Right person, right place, first time

Transforming elective care services **neurology**

Learning from the Elective Care Development Collaborative

NHS England and NHS Improvement

NHS England INFORMATION READER BOX		
Directorate		
Medical	**Operations and Information**	Specialised Commissioning
Nursing	Trans. & Corp. Ops.	Strategy & Innovation
Finance		

Publications Gateway Reference: 000735	
Document Purpose	Resources
Document Name	Transforming elective care services: General medicine
Author	Elective Care Transformation Programme
Publication Date	17th July 2019
Target Audience	CCG Clinical Leaders, Care Trust CEs, Foundation Trust CEs, Medical Directors, NHS Trust Board Chairs, NHS England Regional Directors, NHS England Directors of Commissioning Operations, Allied Health Professionals, GPs, Emergency Care Leads
Additional Circulation List	CCG Accountable Officers, CSU Managing Directors, Directors of PH, Directors of Nursing, Communications Leads
Description	
Cross Reference (if applicable)	N/A
Superseded Docs	N/A
Action Required (if applicable)	N/A
Timing/Deadlines (if applicable)	N/A
Contact details for further information	Linda Charles-Ozuzu Director - National Elective Care Transformation Programme Email: england.electivecare@nhs.net

Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Equality and health inequalities

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Information Governance Statement

Organisations need to be mindful of the need to comply with the Data Protection Act 2018, the EU General Data Protection Regulation (GDPR), the Common Law Duty of Confidence and Human Rights Act 1998 (particularly Article 8 – right to family life and privacy).

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email: england.contactus@nhs.net stating that this document is owned by Elective Care Transformation Team, Operations and Information, NHS England.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

Contents

click to return to this page

Introduction 4
The national context and challenges facing elective care services in England 5
The national neurology challenge 6
The Elective Care Development Collaborative 8
Overview of ideas being tested and described in this guide 9
Essential actions for successful transformation 10
1. Rethinking referrals:
a. Standardised referral pathways and structured templates 12
b. Shared learning opportunities 17
c. Increasing use of Advice and Guidance 22
2. Shared decision making and self-management support
a. Self-management education and support for headache and migraine 27
3. Transforming outpatients:
a. Community migraine clinic 31
b. Community MDT clinic 36
Taking transformation forward 40

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

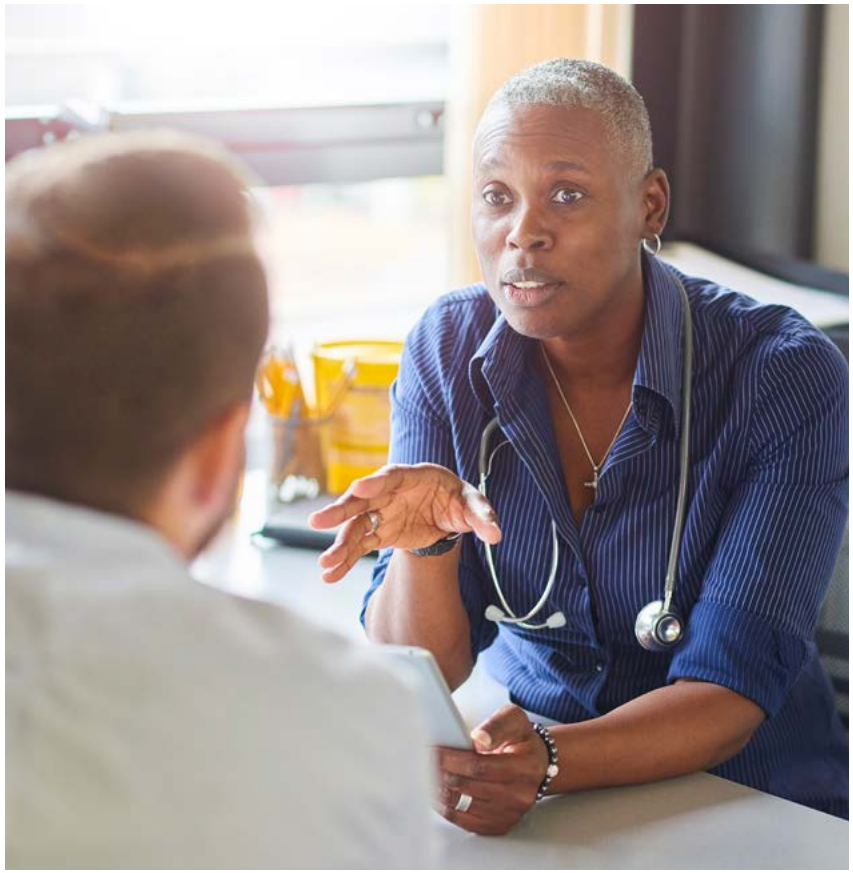
Introduction

This handbook is for commissioners, providers and those leading the local transformation of neurology elective care services. It describes what local health and care systems can do to transform neurology elective care services at pace, why this is necessary and how the impact of this transformation can be measured. It contains practical guidance for implementing and adopting a range of interventions to ensure patients see the **right person, in the right place, first time**.

The list of interventions is not exhaustive and reflects those tested in the fifth wave of the Elective Care Development Collaborative using the 100 Day Challenge methodology. General medicine, neurology and radiology were the specialties in this wave and this handbook is just one of the resources produced to share learning. Further handbooks, case studies, resources, discussion and methodology can be found on the Elective Care Community of Practice pages.

Interventions are grouped by theme within this handbook and include 'how-to' guides. The success of interventions designed to transform local elective care services should be measured by changes in local activity following implementation of the intervention and performance against the Referral to Treatment (RTT) standard. Patient and professional outcomes and satisfaction should also be measured (NHS Improvement, 2018).

You can learn about the interventions tested in previous waves (MSK, gastroenterology, diabetes, dermatology, ophthalmology, cardiology, urology, ENT, respiratory, gynaecology and general surgery) and find all the handbooks and some of the many case studies on our webpages.



Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

The national context and challenges facing elective care services in England

The NHS is experiencing significant pressure and unprecedented levels of demand for elective care.

Around 1.7 million patients are referred for elective consultant-led treatment each month. Between 2011/12 and 2016/17, referrals rose annually by an average of 3.7% per year.

Over the 12 months to December 2018, growth in GP referrals decreased by 0.4%. Total referral growth in 2018/19 was 1.6% at December 2018, against planned growth of 2.4%. Keeping the GP referral growth rate below plan represents a significant achievement in redesigning pathways across primary and secondary care and implementing interventions across the elective pathway, to reduce avoidable demand and ensure that patients are referred to the most appropriate healthcare setting, first time.

At the end of March 2019, the number of people waiting over 52 weeks had halved since the year before, and the number of people waiting less than 18 weeks had increased. However, growing demand means that the proportion within 18 weeks is below the constitutional standard for referral to treatment target of 92%.

Timely access to high-quality elective care is a key priority under the NHS Constitution.

The NHS Long Term Plan sets out the ambition to provide alternative models of care to avoid up to a third of face-to-face outpatient appointments. In 2017/18 there were 119.4 million outpatient appointments, almost 80% more than in 2007/08. The rate of patient attendance at these appointments decreased from 81.6% in 2007/08 to 78.4% in 2017/18. There has been an increase in occasions where the patient 'Did Not Attend' (DNA), but a more marked increase in hospital and patient cancellations.

This makes the redesign of elective care services a must-do for every local system, to achieve better demand management that improves patient care (clinically and from a quality of experience perspective) while also improving efficiency. It is essential to understand the drivers of demand and what can be done to improve upstream prevention of avoidable illness and its exacerbations, including more accurate assessment of health inequalities and unmet need. This includes addressing the needs of local populations and targeting interventions for those people who are most vulnerable and at risk (NHS Long Term Plan, 2019). Technology offers digitally-enabled possibilities in primary and outpatient care to support this transformation.

