

How Homelink Healthcare can help address the mounting problem of elective backlogs in hospitals.



The UK has begun to tentatively end most lockdown measures, the vaccination programme continues to be rolled out at speed, and many are looking forward to returning to a semblance of normality as restrictions are lifted. Yet hospitals are unable to take a breath of relief.

Cases and deaths continue at pace, and The Academy of Medical Royal Colleges has warned that the NHS is [“under unprecedented pressure”](#). Hospitals are battling with staff shortages, a growing backlog of patients, and [record-breaking](#) numbers of A&E attendees. Another crisis looms.

400,000 of those patients had been waiting over 52 weeks for elective treatment, 240 times more than in February 2020 and the greatest number since December 2007. In June, the number of people on NHS waiting lists topped [five million for the first time](#). And this does not account for the ‘hidden patients’ deterred by Covid from coming forward for routine treatment for issues such as hip and knee osteoarthritis or cataracts.

A recent survey found [70% of surgeons](#) in the UK are worried about the excess of delayed procedures at their Trust, and believe it is having detrimental repercussions on both patient outcomes and staff morale. [Chris Witty, England’s Chief Medical Officer, recently warned](#) that the “indirect effects” of the pandemic in healthcare may be as bad as the virus itself.

The crisis now facing healthcare is elective backlogs - long waiting lists for surgeries and treatments.

It is not a new challenge for the NHS, but it has been significantly exacerbated by Covid-19.

In March 2020, as the virus descended on hospitals, non-urgent elective care was postponed and thousands of surgeries cancelled to free up beds for critical Covid patients.

As restrictions and cases fluctuated over the year, hospitals were unable to get on top of their backlogs. By February 2021, there were over 4.7 million people on the NHS surgical waiting list, the highest figure since records began.

Why is the elective backlog challenge so pressing, and what can be done to address it?

Why delays to surgery are so serious

The situation is such that some patients have now been waiting to have their operations for years. While normally, many of these surgeries are standard procedures, these delays can have far-reaching consequences. When patients are eventually called for surgery, they are far more ill, and their subsequent recovery is delayed and much more complicated.

For orthopaedic patients, the stronger you are pre-surgery, the better and faster you recover. Worse, some patients are now going to hospital for their operations but after the prolonged wait are no longer well enough to have surgery - causing further delays. The delays have been amplified by year-long isolation for some patients, infrequent exercise, and far more time spent at home.

What's currently being done to combat elective backlogs?

Some steps are being taken to address the situation. In the recently released [NHS planning guidance](#) for the year ahead, accelerating the restoration of elective care is a core priority: in the words of the national health service,

to achieve their goals, they must "do things differently".

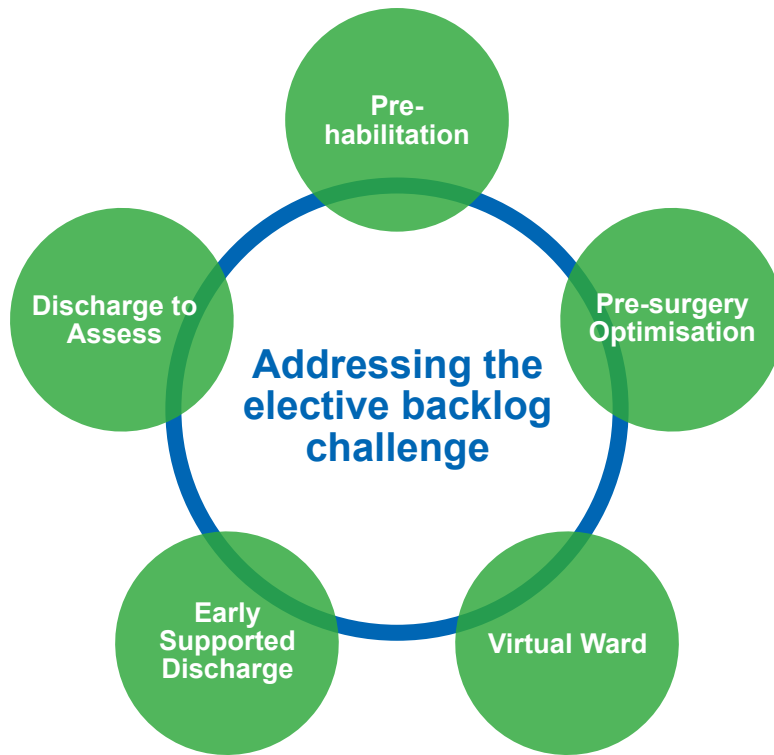
NHS funding has been directed into local systems to attempt to reduce surgical waiting lists, in the form of the Elective Recovery Fund.

