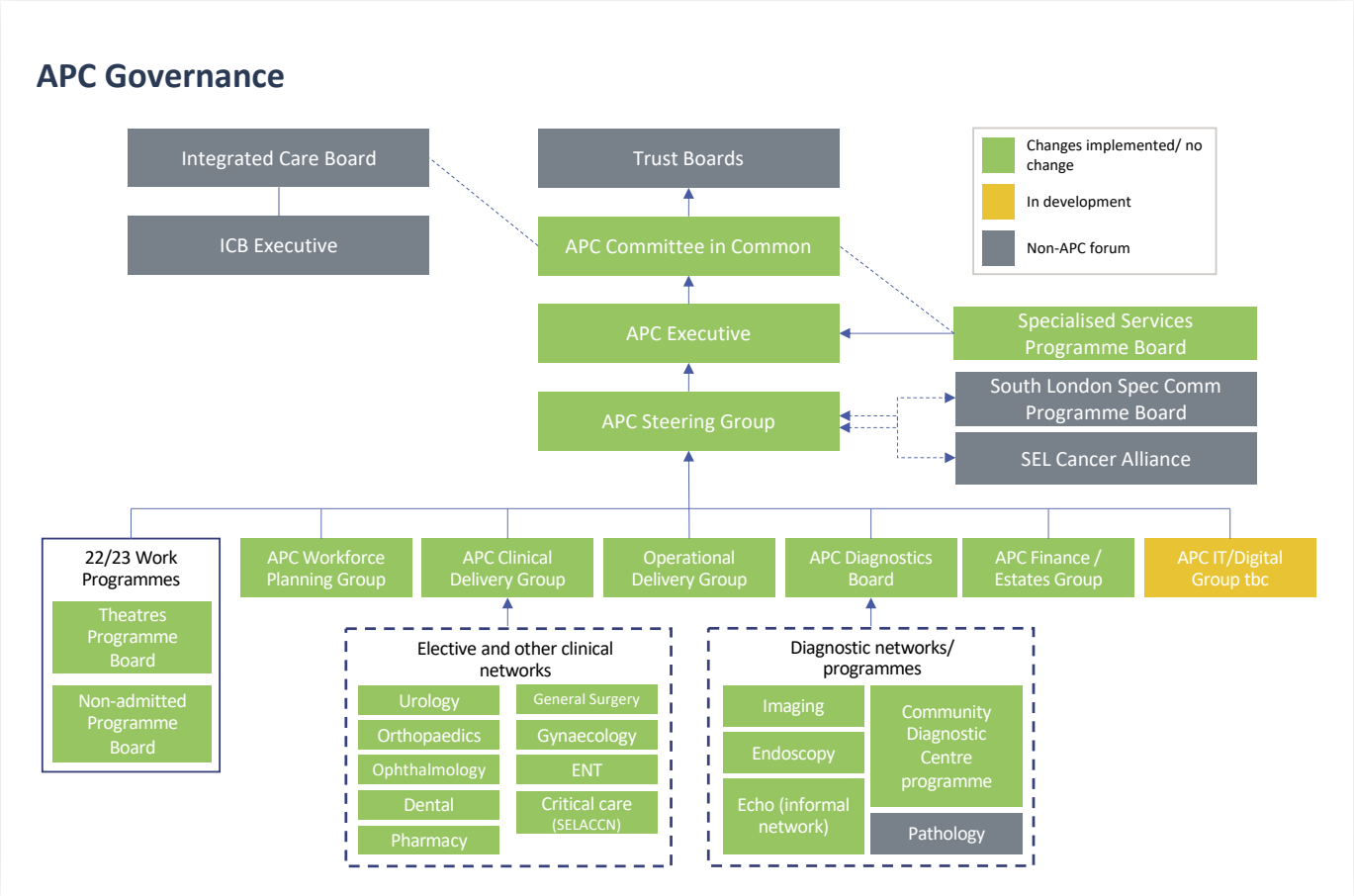
This module will bring a range of leader practitioners from across the sectors to tell their inspirational leadership stories. These will be lively interactive sessions. We will break into groups in the afternoon to discuss what we learned through these sessions and our own leadership stores. Potential themes to cover here through the stories:

- Resilience and optimism
- Leadership as relationship
- Innovation leadership
- Change leadership

3. Please briefly describe the governance arrangements that are in place, or that you are working to put in place, to enable the providers within the collaborative to make and deliver on joint decisions.