The Friends and Family Test (FFT) results for March 2019 showed that overall satisfaction with outpatient services remained high, with 94% of 1,391,002 respondents saying that they would recommend the service to a friend or family member; 3% saying they would not recommend the service, and the remaining 3% saying either 'neither' or 'don't know'. It is important to take steps to ensure that patient satisfaction remains high.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

The national neurology challenge

Neurology covers many different conditions from migraine to motor neurone disease and management of chronic pain. The number of people living with neurological conditions in England is rising (currently 12.5 million) and will continue to increase. The current service provision cannot meet the needs of patients. One in 10 GP consultations related to neurology in 2011 (The Neurological Alliance, 2018). From 2012/14 to 2015/16 there was a 14% increase in hospital admissions for people with a primary diagnosis of a neurological condition, and a 10% increase in emergency hospital admissions (The Neurological Alliance, 2018). The actual number of first outpatient appointments decreased year on year by 5.0% in 2017/18 and 2.5% in 2018/19. However, waiting times have continued to rise with the proportion of patients waiting less than six weeks for a first outpatient appointment falling from 35.8% in 2016/17 to 32.4% in 2018/19 and the waiting list growing by 17% from March 2017 to February 2019. This suggests a lack of secondary care capacity in neurology rather than a reduction in demand. Current challenges and opportunities in neurology include:

- **Unwarranted and unnecessary variation in service provision.** People with long term neurological conditions benefit from a multidisciplinary approach involving not only neurology consultants but specialist nurses, GPs with extended roles (GPwERs) and allied health professionals (AHPs). However, there is variation in availability and provision of this type of support (Royal College of Physicians, 2011). Patient access is also affected by variation in the number of neurologists working in small and medium acute trusts (Royal College of Physicians, 2011) with some hospitals having no acute neurology service at all (The Neurological Alliance, 2018). Annual reviews of neurological patients by a specialist such as a nurse is a measure included in many of the National Institute of Health and Care Excellence (NICE) guidelines relating to neurological conditions. In practice these rarely happen (The Neurological Alliance, 2018).
- **Commissioning is fragmented.** CCG engagement with neurology is poor, compared to other conditions and care pathways are fragmented and poorly co-ordinated. In some cases, not recognising and treating a comorbid mental health condition can lead to inpatient admissions. Optimising care pathways and specially designed services to bring together neurology and mental health will result in system savings and better patient outcomes (The Neurological Alliance, 2018).
- **A national shortage of neurology consultants.** The shortage of neurologists in small and medium acute trusts means that often those presenting with a neurological condition are unnecessarily admitted because specialist opinion is not available at the front door, or have a longer length of stay because their condition is not initially accurately diagnosed (Royal College of Physicians, 2011). Better provision of community specialist services would help prevent crises and unplanned admissions, and also facilitate better discharge (The Neurological Alliance, 2018).

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

The national neurology challenge

- **Poor communication between primary, community, secondary and social care.** Integration of health and social care (and access to both) is a key part of maximising patient experience and outcomes. Increasing demand for neurological services needs to be supported by better communication between care settings. There is significant concern among GPs about the time taken from referral for patients to see a consultant neurologist. Referral triage and access to specialist Advice and Guidance could be used to filter referrals, reduce unnecessary referrals and free up secondary care capacity. (The Neurological Alliance, 2018). Greater use could be made of GPs to manage headache and follow up conditions in remission, potentially with practices working in a networked manner to manage these patients with support from the local neurologist (Royal College of Physicians, 2011).
- **Maximising the role of community nurse specialists.** Due to the shortage of neurology consultants, the specialist nurse role and particularly a community nurse role is a valuable resource for increasing patient access to treatment. Access to a well co-ordinated multidisciplinary team is key to the provision of good care and maximising patient outcomes, particularly in a community setting (The Neurological Alliance, 2018). GPwERs and specialist nurses have the potential to improve care, reduce follow-up requirements and (re)admission rates (Royal College of Physicians, 2011).
- **Managing expectations of patients and carers.** Self-management is a key element for many neurological conditions. Shared development of patient management plans can empower patients to self-manage (Royal College of Physicians, 2011), however only 15% of neurology patients currently have care plans, with 82% of neurology patients saying they have never been offered a care plan (The Neurological Alliance, 2018). As with all long-term conditions, the mental health needs of people with neurological conditions need to be considered. Integrated psychological support and social prescribing can better meet the needs of neurological patients without placing further demand on the stretched specialist neurology workforce (The Neurological Alliance, 2018).

Not all of the challenges and opportunities above could be tackled by the teams during their 100 Day Challenge. However, input from key stakeholders helped to develop the challenge framework for Wave 5 and the ideas tested.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

The Elective Care Development Collaborative

NHS England's Elective Care Transformation Programme supports local health and care systems to work together to:

- Better manage rising demand for elective care services.
- Improve patient experience and access to care.
- Provide more integrated, person-centred care.

As part of this programme, the Elective Care Development Collaborative has been established to support rapid change led by frontline teams. In Wave 5 of the Elective Care Development Collaborative, local health and care systems in south west Hampshire, Liverpool, north east Essex and Salford formed teams to develop, test and spread innovation in delivering elective care services in just 100 days (the 100 Day Challenge). You can find more about the methodology used here.

The teams used an intervention framework to structure their ideas around three strategic themes:

Rethinking referrals

Rethinking referral processes to ensure they are as efficient and effective as possible means that from the first time a patient presents in primary care, patients should always receive the assessment, treatment and care they need from the right person, in the right place, first time.

Shared decision making and self-management support

Taking a universal personalised care approach means that:

- People are supported to stay well and are enabled to make informed decisions and choices when their health changes.
- People with long term physical and mental health conditions are supported to build knowledge, skills and confidence and to live well with their health conditions.
- People with complex needs are empowered to manage their own condition and the services they use.

Shared decision making is a collaborative process through which a clinician supports a patient to make decisions about their treatment and care that are right for them. This should be considered at every stage of the patient pathway and can incorporate digital health tools, personalised care and support planning, social prescribing, patient choice, patient activation and personal health budgets.

Transforming outpatients

Transforming outpatients means considering how patient pathways and clinic arrangements (including processes) ensure that patients always receive assessment, treatment and care from the right person, in the right place, first time. This may not be in secondary care. Virtual clinics, technological solutions and treatment closer to home are all possibilities.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

Overview of ideas being tested and described in this guide

Intervention	The opportunity
Standardised referral pathways	If a standard neurology pathway is used practitioners should have access to relevant guidance and information when making or receiving referrals. Referral quality should be more consistent and the number of unnecessary referrals should reduce. This should mean patients are seen as soon as possible by the right clinician.
Shared learning opportunities	If learning and knowledge about neurology conditions is shared between practitioners, patients should receive effective treatment and advice earlier. Primary care practitioners should build their knowledge, confidence and expertise reducing the number of referrals into secondary care and improving the quality of referrals made.
Increasing the use of Advice and Guidance	If GPs can access specialist advice it helps them to manage patients more effectively in primary care and avoid unnecessary referrals into secondary care. This should also improve the quality of referral information that accompanies the patient.
Self-management support for headache and migraine	If patients have high quality information about their condition and multi-channel self-management education and support, they will be able to better manage their own symptoms which will improve patient outcomes and experience.
Community migraine clinic	Patients benefit from an extended appointment with a specialist, where they can discuss their headaches and receive support with putting together an initial management plan. A community migraine clinic means that patients receive in-depth specialist support earlier and closer to home and demand for acute neurology outpatient services is reduced.
Community MDT clinic	Management of certain conditions, such as multiple sclerosis (MS) or chronic pain, requires specialist doctors, nurses and allied health professionals to work together as a multidisciplinary team (MDT). If MDT reviews are provided in the community patients can receive the right management and access to specialist opinion earlier, GPs can receive advice and guidance on management and more patients can continue to be managed in primary care, reducing demand on outpatient services.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

Essential actions for successful transformation

The actions below are essential for creating the culture of change necessary to transform elective care services and are relevant to the interventions described in this handbook.

Establish a whole system team

Consider who needs to be involved to give you the widest possible range of perspectives and engage the right stakeholders from across the system as early as possible. It is essential to include patients and the public in your work. Find top tips for engaging patients and the public on the Elective Care Community of Practice.

Secure support from executive level leaders

Ensure frontline staff have permission to innovate, help unblock problems and feed learning and insight back into the system. Involving senior clinicians as early as possible is crucial to reaching agreement and implementing changes effectively across organisational boundaries.