Trusts and CCGs have used the NHS SBS Patient Discharge Framework to quickly make use of additional funding sources to commission extra capacity from HomeLink Healthcare.

At HomeLink Healthcare, we agree that things can and should be done differently - and we believe we can utilise our experience and skill sets to deliver services that will ease the backlog challenge, make most effective use of inpatient beds, minimise inpatient stays and promote flow. Facilitating transition towards new approaches to tackle surgical backlog within the healthcare service.

As the [BMJ puts it](#), "waiting lists" must be transformed into "preparation lists": the time between diagnosis and surgery could be harnessed to get patients prepared for surgery, improving patient experiences and outcomes, hospital flow, and reducing the costs of healthcare. It's exactly this that we believe should be adopted - and that we have the capacity, skills and workforce to deliver.

How can we play our part in addressing the elective backlog challenge?



Pre-surgery Optimisation

By using our services for a different part of the patient's journey, we can help patients get fit for surgery by utilising a range of prehabilitation methods.

Generally, this would mean working on enhancing patients' mobility and general health status. For orthopaedic patients, that would mean pre-surgery physiotherapy to improve agility and mobility, working with

breathing exercises to limit the risk of chest infections post-op, and working towards improvements in nutrition. We can also offer pre-op screening - where we visit the home to check the well-being and health perspective of a patient before the trip to the hospital. Monitoring vital signs, observing mobility, checking the general health condition to ensure they are well enough for surgery.



Pre-pandemic, this was usually done in the hospital or within community provisions, but both have been stretched to their limits. In some parts of the country, no community prehabilitation is currently available at all. Regardless, prehabilitation was something primarily for those undertaking radical surgery, and there is a body of evidence that demonstrates it is highly beneficial for all pre-op patients.



Prehabilitation has been shown to reduce postoperative complications by 30-80%, and reduce hospital stays by one or two days. Other studies illustrate reductions in post-operation mortality.

If all patients had access to a degree of pre-surgery optimisation, people would recover better and leave hospital earlier - alleviating both hospital capacities and surgical waiting lists.

Virtual Ward and Early Supported Discharge

Virtual Ward and Early Supported Discharge are services we have been honing and delivering for many years at HomeLink Healthcare. We have multiple successful, harmonious partnerships with NHS Trusts in the UK where we create added capacity by freeing up space in the hospital. In terms of the elective backlog challenge, this equates to more space in hospitals for other patients to get in and have their operations.

Imperial College Healthcare Trust used the NHS SBS Framework to commission a service from HomeLink Healthcare. One of our partners at the trust commented: ***"I love them, they reduced our LOS which resulted in increased bed capacity for our elective surgery patients. Also helped with cancellation due to capacity."***

Once patients have had surgery, we support them to come home sooner than they normally would and continue to deliver safe care in their homes. How do we do this? Under our [Discharge to Assess](#) service, we identify patients that are medically fit to leave hospital, speed up their transition home and undertake their assessments and package of care there. With our Virtual Wards, patients remain under the care of both the hospital consultant and members of our team, while receiving a wrap-around of home-based care from our experts.

This method is not only possible but effective - and is one we are already delivering across the country. In one of our co-created programmes,

we have already saved the NHS 10,000 bed days.



There is a wealth of evidence that demonstrates a patient can safely return home three days or even 24 hours after an operation. The only issue is that the community capacity is not in place to facilitate it.

That's where we come in.



Looking Forward: Change is both possible and beneficial

The problems are well-documented. There are solutions and the evidence to support them. Covid-19 illustrated how rapidly practices and behaviours can change on a wide-scale. Now that the virus is slowly being wrangled back under control, healthcare should not retreat to past practices, but embrace the new ways of working and the light that has been shone on what needs to be done differently.

How can my Trust or health system find out how much could be gained by the adoption of these pre and post-surgery practices? HomeLink Healthcare will provide a free assessment of your organisation's ability to improve patient flow through prehabilitation and Virtual Ward/Early Supported Discharge, based on real world experience in the NHS. To find out how to get started please get in touch with us today.

Changing the way we think about surgery, and finding innovative ways to solve challenges like elective backlogs, is progress and beneficial in both the short and long term. At HomeLink Healthcare we are ready to play our part.

HomeLink Healthcare is clinically led and owned and works in partnership with the NHS to provide Virtual Wards, Early Supported Discharge, Admission Avoidance and Discharge to Assess services, dedicated to excellence in clinical delivery, patient experience and outcomes. We are pre-qualified on the **NHS SBS Patient Discharge Services Framework**.

To find out more about how HomeLink could work with your organisation or health system to increase capacity and improve flow, contact Andy Collett on...



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HomeLink Healthcare is regulated by the CQC.

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