We **revised and further strengthened** our APC governance structure earlier this year to ensure we have the right groups, reporting and escalation routes to enable us to **make well-informed and timely decisions, hold ourselves to account**, and **deliver against our agreed objectives**.

- Our **Committee in Common** sets overarching goals and vision while the APC Executive oversees delivery.
- **Executive Advisory Groups** (EAGs), **programmes** and **networks** set objectives and priorities.
- The **APC Steering Group** sits at the heart of decision-making – reviews decisions/escalations from EAGs, reports decisions to APC Exec for sign-off, escalates to APC Exec where unable to resolve at Steering Group level. It alternates a **performance focus** and a **strategic focus** in its fortnightly meetings cycle.
- The **APC delivery team**, integrating provider, commissioner, programme management and clinical expertise, supports programme delivery.



CASE STUDY:

Agile governance in action

> **"A good clinical strategy and well-thought-out process that utilises existing facilities as well as creating a sustainable and robust new one."**
>
> – Feedback from NHSE national team following a trio of successful bids to the Targeted Investment Fund (TIF) worth £37.8m, described as being among the **strongest and most compelling** cases across London

We were notified of the opportunity to bid for capital from the **targeted investment fund (TIF)** in February 2022 – with tight deadlines for submission of an initial list of schemes. We quickly convened members of the **APC's Finance and Estates and Steering Groups** for short notice meetings as a **Task & Finish Group**.

This combined group agreed a **process for joint decision-making and engagement**, despite the short timescales. We were determined to submit a **genuinely collaborative proposal** that made sense for the population of SEL as a whole, not just reflect individual trust strategic plans.

The criteria for assessing potential schemes were collectively agreed before any schemes were put on the table for consideration – this meant all key parties engaged, and accepted the service/resource gaps that we wanted to use the TIF funding to fill.

Following a desk based review of potential schemes, they were subsequently prioritised by the Task and Finish group against the pre-agreed criteria. We were able to quickly land on a single prioritised list of six potential schemes which had complete agreement from all parties including the ICB.

The process and proposal were ratified through the APC governance framework, and ultimately approved by the APC Executive and ICB.

This process marked a significant departure from previous APC/system decision making decisions. All trusts were able to set aside their local agendas and preferences in favour of considering the right solution for the system as a whole. Following a rigorous and shared decision making also meant that there was no challenge to the final decisions.

Key success factors:

- Encouraged a **mindset of putting the needs of the system** above the preferences of the individual trusts
- Underpinned with **transparent, fair and seamless governance processes** for decision making
- Relationships built on **mutual trust and understanding**, built up over time.
- Willingness of senior colleagues to **give time to prioritise collaborative work** at short notice – and **dedicate resource** to this.
- Groundwork already laid for **joint clinical strategy** via the APC the previous year – this included sharing **trust and site aspirations, collective demand and capacity analysis**, and developing a **shared evidence base**.

4. Please describe the key strengths and challenges of your collaborative, and identify the 1-2 key issues or questions that you would seek to work through with the support of the Innovators scheme. Please identify key areas of support that would be most helpful.

We want to build on four core strengths:

Strength 1. The **"system-first"** mind-set has become our default way of working. We have a **shared commitment** to tackling our most complex problems with a **single SEL voice and approach**.

"Our new South East London high volume surgical hub at Lewisham Hospital will mean we can improve patient pathways – and protect elective surgery when the pressure's on. We're delighted to be working closely across workforce, clinical and operational teams in all three trusts to make sure we can build a sustainable staffing model – including recruiting collaboratively, not competitively."

– **Meera Nair**, Chief People Officer, Lewisham and Greenwich NHS Trust

"Digital alignment and strategic, operational and clinical collaboration go hand-in-hand. We're making rapid progress towards digital alignment across our three trusts – the collaborative outlook fostered during the worst days of the pandemic, and continued via the Collaborative, has changed the landscape.

"Our patients will benefit immensely once our clinical teams are working with integrated workflows and common datasets. This will become even more so when these are coupled with close collaboration across the trusts in service design and delivery."

– **Beverley Bryant**, Chief Digital Information Officer, Guy's snd St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust

Strength 2. Our **relationship with SEL ICB is unusually strong** – working with delegated authority and synchronising work on key programmes through matrix working across provider and ICB teams.

"South East London Acute Provider Collaborative plays an integral and important part of our ICB system architecture, with agreed delegated responsibilities.