The 100 Day Challenge methodology facilitates cross-system working. Working across multiple organisations in this way is essential to establishing effective Integrated Care Systems, which need to be created everywhere by April 2021 (NHS Long Term Plan, 2019).

Useful resources:

- Public Health England website
- Leading Large Scale Change (NHS England, 2018)
- Facing the Facts, Shaping the Future (Health Education England 2018)
- Useful publications and resources on quality improvement (The Health Foundation, 2018)
- 100 Day Challenge methodology (Nesta, 2017)
- Principles for putting evidence-based guidance into practice (NICE, 2018)
- Allied health professions supporting patient flow: a quick guide (NHS Improvement and NHS England, 2018)
- Guidance for NHS commissioners on equality and health inequalities legal duties (NHS England, 2015)
- Equality and health inequality NHS RightCare Packs (NHS England, 2017)
- NHS England response to the specific duties of the Equality Act: Equality information relating to public facing functions

People to involve from the start:

- People with lived experience of using the service
- Patient organisations and representatives (including the voluntary sector)
- GPs and primary care clinical and nursing staff
- Radiology consultants
- Service managers
- Radiographers
- Sonographers
- Business information analysts
- Administrative team support
- Physiotherapists
- Commissioners
- Appointment booking staff
- IT team.

Throughout the handbook you will find useful tips on who else to involve for specific interventions. It is important to consider how you are addressing the needs of your local population and how interventions can benefit: people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

Essential actions for successful transformation

Ensure the success of your transformation activity can be demonstrated

SMART (specific, measurable, attainable, realistic, time related) goals and clear metrics that are linked to the intended benefits of your interventions need to be defined right at the start of your transformation work.

Key questions include:

- What are you aiming to change?
- How will you know you have achieved success?

You may wish to use a structured approach such as logic modelling. Consider how you are going to include both qualitative and quantitative data in your evaluation.

Questionnaires can be extremely useful to obtain patient and staff feedback. Resources and top tips from the Patient Experience Network can be found on the Elective Care Community of Practice.

Useful resources for evaluation:

Making data count (NHS Improvement, 2018)

How to understand and measure impact (NHS England, 2015)

Seven steps to measurement for improvement (NHS Improvement, 2018)

Patient experience improvement framework (NHS Improvement, 2018)

Evaluation: what to consider (The Health Foundation, 2015)

Measuring patient experience (The Health Foundation, 2013)

Guidance for NHS commissioners on equality and health inequalities legal duties (NHS England, 2015)

Indicators and metrics that may be useful for specific interventions are included in the relevant sections throughout the handbook.

Some suggested indicators that are relevant to most interventions in this handbook are described below:

Benefits	Suggested indicators
Improved patient and staff experience	• Friends and family test score (FTT) • Patient reported experience measures (PREMs) scores (where available) • Qualitative data focused on your overall aims (through surveys, interviews and focus groups) • Number of complaints
Improved efficiency	• Referral to treatment time • Waiting time for follow-up appointments • Overall number of referrals • Rate of referrals made to the right place, first time • Cost per referral
Improved clinical quality	• Patient Reported Outcome Measures (PROMs) scores (where available) • Feedback from receiving clinicians • Commissioning for Quality and Innovation (CQUIN) indicators • Quality and Outcomes Framework (QoF) indicators
Improved patient safety	• Ease and equity of access to care • Rate of serious incidents.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Standardised referral pathways and structured templates

What is the idea?

Standard neurology referral pathways are informed by best practice and ensure that patients see the right person, in the right place, first time. Structured templates that are available on primary care IT systems can support the use of standard referral pathways, ensuring that referrers understand where to direct patients and what information needs to accompany them.

Why implement the idea?

Many patients with common neurological conditions, such as headache, can be managed in primary care with some guidance. For those with more complex conditions, diagnosis can be difficult and it can take several appointments for patients to see the most appropriate specialist. This contributes to increased demand for neurology services that often have a relatively small number of consultants. As a result, patients can wait a very long time to access treatment.

Structured referral templates that include referral criteria and guidance can **reduce the number of inappropriate referrals** and **improve the quality of referral information** that accompanies the patient, avoiding unnecessary delay. This helps to ensure that **patients** who need to be assessed and treated by specialists receive appropriate care as quickly as possible and management options available in the community are started straightaway.

Primary care clinicians have easy access to the information they need when making referrals. This means they have increased understanding of which cases to refer and the correct information to include in these referrals. Clinicians also have more information about best practice in prescribing which helps them make better decisions with patients and reduces variability in medicines use and prescribing costs.

Secondary care clinicians receive the necessary clinical and administrative referral details straight away and are more likely to accept referrals first time. They may see fewer patients because more are managed in primary care and/or the community.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Standardised referral pathways and structured templates

We know it works

A pilot pathway and guidelines to assist primary care practitioners to manage patients with headache was introduced by West Norfolk Clinical Commissioning Group (CCG) after GPs expressed a wish for greater access to imaging. The pilot was preceded by a well received educational programme provided by the authors of the pathway. Twelve months after GPs were able to refer patients direct for MRIs there was a 29% reduction in headache referrals to the neurology department. (Redhead et al, 2015).

An evaluation of GP direct-access CT concluded this pathway was the preferred choice of GPs for management of patients with chronic daily headache. This study also suggested that 86% did not require further specialist referral suggesting an approximate cost-saving across the study group (4,404 scans) of at least £86,000 (Simpson et al, 2010). Similar results were also shown in an evaluation of primary care access to CT for headache in Tayside and North-East Fife (Thomas et al, 2010).

In the first three months of a new headache pathway in Oxfordshire, 89% of all headache referrals were directed away from general neurology outpatients. At full roll-out this would reduce the cost of headache from £410,000 to £142,000, and create an increase in capacity of 979 first appointments per annum. (NICE shared learning database, 2018)

As part of the 100 Day Challenge:

Pre-referral guidance was implemented for headache patients in north east Essex to advise GPs on when to refer to secondary or community headache clinic and to manage in primary care. During the 100 days 13 referrals were redirected from secondary care to the community clinic. Overall waiting times for the neurology service reduced from 28 weeks to 25 weeks.

In Liverpool, a pilot primary care multidisciplinary team (MDT) for chronic pain identified that 27% of patients waiting for a specialist appointment could be managed by their own GP with guidance. New primary care guidance for chronic pain was drafted and agreed by the MDT for launch across Liverpool. A supporting digital template was also produced to automatically prompt referrers to use the guidance.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Standardised referral pathways and structured templates

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

Work with stakeholders from across the local system to develop the pathways

- **Review existing pathways and referral forms.** Map the patient journey for common pathways such as headache and seek input from stakeholders to understand what is working well and what needs to change. Consider the needs of your local population, particularly those that may be outliers in terms of GP referral rates or unplanned hospitalisations. Explore the reasons behind any variation, considering equality of access to services. In particular, consider people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.
- **Review pathways and templates from elsewhere.** Understand what could work well locally and develop a version relevant to your local context.
- **Develop a smart template on the primary care patient record system that includes explicit referral criteria.** This should prompt the referrer to access relevant guidance when making a referral, thereby optimising opportunities for shared learning. However, try to keep the referral template and questions as simple and relevant as possible.
- **Ensure that referral forms can integrate with local Advice and Guidance systems and patient management systems.** Seek IT expertise from the start to ensure that forms can be uploaded and adjustments can be made to improve usability (such as automatic pop-ups and pre-population of patient details).
- **Communicate plans to referrers.** Use a variety of methods, such as letters, posters and education sessions, to communicate changes to the pathway and why they are needed.
- **Agree key outcome measures and establish a baseline to measure progress against.** Seek input from stakeholders on the key metrics necessary to demonstrate impact of your intervention.

Ensure you have considered the perspective of everyone who will be making and receiving referrals. Patient insight is key to pathway redesign.
Ensure you consider equality and health inequality, along with your legal duties to make reasonable adjustments for disabled people.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Standardised referral pathways and structured templates

Implement the pathways and templates

- **Develop, test and refine on a small scale to demonstrate early impact.** This makes attempting to scale across multiple clinical commissioning group (CCG) or sustainability and transformation partnership (STP) areas much easier.
- **Ensure that the success is measured.** In the early stages of implementation, feedback is key to future refinement. We are working with NHS Digital to identify any underutilised neurology codes which could be used to capture data for improvement and audit purposes, including the possibility of proposing a new clinical code for headaches.

