"WHO IS WAITING FOR WHAT" – GETTING WAITING LISTS UNDERS CONTROL BY ENGAGING WITH PATIENTS.

Understanding who is waiting for what, and in what sequence tasks need to be done, is difficult. As is maintaining patient engagement, so that clinical and operational teams can ensure the optimal route to surgery is followed. Paul Henderson talks about the importance of having clean, dynamic waiting lists and using technology to make sure tasks are completed in an effective, timely way.

Having an accurate view of patients waiting for surgery, engaging digitally to make sure everyone is ready for the big day and then following up (using all the tools available in our clinical armoury) is key to successfully delivering cost-effective services and high-quality clinical outcomes.

This is not just about apps – it is about a focus on what works for patients and staff as we all try to tackle increasing waiting lists.

Keeping an accurate list of patients waiting for surgery is more complex than it sounds. Waiting lists move, priorities change, capacity flexes (often at very short notice), clinical acuity changes and the act of booking patients into slots can be problematic. Help to cleanse lists is available, on a one-off and ongoing basis, and many organisations have made great progress in managing their list. Yet still, organisations struggle.

There are tools and techniques which have been proven to be successful, but they haven't been universally adopted. Where they have landed well, the key to success has been integration with the overall process of engaging with patients to manage their time on the list. Disconnected tooling doesn't help anyone. Please don't say "There's an app for that!"

There have, though, been exciting developments in perioperative care, using tools developed by vendors who absolutely understand the integration challenge. Putting aside the technical integration issues, which they have taken care of, they have focussed solutions on a higher volume of less complex cases as a means of dramatically reducing waiting lists and improving clinical and operational productivity.

Patients value engagement with care providers when they need help. They will work with the NHS on digitally-enabled processes and care pathways because it is in their interest to do so. They are incentivised to do this, through their desire to have their problem fixed. Except when they aren't! A badly designed process supported by disconnected technologies and providing a complex user experience not only drives digital inequality but is also going to turn off even the most amenable patient.

Then there is the impact on the staff. The endless phone calls, the endless lists, the patients who turn up unprepared and need to be turned away and the manual booking and re-booking of sessions can mean that we don't know whether we are coming or going. All of this is a drain on morale, productivity and cost.

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Channel 3 have worked on several initiatives to optimise waiting lists so that the patient and staff experience is improved and becomes more effective. Our key takeaways have been:

1. Waiting lists: Cleanse and implement tools, systems and processes to make sure they stay clean. Embed this tooling into the clinical and operational workflow so it doesn't become an extra task – it avoids several. Payback that time to staff. Don't rely on static lists that quickly become out of date and restrict the conversation to discussing standard operating procedures, training, compliance and audit. The list is an aid to productivity, not a drain.

2. Readiness: Use technology to help patients be prepared for their surgery. Give them guidance, personalised support, a feedback loop and a means of linking their most valuable digital asset (the phone!) to yours (the Electronic Medical Records systems).

3. Design: Design your workflow so that you can take advantage of technology but are not a slave to it – and invest in it properly, don't copy/buy tech that looks like something which worked, without understanding what it was that made that tech successful!

At Channel 3 we have reviewed the market and found that several solution providers appear aligned with our thinking. Although we don't endorse any particular vendor, we have been particularly taken with Luscii who use AI to track risks to patients having a successful outcome from surgery and suggest remedies or provide clinical notifications. We have also been impressed with the work done by Palantir and MBI on waiting list cleansing, which builds on the great manual work done by waiting list managers in Trusts and makes managing lists easier.

Paul Henderson has over 30 years of experience supporting the design and implementation of healthcare technology programmes that enable clients to transform the care and services they deliver for patients. Having held leadership roles in global consultancies, digital start-ups, technology providers, and local and regional NHS organisations, his deep sector experience will enable him to drive the continued development of Channel 3's service portfolio and expand its market reach. You can contact Paul using our online form on LinkedIn.

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