"The APC has led the ICB's planning and delivery of elective and diagnostic recovery and transformation, with a collaborative philosophy that has demonstrated the clear benefit of collective working, joint approaches to the use of available capacity, and the development of standardised good practice pathways.

"In doing so it has worked openly and transparently and in partnership with the wider ICB.

"The ICB is keen to support the APC in developing the next steps in its development recognising the importance of the APC in helping the ICS meet its future strategic objectives."

– **Sarah Cottingham**, Director of Planning, South East London ICS

Strength 3. We have a **strong track record in delivering clinically-led long term service transformation** – building momentum, motivation and commitment to drive more ambitious change.

"By harnessing the home-grown clinical talent that exists across South East London, we are proud to be at the forefront of designing, testing and delivering transformational new approaches.

"Our clinically-led, clinically-driven programmes have a proven track record for taking forward best practice and innovation as we step up our work to better manage rising demand for elective services.

"This has included rethinking referrals, shared decision-making, and transforming outpatient services."

– **Dr Leonie Penna**, Chief Medical Officer, King's College Hospital, NHS Foundation Trust

"I am really proud of the collaborative and supportive environment that has been created in our network. Problems are seen first as shared – and not as individual to one organisation. Solutions are developed jointly with the patients firmly at the centre of anything that is agreed.

"There have been changes to who represents the trust services in network discussions, but the spirit of collaboration and co-operation has remained unchanged.

"I think this shows that this is becoming embedded in the fabric of the services and not reliant on willing individuals."

– **Adam Mills**, APC Network Lead

Strength 4. Our **strong and effective governance structure** fosters multi-disciplinary engagement across our trusts – we are able to bring to bear multiple perspectives to tackle tough problems.

"I have seen the APC start to move beyond clinical transformation; it how has an emerging broader and multi-disciplinary scope. The finance teams from GSTT, KCH and LGT have overcome historic reluctance to share information and we are able to have an open and honest discussion about supporting one another.

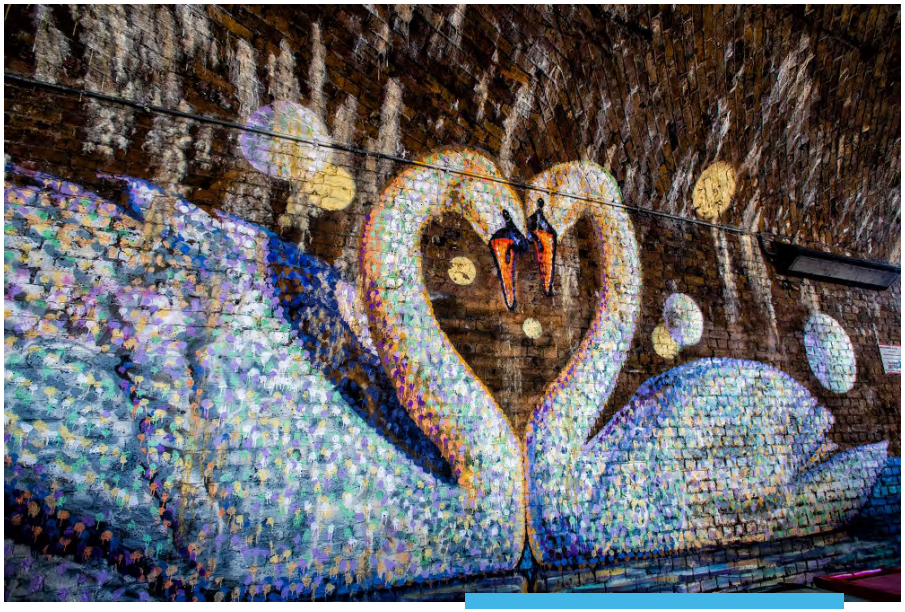
"We can now use APC-wide finance and activity information to inform a more honest financial discussion, focussed opportunity identification and robust decision making arrangements."