NHS England and NHS Improvement are working with NHS Digital to improve coding of neurology activity to capture data for improvement and audit purposes.

In the interim speak with your Data Analyst Lead to identify suitable codes that can be used for tracking activities along the pathway.

Provide useful information for patients

- **Consider the needs of patients using your service and provide appropriate information to help them make shared decisions about their treatment.** It may be useful to refer to NHS England's guidance on shared decision making.
- **Ensure all materials you produce are as accessible as possible.** Work with your communications team to ensure that materials are available in a variety of languages and formats, depending on the needs of your local population. For example, this may include producing 'easy read', large print or audio versions for disabled people or translations into the languages spoken most frequently in your area.

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Awareness and uptake (e.g. percentage of referrers using the referral form).
- Effectiveness (e.g. time spent completing the referral by the referrer, feedback on ease of use).
- Quality of referrals made (e.g. time spent reviewing each referral once received, feedback from receiving clinicians on the quality of referrals and accompanying information, number of referrals returned to referrer).

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Standardised referral pathways and structured templates

The following standards and guidance may be useful:

Chronic pain: assessment and management (NICE, expected publication in 2020)

Commissioning better headache services (Bateman, 2015)

Guideline scope Chronic pain: assessment and management (NICE, 2018)

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Headaches overview (NICE, 2018)

Headaches in over 12s: diagnosis and management: Surveillance report 2016 [CG150] (NICE, 2016)

Headache Pathway Case for Change (Cader & Wood, 2017)

Medicines optimisation in long-term pain (NICE, 2017)

Migraine prophylaxis: flunarizine (NICE, 2014)

Motor neurone disease: a guide for GPs and primary care teams (Motor Neurone Disease Association and RCGP, 2015)

Suspected neurological conditions: recognition and referral [NG127] (NICE, 2019)

Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care (NHS England)

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Shared learning opportunities

What is the idea?

Shared learning opportunities give practitioners and commissioners from across primary and secondary care the chance to improve their knowledge and understanding of current practice and outcomes for their patients.

There are many opportunities for shared learning, including formal training or peer mentoring; system-wide shared learning sessions or events; optimising feedback from Advice and Guidance services or triage of referrals by specialists; multidisciplinary team case review meetings and system wide audits.

For neurology, key learning can be shared around management in primary care of common conditions, such as headache, or guidance on prescribing and medicines optimisation. Local health inequalities can also be examined to best understand how to address these. Shared or interprofessional learning is valued by clinicians and can help improve understanding of professional roles and also enhance clinical learning (Pearson & Pandya, 2010).

Why implement the idea?

Shared learning opportunities support management of demand for neurology services. The implementation of shared learning opportunities may mean that:

Patients benefit from support to manage their condition in primary care.

Primary care clinicians gain a better understanding of which cases to refer to neurology and the correct information to include in these referrals. Their knowledge, confidence and expertise improve, meaning that referrals are only made into secondary care when necessary.

As the quality of referrals improves, receiving clinicians have the information they need to accept referrals.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Shared learning opportunities

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

Plan for learning opportunities across your local system

- **Establish where there are gaps in learning.** Ask primary care practitioners which areas they would like to explore and where there are areas for development. Ask secondary care clinicians and expert patients where they think learning should be directed. The wider the range of people involved in planning the learning opportunities, the wider the range of perspectives.
- **Identify where there are skills and expertise that can be utilised.** Think about who will be producing, giving and receiving the education and information materials. Engage clinicians from across primary and secondary care from the beginning and ensure the mutual benefits of shared learning are explained and understood so that people are willing to give of their time and knowledge.
- **Keep key stakeholders involved.** Organisational support and local ownership are vital for engagement. Send full updates by email and take the opportunity to present at any clinician meetings or events. Through engaging with people from across the system, you may be able to start having different conversations, share learning and improve the care being delivered.
- **Review existing resources to establish what is most and least helpful.** It is easy to get stuck and held back by overthinking your offer. You may find that there is information available but people aren't aware of how to access it, in which case you may wish to focus on consolidating and promoting this material. Alternatively, you may find that the available resources are not fit for purpose in your local context, so adapting these or designing your own may be a better option.

Resources required

- Information resources, including patient testimony.
- Posters and leaflets to reinforce key learning points after an event.
- A venue to hold the session, or via e-learning forum, e.g. video.
- Administrative support to promote and co-ordinate the event and pull together the resources developed by the team.
- Visibility of consultant and specialist nurse among GPs, e.g. leading workshops.
- Filming equipment and editing support for ongoing training package, e.g. video, FAQs.
- People with lived experience who are willing to share their experience.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Shared learning opportunities

Decide upon the approach you will take

- **Training and peer mentoring in primary care.** Specialists can deliver structured training and become peer mentors for clinicians who do not have the same level of specialist knowledge. Mentors can come from a range of disciplines including general surgery consultants, specialist nurses and pharmacists.
- **Shared learning events and forums.** These can count towards continuing professional development (CPD). They usually have a specific focus and bring together individuals with similar interests and learning needs.
- **Virtual multidisciplinary team review meetings.** These allow a team of professionals from across primary and secondary care to gain holistic oversight of complex patients. They allow for learning and expertise to be shared and are an opportunity to ensure that care pathways and treatment plans are integrated and aligned across the multidisciplinary team.

Plan ahead for implementation

- **Identify a specific focus and engage expert presenters.** A specific focus (such as a theme or patient cohort) for an event or virtual review meeting ensures that attendees know what to expect and can get the most out of the opportunity. This needs to be communicated in good time to enable cases to be prepared for discussion and to ensure that all relevant clinicians can attend.

Inviting patients to describe their experiences and insight can be a powerful way to optimise learning.

- **Develop and share resources.** These may include specific information such as algorithms, information packs or resources for patients. Such resources can be invaluable when planning subsequent meetings and events and it is useful to plan an easy method by which resources can be shared.
- **Identify suitable venues and dates.** Ensure events are easily accessible and appealing to the intended attendees. Keep costs low or free for attendees wherever possible. Consider holding shared learning events during scheduled CPD time and ensure an appropriate venue is available to keep travel time to a minimum and maximise attendance. Remember to promote relevant resources developed at the event. It may be useful to identify administrative support to help coordinate venues and invites for speakers and participants.

Ensure you consider equality and health inequality, along with your legal duties to make reasonable adjustments for disabled people.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Shared learning opportunities

- **Promote shared learning opportunities to the intended audience.** Approach your local communications team either in the CCG or local trusts to help you produce information resources and market any events and materials. Work with local clinical networks to attract attendees and ensure the right people are involved. Get dates into diaries as far in advance as possible.
- **Optimise informal opportunities for shared learning.** For example, referral mechanisms may be a useful tool for improving communication and sharing learning between referrers and specialists across primary and secondary care. When consultants respond with feedback on the referral, referrers can share this learning with colleagues for future reference. Work across the system to enable shared learning to happen organically alongside developing formal learning opportunities.
- **Think about ways to be inclusive.** Consider the timing and accessibility of sessions to increase attendance (for example, for people with caring responsibilities outside of work). Ensure shared learning is delivered in a variety of formats.
- **Share learning as widely as possible.** If the speakers and participants are happy to be filmed, it can be useful to share education online to enable those who could not attend to benefit from the learning.
- **Seek feedback and review your learning offer regularly.** Consider the best way to evaluate each shared learning opportunity and ensure that they meet your key aims. Further iterations and opportunities should be developed based on the feedback received and impact achieved.

The following standards and guidance may be useful:

Care of People with Neurological Problems (Royal College of General Practitioners, 2019)

Commissioning better headache services (Bateman, 2015)

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Headache Pathway Case for Change (Cader & Wood, 2017)

Headaches overview (NICE, 2018)

Management of migraine (with or without aura) (NICE, 2015)

Motor neurone disease: a guide for GPs and primary care teams (Motor Neurone Disease Association and RCGP, 2015)

Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care (NHS England)

Stroke rehabilitation in adults [CG162] (NICE, 2013)

Suspected neurological conditions: recognition and referral [NG127] (NICE, 2019)

The Long Term Plan for the NHS: Getting it right for neurology patients (The Neurological Alliance, 2018)

Equality and Health Inequality NHS RightCare Packs (NHS England, 2017)

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Shared learning opportunities

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- GP feedback on the value of shared learning events and information resources (including reported changes in levels of knowledge and confidence).
- Reach of shared learning opportunities and events (number of staff attending).

We know it works

A study on a series of shared or interprofessional learning sessions carried out in a primary care setting in Bradford, UK involving 124 participants including doctors, practice nurses, nurse practitioners and health visitors, concluded that shared or interprofessional learning in the workplace is valued by clinicians, can help improve understanding of professional roles and also enhance clinical learning. (Pearson & Pandya, 2010).

As part of the 100 Day Challenge:

To inform the design of new chronic pain guidelines, GPs from Liverpool were surveyed about their knowledge and competence in managing chronic pain. The results identified areas for improvement that were addressed in a GP education session provided by the multidisciplinary chronic pain 100 Day Challenge team. Future plans include developing GPs with a special interest (GPwSIs) in chronic pain and providing opportunities to shadow pain specialists. Data on specialist referrals and prescribing for opioids are being monitored for long term impact.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

c. Increasing use of Advice and Guidance

What is the idea?

An Advice and Guidance service allows one clinician to seek advice from another, usually a specialist. This could be about a patient's presentation and diagnosis (e.g. frailty), treatment plan and ongoing management or it could be to clarify test results and referral pathways.

There are several methods of seeking Advice and Guidance. For example, the NHS e-Referral Service enables GPs to actively request advice from identified specialists and has functionality for Referral Assessment Services (RAS) to support complex care pathways where it is not clear whether a patient needs a consultant appointment or a diagnostic test. This supports effective triage of referrals. There are also telephone services using 'chase' systems, which call clinicians in turn until the call is picked up.

Advice and Guidance services complement standardised referral pathways and can form an effective part of a suite of interventions to transform the way referrals are managed.

Intended benefits

- Increased knowledge and confidence in primary care
- Quicker, more convenient access to specialist advice
- Patients should not get referred unnecessarily
- Improved quality of referrals and accompanying information.

Why implement the idea?

Many areas have some form of Advice and Guidance service for neurology. A previous national CQUIN incentivised and supported local systems to implement Advice and Guidance. However, awareness of and engagement with these services is variable. Increasing use of Advice and Guidance should mean that patients receive faster, more convenient access to specialists when necessary. Standard tariffs for Advice and Guidance will supersede the CQUIN and provide a platform to support increased uptake. The NHS England Consultant to Consultant Referrals Good Practice Guide includes a number of case studies where implementation of Advice and Guidance produced system-wide benefits.

Enabling primary care clinicians to access specialist advice helps to build their knowledge, confidence and expertise in neurology conditions. It enables them to support patients to manage their condition in primary care and refer only when specialist support is necessary. It can also improve the quality of information that accompanies referrals and improve communication and working relationships between primary and secondary care. Referral to treatment times for patients who are referred to secondary care should improve.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

c. Increasing use of Advice and Guidance

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

Involve people from across your local system

- **Ensure you have buy-in from all stakeholders.** It is essential to involve both patients and the staff who will be making referrals in the review and design of Advice and Guidance services so that they can gain a deeper understanding and champion their use among colleagues.
- **Engage early with specialists who may be giving the Advice and Guidance.** Explain the opportunity and potential benefits of joining the rota. Try to get more people interested than you think you will need.

Review the current local offer

- **If Advice and Guidance services are already in place, review what is working well and what could be improved.** Understand how many GPs are using the service and how many referrals are being made. What is the experience of referrers? If uptake is low, what is stopping people using the service?
- **If there is no current service, review services elsewhere and national guidance.** Useful information and resources can be found on the Elective Care Community of Practice. Work with local stakeholders to understand what might work in your local context.

Top tips

Start off by testing a simple solution such as using email and phone as an easy way of generating interest and buy-in to your Advice and Guidance service. This will also help you find out what people want and what challenges there might be with implementation.

- **Consider how to optimise shared learning opportunities as part of the service.** The NHS e-Referral Service (e-RS) has introduced the Referral Assessment Service, which enables triage of referrals. This supports complex clinical pathways and helps to reduce demand for elective care services.

Design or improve your Advice and Guidance system

- **Seek specialist advice on procurement, IT and telephony.** Ensure that the chosen Advice and Guidance system can do what is required and integrate with existing local systems.
- **Don't get held up by technical concerns.** Consider a trial with a 'low-tech' solution to generate interest and buy-in while any IT issues are overcome.
- **Identify the specialists and administrative support**

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

c. Increasing use of Advice and Guidance

necessary to deliver and coordinate the service. Decide where to direct specific requests. Build dedicated time into job plans and ensure there is capacity to provide the service consistently.

Agree a way of tracking the use and impact of the Advice and Guidance service

- **Agree activity and impact metrics and ascertain the current baseline.** Consider the current number of neurology referrals, length of average wait and the likely demand for the Advice and Guidance service.
- **Ensure there are processes in place to capture necessary data as the service develops.** This is essential to understand whether the service is effective.
- **Seek ongoing feedback from users at every stage.** Ensure that this is reviewed regularly and acted upon to improve the service. This helps to increase and sustain uptake.

Promote the service at every possible opportunity

- **Promote the service to GPs and practice managers in primary care.** Work with your local communications team on information to explain how the service works and when it can be accessed.
- **Promote the service to specialists in secondary care.** Ensure that colleagues are aware of the benefits of the service and what the implications may be for referrals.
- **Consider the format of promotional materials.** Simple emails can be effective and some areas have also had success developing videos to promote and explain their service.
- **Incorporate Advice and Guidance services into shared learning opportunities.** CPD events are a great opportunity to promote the service and ensure people know how to use it.
- **Seek feedback.** The more feedback you have on a service, the easier it is to adapt it to local need. It is just as important to ask those who are not using the service as those who are in order to increase usage.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

c. Increasing use of Advice and Guidance

We know it works

The Walton Centre's Consultant Advice Line (CAL) provides GPs with specialist neurology consultant advice and guidance to support management of their patients with neurological symptoms or conditions within primary care. Between April and December 2017,189 of 443 calls (43%) to the CAL received Advice and Guidance only, thereby potentially avoiding an outpatient appointment. This equated to a saving of £37,303 across the nine CCGs. Only 33% of patients went on to be referred to secondary care. Patients are being seen by the right services first time and treated quicker (The Neurological Alliance, 2018).

As part of the 100 Day Challenge:

In north east Essex, the Consultant Connect service was expanded to include the National Consultant Network (NCN). The connection rate across north east Essex increased from 43% to 78%. At the same time connection rates for neurology at East Suffolk and North Essex NHS Foundation Trust rose from 9% to 71%, a 788% increase. The utilisation of the NCN meant GP calls could still be answered when Colchester Hospital consultants were on the wards or in clinic. Eight out of 11 calls answered had the outcome of 'referral avoided' thus saving a face-to-face appointment.