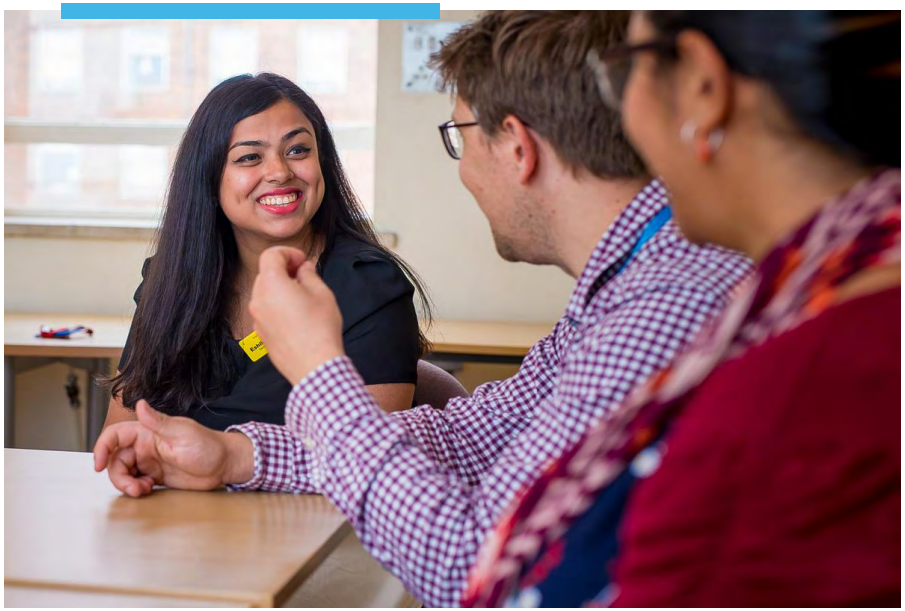
– **Steven Davies**, APC Finance Lead , and Chief Financial Officer, Guy's and St Thomas's NHS Foundation Trust

Our challenges

We bring together **six major acute sites** delivering comprehensive services to a **diverse and dynamic** population. We have made some progress in exploring **equity and fairness of access** for different groups– but we want to push work on health inequalities further, alongside the ICB **population health programme and place-based partners**.

Given the scale and breadth of both Guy's and St Thomas' and King's as major tertiary teaching hospitals, we have a **regional, national and global role**. This is a **challenge** in terms of the sheer scale and complexity of services – and also an **opportunity** to achieve wider impact and benefit and act as a test bed for future large scale clinical and operational collaboration.





As we mature, we want to **evolve and expand the scope and purpose of our collaborative**. It has been challenging to find **the bandwidth to explore our future strategic direction as an APC** – carving out time for reflection, learning and strategic planning is crucial.

Key areas where we are seeking support

1. Accelerating our approach to population health and inequalities

Our current approach to tackling inequalities looks at:

- **Equity in waiting times**
- **Targeted patient prioritisation**
- **Patient optimisation** while waiting
- Underpinned by **evaluation**

We would value support to realise our vision to be **more ambitious** and braver in working with our partners to ensure that overall we **serve disadvantaged communities better**, exploring our roles as **anchor organisations** within our communities.

2. Future APC strategy

We have a strong sense of purpose and clarity about the current APC scope, covering the **significant and important agenda** of elective and diagnostic recovery,

However **APC and ICB leaders** are united in the view that the APC has the **ability and infrastructure** to go further and **stretch beyond** its current scope and influence. The vision is to **contribute**, and **bring benefit**, to a wider and more far-reaching agenda. To explore tackling challenges **beyond the SEL footprint**, supporting and bringing in engagement and learning from others such as specialist services partners and other ICSs.

We would value help to support our planning of the future APC strategy and delivery structures to implement them.

3. Sharing, disseminating and harnessing expertise

We want help to maximise the benefit of the expertise that surrounds us, within trusts, localities and across London. We would welcome support to harness this knowledge to guide our decision making.

We have a formal **Committee-in-Common** driving our strategic direction, but we are not fully harnessing the **expertise and power** of the **three trust boards**.

We have established links with the **six place based partnerships** in South East London – but we want to **work more closely with them**, particularly around **population health and the inequalities agenda**.

We have forged strong links to the other **collaboratives across London**, and **further afield**. We find this **invaluable** and want to harness this further.

"The APC has given us a new and important organisational platform to really tackle health inequalities in SE London.

"Its ability to develop a shared approach and culture across the three Trusts means we can be more inclusive, more diverse and fairer for all our staff and the population we serve.

"The development of the APC will help all communities and people of all backgrounds in a way that we have never experienced before.

"Its potential to make a real difference in this respect is enormous as it moves forward and becoming a pioneer Provider Collaborative will only serve to do this faster."

– **Funmi Onamusi**, Director of Equality, Diversion and Inclusion, King's College Hospital NHS Foundation Trust

5. Please set out any further information that may be helpful.

The new ways or working, and new ways of thinking, that our APC has started to unleash are already playing a key role in reducing inequalities, driving innovation and leading our elective recovery at pace and scale.