The following standards and guidance may be useful:

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Care of People with Neurological Problems (Royal College of General Practitioners, 2019)

Motor neurone disease: a guide for GPs and primary care teams (Motor Neurone Disease Association and Royal College of General Practitioners, 2015)

Guideline scope Chronic pain: assessment and management (NICE, 2018)

The good pain medicine specialist (Royal College of Anaesthetists, 2014)

Intelligent outcomes: applying the health and social care reforms to improve outcomes for people with neurological conditions (The Neurological Alliance, 2012)

Elective care guide: Referral to treatment pathways: A guide to managing efficient elective care (NHS Improvement, 2017)

Suspected neurological conditions: recognition and referral [NG127] (NICE, 2019)

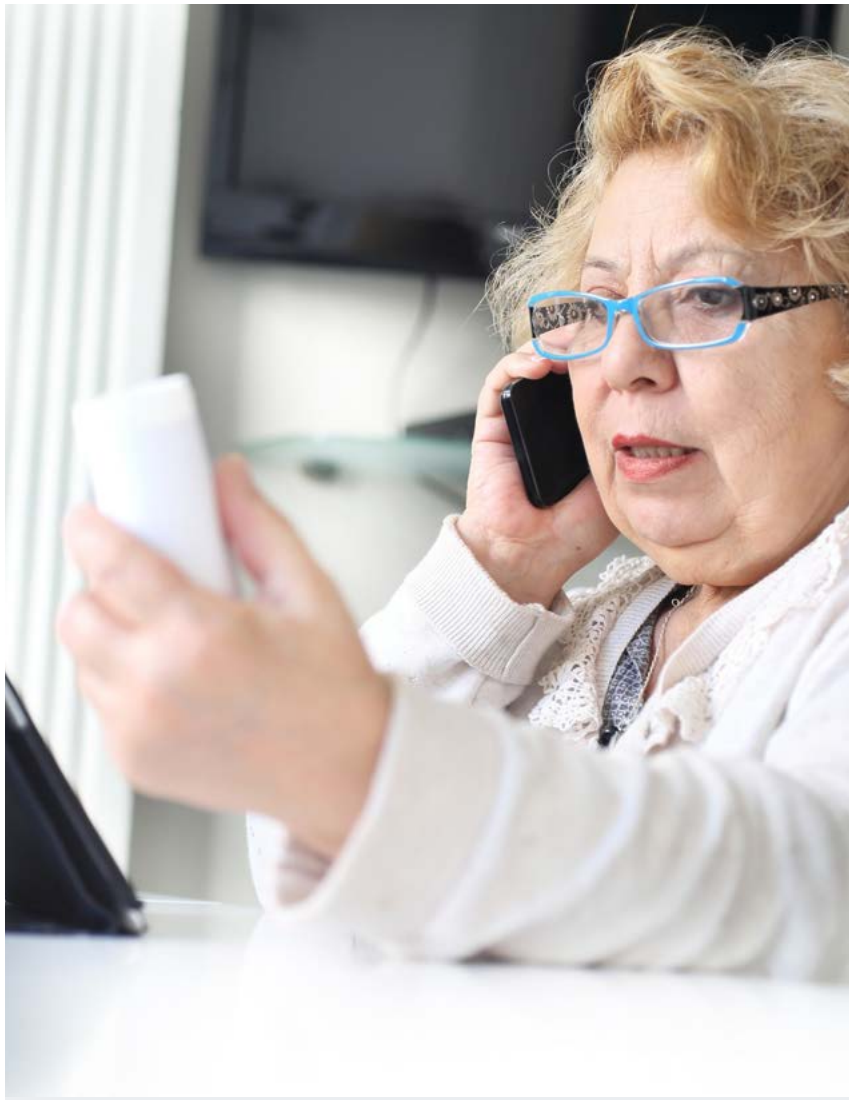
Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

c. Increasing use of Advice and Guidance

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Number of requests for Advice and Guidance.
- Feedback on the usefulness of the service and whether requests are responded to in a timely manner.
- Response times for urgent and routine referrals.



Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Self-management education and support for headache and migraine

What is the idea?

Self-management education and support helps patients to understand and manage their own condition effectively. It is one of the core components of personalised care and enables patients and health professionals to take 'shared responsibility for health' (The NHS Long Term Plan, 2019).

Self-management is particularly important for headache and migraine. Patients are often advised to use over the counter medication and to make lifestyle changes to improve outcomes. Support and education for individuals enables them to effectively take responsibility for this element of their care.

Tools such as Patient Passports and Headache Diaries can help patients to understand the variety of options available to them and outline the potential benefits and risks of their investigation, facilitating informed, shared decision making.

Self-management education can be provided in various ways. Face-to-face learning sessions (either one to one or through local group workshops) and peer support are popular. The use of online resources such as NHS.uk and digital health tools such as self-monitoring devices or applications to improve health and wellbeing is also growing.

Why implement the idea?

The NHS Long Term Plan makes a commitment to making personalised care 'business as usual' and widening the use of technology in healthcare. Digital tools for self-management enable improved communication, monitoring of health status and direct access to a patient-controlled health record and digital self-management resources.

Self-management education can increase patient activation. Highly activated patients report **increased confidence** and **higher levels of satisfaction**. They are **better informed about their treatment options**, enabling them to share decisions and give informed consent for procedures at the earliest opportunity. They are more likely to adopt healthy behaviours, attend appointments and use medication effectively. They have **better clinical outcomes** and **lower rates of hospitalisation**, as they know when to escalate their concerns and seek appropriate help.

Commissioning self-management support should also increase the quality and amount of information available to patients and practitioners. This can help **practitioners** to have effective shared decision-making conversations and to work more collaboratively with well-informed, autonomous patients about how to manage their condition in the most effective way. This can **reduce the workload** for health professionals and **reduce demand on specialist neurology services**.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Self-management education and support for headache and migraine

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

- **Make use of available resources.** Review the existing patient information and support offer locally and nationally, such as the patient information leaflets produced by the Patient Information website, as well as resources from organisations relevant to specific diagnoses such as the Migraine Trust. Refer to NHS England's guidance on shared decision making. Tailor or adapt resources where necessary to ensure that messages fit your local context and develop resources where you identify any gaps.
- **Provide a range of options for people to access self-management education and support.** This may include structured education sessions, support groups, emails, text messages, coaching sessions or digital health tools such as self-monitoring devices or apps.
- **Ensure all materials you produce are as accessible as possible.** Work with your communications team to ensure that materials are available in a variety of languages and formats, depending on the needs of your local population. For example, this may include producing 'easy read', large print or audio versions for disabled people or translations into the languages spoken most frequently in your area.
- **Provide support through community pharmacy.** Pharmacists can play an active role in empowering patients to manage their own health with over the counter treatments and lifestyle changes. Community pharmacists are also in a good position to identify people at risk of analgesic overuse and thereby help prevent medication overuse headaches, and to refer patients into self-education services.
- **Give patients access to view and manage their patient record.** Using systems that allow patients to view and add information to their patient record supports people to co-manage their care and connects them with their care team.
- **Create patient information resources in a range of formats.** Involve clinicians and people with lived experience in the development process. Disparate resources can be pulled into one information pack.

Additional people involved:

- Expert patients
- Communications colleagues
- Community pharmacists.

Resources required:

- Printed resources e.g. leaflets, booklets, headache diary / migraine passport
- Digital resources e.g. websites, apps.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Self-management education and support for headache and migraine

- **Ensure your offer is easily accessible.** A large amount of information is often available, but it is not always easy to access. Consider the health literacy of your cohort.
- **Ensure that chosen self-management education and support resources are of high quality and are relevant to the needs of local patients.** The best resources for self-management education have often been trialled and evidenced. The Quality Institute for Self-Management Education and Training (QISMET) Quality Standard: QIS2015 may be useful to check for certified resources.

The following standards and guidance may be useful:

Commissioning better headache services (Bateman, 2015)

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Headache Services in England (The All-Party Parliamentary Group on Primary Headache Disorders, 2014)

Headaches overview (NICE, 2018)

Headaches in over 12s: diagnosis and management: Surveillance report 2016 [CG150] (NICE, 2016)

Migraine prophylaxis: flunarizine (NICE, 2014)

Personal Health Records adoption toolkit (NHS Digital)

Society's headache: The socioeconomic impact of migraine (The Work Foundation, 2018)

Suspected neurological conditions: recognition and referral [NG127] (NICE, 2019)

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Types of resources available for patient self-management
- Uptake of these resources by population groups
- Ease of understanding for patients
- Ease of access (e.g.electronic/paper/workshop)
- Open access or access on demand
- Impact on patient wellbeing
- Frequency of GP and other services accessed before and after
- Patient feedback
- Impact on patient outcomes, medication and prescription
- Number of self-management consultations held.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Self-management education and support for headache and migraine

We know it works

The Cumbria Headache Forum runs open access, quarterly meetings for patients with topics including self-management, relaxation techniques, mindfulness, stress management and diet. Headache experts are invited to contribute from both Cumbria and across the country and include GPs with a special interest (GPwSI), headache specialist nurses, a psychologist, a physiotherapist and dietary nurses. It is chaired by a consultant neurologist with expertise in headache management. The forum requires very little investment, with a cost of around £3 per patient per session. A 2018 audit showed that 87.5% of participants learned new information about headache or migraine which helped them to better understand their condition, 71% had taken a more active role in managing their condition since attending the forum and 100% of patients would recommend the service. (The Neurological Alliance, 2018)

As part of the 100 Day Challenge:

In Southampton, a headache information leaflet was developed for patients and GPs to help support self-management. This was tested after the 100 Day Challenge ended.