"As a maturing APC, with ambitions to become a thriving one, there is significant potential to move faster and further in delivering a better health for everyone; better care for all patients and efficient use of NHS resources.

"The extra level of support offered though the NHSE Innovators scheme, alongside the strong support we have from South East London ICB, would create a robust platform for advancing into the next stage of our development. We very much relish the opportunity to be at the forefront of transformation and shared learning as an APC Innovator.

Professor Clive Kay
Chief Executive
King's College Hospital
NHS Foundation Trust

Professor Ian Abbs
Chief Executive
Guy's and St Thomas'
NHS Foundation Trust

Ben Travis
Chief Executive
Lewisham and Greenwich
NHS Trust

We would like the last words to rest with some of the people from the three trusts, whose collection of diverse talents has propelled us along our journey from an emerging and developing APC to one which is now maturing – and, with support from the NHSE Innovators scheme - soon be able to fast-track into a thriving one.

"Finding time and bandwidth to talk about longer term challenges and opportunities is a struggle. But I'm really proud that we somehow managed to put in the groundwork around shared clinical strategy and built the starting consensus that meant we could make joint decisions about our capital bids for TIF."

– Heather Gilmour

"Our fortnightly SEL theatres general manager meeting has been an invaluable support and development structure for these senior staff who are right at the coal-face of tricky service delivery challenges. They share problems and solutions, and know they are not alone. One thing that may seem small is sharing key documentation such as policies or checklists – but it saves everyone time and effort, and helps us fast-track closer alignment."

– Michael Sunderland

"As a south east Londoner, I (and my family) have experience of services across all our three trusts. I'm proud to work as part of the Collaborative – I see the hard work we all put in, working with our operational and clinical teams, and am excited by the potential to provide better and fairer services for our communities."

– Amira Garba

"I'm most proud of bringing clinicians and managers together from all three trusts to tackle our challenges – and build better services for our patients and communities. It starts with building engagement – when we started in urology nobody was engaged! And now they're working together really closely in the network. The lumps and bumps pathway work in General Surgery was a real achievement – hard work to get over the line across all three trusts, but something that is making a real different to how quickly patients can be seen."

– Ann Wood

“I’m most proud of working with network colleagues to introduce our single point of access for all referrals. Working in this way across trusts and with community based services has improved working relationships, reduced duplication and ensured patients will get the care that’s right for them more quickly as a result. I am happy to be part of the APC delivery team, at the forefront of driving transformation in how acute services are delivered. All our work is about making sure people with the greatest health needs in our community get access to the right treatment, when they need it.”

– Ada Ogbuagu

“This week’s small win – getting people to get past the competitive history and share information on their capital position. It has meant we can move on from silo’d trust priorities and start a much more transparent discussion about what our priorities are as a system.”

– Victoria Fairhurst

“As a fairly new member of the APC Delivery Team, I feel excited to be working to bring teams together to deliver better, fairer healthcare to our patients. The NHS works better together – I feel honoured to be part of this great multi-disciplinary, multi-dimensional team, all striving for the very best for our patients”

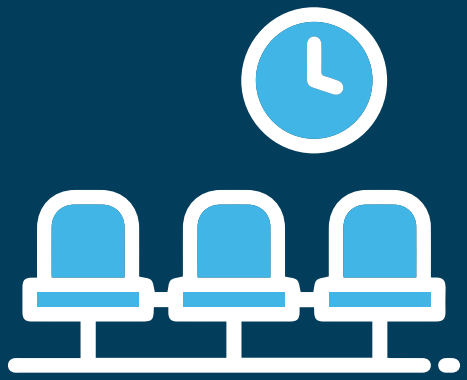
– Hope Sadio

You can also find out more about our APC and how we are maturing by visiting our microsite: https://bit.ly/3VY3qUs or scan the QR code

From **20% to 1%** – reduction in PTL error rates in key areas

From over **200 to 0** – reduction in number of patients waiting over two years

From **41,000 to 3,000** – reduction in patients at risk of waiting over eighteen months between March and November 2022



Over 2000 patients supported by our SEL hub to transfer for faster care since April

4,000 patients per year seen faster by in ophthalmology due to single point of access

11,300 patients seen in our “Early Adopter” community diagnostic centres

Three months reduction in difference between trusts for oral surgery waits

More than twenty clinicians with dedicated time for the APC

£18m additional funding for diagnostics – SEL now has the lowest backlog in London

£37m TIF capital funding secured

Three new APC system theatres delivered/in planning with capacity to treat up to **7,500** more patients per year