At Salford Royal Hospital, headache workshops were designed as part of a new specialist nurse led community migraine clinic. The aim of the clinic and the workshops was to provide an extended appointment to support patients with their self-management.

Ensure you consider fully equality and health inequality, along with your legal duties to make reasonable adjustments for people with disabilities.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Community migraine clinic

What is the idea?

A community migraine clinic provides extended appointments for patients experiencing migraine or headache to correctly diagnose the problem and agree a management plan. A community clinic can be delivered by a GP with a special interest or extended role, or a headache nurse specialist prescriber. This model serves many migraine patients who do not need to be seen in secondary care but would benefit from more support than is available in a standard GP appointment.

Why implement the idea?

Migraine and headaches are the most common reasons for secondary care referrals to neurology. Many of the referrals are avoidable because these conditions can be managed in primary care with support. However, patients need longer to discuss their headaches and support with the initial management plan, which is time consuming.

By implementing community migraine clinics **patients** will receive the support they need to manage their migraine faster as they will not have to wait for an outpatient appointment. The quality of support they receive should also increase as there is more time to discuss their condition, comorbidities and management options.

Primary care clinicians will be supported to manage their patients with migraine who are more complex but do not need to be seen in secondary care. **Secondary care clinicians** will receive fewer referrals. Outpatient waiting times should reduce and fewer patients will be discharged back to primary care after their first appointment.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Community migraine clinic

We know it works

The Oxfordshire Clinical Commissioning Group (CCG) in partnership with consultant neurologists at the Oxford University Hospitals NHS Trust developed a headache pathway to improve performance against NICE quality standards and reduce demand on the specialist neurology outpatient department.

A community headache clinic was implemented as part of the pathway to see patients who needed further support but where the diagnosis was likely to be primary headache or headache medication overuse, estimated as 50% of current demand.

All patients at the community clinic received a diagnosis for their headache. For 79% of patients, this was the first time they had been diagnosed despite many suffering for a long time. Most of each consultation was spent making a personalised care plan, which was subsequently also provided in writing for all patients.

Prior to their appointment, only 32% of patients felt able to manage their headache. This rose to 100% after the clinic appointment. (NICE, 2018)

Since the start of the 100 Days:

In Salford, headache is the most common neurological problem seen in A&E; 2017/18 data from Salford Royal Hospital identified acute medicine presentations for headache disorders ranged from 137 to 205 per month, and there were 124 patients presenting more than once with the same problem throughout the year. Patients seen in the neurology clinic are often seen once and discharged with little long-term support and guidance. As part of the 100 Day Challenge, a migraine clinic run by a specialist headache nurse was implemented to provide a community service for headache patients that would offer more in-depth consultations and management advice than could be provided by their own GP. The weekly community clinic was attended by 15 patients, which so far constitutes 12% of patients who were seen more than once. GPs are continuing to refer patients to the clinic.

In north east Essex, a GPwSI community headache clinic was already operational but was underutilised. A baseline survey of hospital service patients found that none had been offered a referral to the community service by their GP. New pre-referral guidance and a strengthened Advice and Guidance service meant that more patients who were suitable to be seen in the community service were directed there, reducing demand for the specialist service. This contributed to an overall reduction in waiting times in neurology from 28 to 25 weeks.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Community migraine clinic

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

Ensure that the supporting pathway is efficient, clear and understood

- **Engage and communicate regularly with key stakeholders right from the start and throughout the implementation process.** Engage with clinicians early on and allow time for discussion and constructive challenge. Communicate the principles behind your approach clearly. Ensure you include patients and the public right from the start, in particular, people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.
- **Implement a simple referral form to complement the whole headache pathway.** Templates triggered automatically within the patient record system are more likely to be used. Ensure the referral form prompts the referrer to consider the needs of the patient being referred and how to ensure equality of access.
- **Consider accepting referrals from community pharmacists.** Engage with community pharmacists early on and build these services into the pathway from the beginning. Agree how referrals will be made and received.

Design the community clinic

- **Agree who will run the community clinic based on the specialist resource available locally.** Nurse specialists or GPs with a special interest in headache are best placed to provide this service.
- **Define and agree the clinical governance for the service.** Consider who has accountability for patients seen in the clinic across primary and secondary care and agree and document this.
- **Determine the geography the clinic will serve and how frequently they will run.** Consider the expected numbers of referrals, how often patients may need to be reviewed, what clinical capacity is available to run the clinic and what administrative support is needed.

People you may wish to involve from the start:

- IT colleagues
- Communications colleagues
- Community pharmacists
- Nurse specialist prescriber
- IT team.

Top tip:

IT solutions that enable access to patient records and prescribing across primary and secondary care are essential for maximising the benefits of a community clinic. This is a significant challenge but our teams have shown it is achievable, even within 100 days.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Community migraine clinic

- **Find a suitable location(s) to run the clinic.** Ensure the location has appropriate facilities, such as access to the patient record system. This may be in a GP practice or a community health centre. Consider the accessibility of your chosen venue. Think about the layout and whether this is accessible for disabled people. Consider also the transport links and where the clinic is located. Ensure this does not disadvantage people living in the most deprived areas.
- **Explore portable options for diagnostic equipment to be delivered in the community.** A portable fundascope and retinal eye camera can be used across several locations and increases the scope of what the community service can deliver.
- **Ensure resources to support self-management are available at each clinic location.**

Enable shared access to patient health records across care settings

- **Work with local IT colleagues to understand currently available solutions.** Access to both primary and secondary care records means that the service will be fully integrated and provide the most efficient service for patients.
- **Agree a clinical template for the patient record system** to ensure all the clinically relevant information is recorded by all clinicians within the patient record in a way that is safe, easily accessible and auditable.
- **Formalise a data sharing agreement between the organisations involved.**

Resources required:

- Supporting referral pathway
- Self-management resources
- Location for clinics
- Administrative support
- Portable diagnostic equipment.

Launching the clinic

- **Publicise the clinic to referrers.** Make use of shared learning opportunities to ensure that referrers know about the service and how and when to refer to it.
- **Establish a baseline and monitor key metrics.** Track the number of appointments and the waiting time to be seen.
- **Capture patients' and clinicians' feedback.** You may wish to consider digital surveys and think about whether it will be most useful to capture feedback immediately following the appointment (for example, as the patients are leaving) or whether it is best to contact the patient subsequently to request their feedback. Ensure you are receiving feedback from people who may not always volunteer it, particularly people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.
- **Complete outcome forms for each follow-up.** Using suitable outcome measures helps to demonstrate the impact of your service.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

a. Community migraine clinic

The following standards and guidance may be useful:

Commissioning better headache services (Bateman, 2015)

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Headaches overview (NICE, 2018)

Headache Pathway Case for Change (Cader & Wood, 2017)

Headache Services in England (The All-Party Parliamentary Group on Primary Headache Disorders, 2014)

Headaches in over 12s: diagnosis and management: Surveillance report 2016 {cg150} (NICE, 2016)

Migraine prophylaxis: flunarizine (NICE, 2014)

Personal Health Records adoption toolkit (NHS Digital)

Society's headache: The socioeconomic impact of migraine (The Work Foundation, 2018)

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Number of patients seen
- Patient outcomes, e.g. referrals
- Medications and prescriptions
- Number of clinics held including frequency
- Non-attendance rates
- Patient-reported outcomes
- Outpatient and urgent care attendances.

Ensure you consider fully equality and health inequality, along with your legal duties to make reasonable adjustments for disabled people

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Community MDT clinic

What is the idea?

A community multidisciplinary team clinic brings together specialist clinicians from across primary and secondary care. This model is particularly suited for conditions where many different professionals may be involved in a care plan, such as for chronic pain or multiple sclerosis. For neurological conditions the MDT might include a consultant, GP with a special interest, a specialist nurse and allied health professionals relevant to specific conditions.

The MDT can review new referrals and assess the patient's need for specialist care. Following this initial triage, the MDT may provide advice and guidance to the referring GP, offer community-based treatment or expedite for urgent treatment.

Why implement the idea?

A community MDT clinic enables greater communication, understanding and integration between primary, community and secondary care services. It aims to avoid inappropriate referrals, improve the quality of referrals and ensure patients are directed to the right person, in the right place, first time.

Patients see the person who can best meet their needs. This also makes good use of specialist clinicians' time. It improves knowledge and confidence in primary care to support the management of patients in the community, leading to reduced referrals to secondary care. There should also be a reduction in waiting times for outpatient appointments.

The following standards and guidance may be useful:

Care of People with Neurological Problems (Royal College of General Practitioners, 2019)

Chronic pain: assessment and management (NICE, expected to be published in 2020)

Guideline scope Chronic pain: assessment and management (NICE, 2018)

Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache (British Association for the Study of Headache, 2010)

Management of migraine (with or without aura) (NICE, 2015)

Medicines optimisation in long-term pain (NICE, 2017) Personal Health Records adoption toolkit (NHS Digital)

Quick Reference Guide for Healthcare Professionals: Conditions for which over the counter items should not routinely be prescribed in primary care (NHS England, 2018) Stroke rehabilitation in adults [CG162] (NICE, 2013)

Demand Management Good Practice Guide (NHS England, 2016)

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Community MDT clinic

How to achieve success

The sections below include learning from sites in Wave 5 of the Elective Care Development Collaborative:

Ensure that the supporting pathway is efficient, clear and understood

- **Engage and communicate regularly with key stakeholders right from the start and throughout the implementation process.** Engage with clinicians early on and allow time for discussion and constructive challenge. Communicate the principles behind your approach clearly. Ensure that patients and the public are fully involved, including people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.
- **Implement a simple referral form to complement the whole headache pathway.** Templates triggered automatically within the patient record system are more likely to be used.

Develop and implement MDT processes

- **Meet regularly with members of the MDT and enablers (such as commissioning managers, IT) to design the service and work through potential problems.**
- **Ensure appropriate facilities for undertaking triage.** Triage should be fully integrated with e-RS wherever possible to enable feedback to referrers and ensure that the patient record is up to date.
- **Identify patient cohorts and review patients currently waiting for a specialist outpatient appointment.**
- **Plan for flexibility in the management approaches offered.** Patients will vary in complexity and therefore some will need more intensive support than others.

Top tip:
Start face-to-face to build professional relationships and trust. Virtual models may be sustainable longer term but only once relationships are mature.

Top tip:
Consider the allied health professionals who add value to patients' experience and outcomes and make sure they are included in the MDT.

Ensure you consider fully equality and health inequality, along with your legal duties to make reasonable adjustments for disabled people.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Community MDT clinic

- **Agree processes and protocols for inviting patients to a face to face MDT clinic.** Involve patient representatives in the design and test with a patient group. It is important to explain to patients that this will allow them to access the most appropriate clinician as quickly and conveniently as possible. After triage, the patient should be contacted to explain the situation and next steps, e.g. booking their first outpatient appointment or providing them with materials to support the management of their condition in the community.

Monitor success

- **Establish a baseline and monitor key metrics.** Track the number of patients reviewed and the outcome of the review.
- **Capture patients' and clinicians' feedback.** You may wish to consider digital surveys and think about whether it will be most useful to capture feedback immediately following the appointment (for example, as the patients are leaving) or whether it is best to contact the patient subsequently to request their feedback. Ensure you are receiving feedback from people who may not always volunteer it, particularly people living in the most deprived areas; inclusion health groups (including homeless people and rough sleepers); Gypsy, Roma, Traveller groups; vulnerable migrants and sex workers; and people with characteristics protected under the Equality Act 2010.
- **Complete outcome forms for each follow-up.** Using suitable outcome measures helps to demonstrate the impact of your service.

Metrics to consider for measuring success:

In addition to the suggested overall impact metrics on page 11, you may wish to consider the following metrics for this intervention:

- Number and frequency of community MDT clinics held
- Expected versus actual capacity
- Number of patients referred to MDT
- Appropriateness of referrals
- Number of patients seen/reviewed
- Variety of different professionals/specialists involved in each MDT
- MDT outcome, e.g. patient referral and signposting
- Time from referral to MDT appointment/review
- Time from MDT appointment/review to patient receiving feedback
- Patient and staff experience
- Number of patients seen in MDT attending GP, A&E or urgent care.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

b. Community MDT clinic

We know it works

The Neurological Alliance says over half of neurology patients (56%, n=2,714) feel that their health and care professionals work well together at least some of the time, while one in five (20%) feel this 'never' happens. Professionals not working together can contribute to unnecessary admissions, re-admissions and poor care, with parallel costs.

In Surrey the multiple sclerosis MDT consisting of an MS specialist nurse, a physiotherapist, an occupational therapist, a speech and language therapist and a dietitian works with other local services to provide local, co-ordinated, efficient, effective and holistic care to people living with MS. People are seen by neuro-specialists with an expert and wide-ranging knowledge of MS. Referrals to other services and relevant health professionals are streamlined. This releases the capacity of the MS neurologist and neuro rehab consultants (The Neurological Alliance, 2018).

As part of the 100 Day Challenge:

In Liverpool, a multidisciplinary team (MDT) reviewed patients waiting for specialist appointments for chronic pain. The MDT included GPs, pain specialists, pharmacists, pain psychologists and physiotherapists. Fifty one patients were reviewed, of whom:

- 14 (27%) were deemed appropriate to be discharged with treatment advice to their GP.
- 15 (29%) required specialist services and needed to remain on the waiting list for an outpatient appointment.
- 21 (41%) were seen as being able to benefit from community MDT.
- Of these 21 patients, sevenpatients were invited to attend and were seen by the community MDT with very positive feedback.

This work provided the evidence base for a redesigned referral pathway which includes MDT triage and the offer of a community MDT appointment.

Introduction
The national context and challenges facing elective care services in England
The national general surgery challenge
The Elective Care Development Collaborative
Overview of ideas being tested and described in this guide
Essential actions for successful transformation
1. Rethinking referrals:
a. Standardised referral pathways and structured templates
b. Shared learning opportunities
c. Increasing use of Advice and Guidance
2. Shared decision making and self-management support:
a. Self-management education and support for headache and migraine
3. Transforming Outpatients:
a. Community migraine clinics
b. Community MDT clinics
Taking transformation forward

Taking transformation forward

Learning from the five waves of rapid testing in the Elective Care Development Collaborative has shown that our rapid implementation methodology achieves:

- High levels of clinical engagement and communication across system teams as change is led from the front, with support and permission from above
- Sustained and embedded improvement with people feeling ownership in the change. Change from the ground up often has more traction and sustainability.

One of the best ways to find out more and to implement transformation of elective care services in your local area is by joining the Elective Care Community of Practice.

What is the Elective Care Community of Practice?

The Community of Practice is an interactive online platform that connects teams, organisations and other stakeholders across the healthcare system to improve communication and knowledge sharing.

It has dedicated sections for all 14 specialties where the Elective Care Transformation Programme has enabled local systems to transform services, along with details of our High Impact Interventions, work to divert referrals from challenged providers to other providers by use of capacity alerts, support for implementing alternative models of outpatient services, and more.

Why join the Elective Care Community of Practice?

On the Community of Practice those at the forefront of elective care transformation can work with others as part of a virtual development collaborative and:

- Access resources such as best practice alternative outpatient models, evidence of what works, and documents to support delivery such as referral templates and job descriptions
- Start and participate in discussions, developing and sharing expertise
- Follow, learn from and offer encouragement to other areas as they take action to improve elective care services.

If you are interested in joining the Community of Practice, please email: ECDC-manager@future.nhs.uk