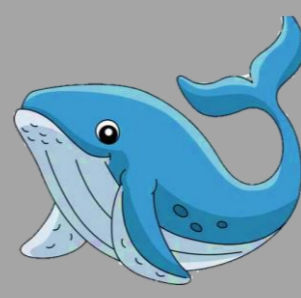




Making our waiting lists fairer

WHaLES

Waiting Healthy: a List Equity Score



Barnsley Hospital
NHS Foundation Trust

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WHAT ARE WE TRYING TO CHANGE?

20% of communities in Barnsley are in the 10% most deprived nationally.¹

People from the most deprived backgrounds:

- Access healthcare later in their disease course
- Have a greater dependency on urgent care
- Are more likely to miss appointments
- Are more likely to have multiple co-morbidities

These all ultimately contribute to **poorer health outcomes**.^{2,3}

Data from Barnsley Hospital shows that there is inequity across the elective surgical pathway between patients in the most and least deprived areas.¹

→ Therefore, we wanted to develop an objective way to incorporate the drivers of higher illness, lower healthcare access and poorer outcomes into our care pathways.

HOW ARE WE CHANGING IT?

AIM: To achieve a sustained measurable reduction in the inequality gap between the most and least deprived patients on elective surgical waiting list, without adversely impacting the overall length and operation of the waiting list itself.

WHaLES helps to address this health inequality gap by adjusting elective surgical waiting lists to account for inequalities in access to healthcare. It is a customisable tool which allocates each patient a score, based on the factors below, which are indicative of poor access to planned care. The score is then used to generate a suggested order for theatre bookings. As seen in the table below, the indices of multiple deprivation (IMD) plays an important part in this tool.

Category	Max score	Category	Max score
Charleston Comorbidity Index	3	Learning disability	1
Clinical Priority (P2-6)	3	Non-elective admissions in previous 12 months	1
Clinical Priority Breach	2	Patient age band	1
DNAs in previous 12 months	3	Readmission within 30 days	2
ED visits in previous 12 months	2	Readmission within 60 days	1
Ethnicity	1	RTT wait	10
IMD deciles (1-10)	3	Learning disability	1

WHaLES builds on previous work from the HEART tool at University Hospitals Coventry and Warwickshire (UHCW).⁴ It has been developed to take account of the demographics of the Barnsley population, while protecting clinical prioritisation and the standards for referral to treatment time.

HOW ARE WE PILOTING IT?

The development of WHaLES has been a collaborative effort from colleagues across public health, operations, performance and analytics and clinical teams, with support from patients, the executive team and colleagues at UHCW.⁴

WHaLES was initially piloted across non-urgent Ear, Nose and Throat (ENT) waiting lists. The suggested waiting list, based upon WHaLES, was used by waiting list coordinators in ENT to book patients for theatre. However, it was flexible and was agreed that mastoidectomies should take priority.

Learning from this initial technical and operational implementation informed an expansion of the pilot into Trauma & Orthopaedics and General Surgery. This expansion has been peer-led by the ENT team.

Long term evaluation of overall waiting times, waiting list equity data, non-elective admission rates, 'Did Not Attend' (DNA) rates and clinical and patient feedback will help to inform whether our aim has been achieved.

WHAT HAPPENS NEXT?

WHaLES forms part of a composite intervention at the trust focusing on more preventative and holistic care in order to address the hierarchy of need and engagement.

Following the completion and evaluation of the pilot, we are hoping to:

- Roll-out the use of WHaLES across all surgical specialties for all clinical priority groups
- Consider use in waiting lists for outpatient appointments
- Consider use to support clinical prioritisation in acute and emergency care
- Identify patients that may need additional support to access services, allowing us to better meet their needs and reduce DNA rates.

SPOTLIGHT ON ENT

Figure 1: Non-elective admissions

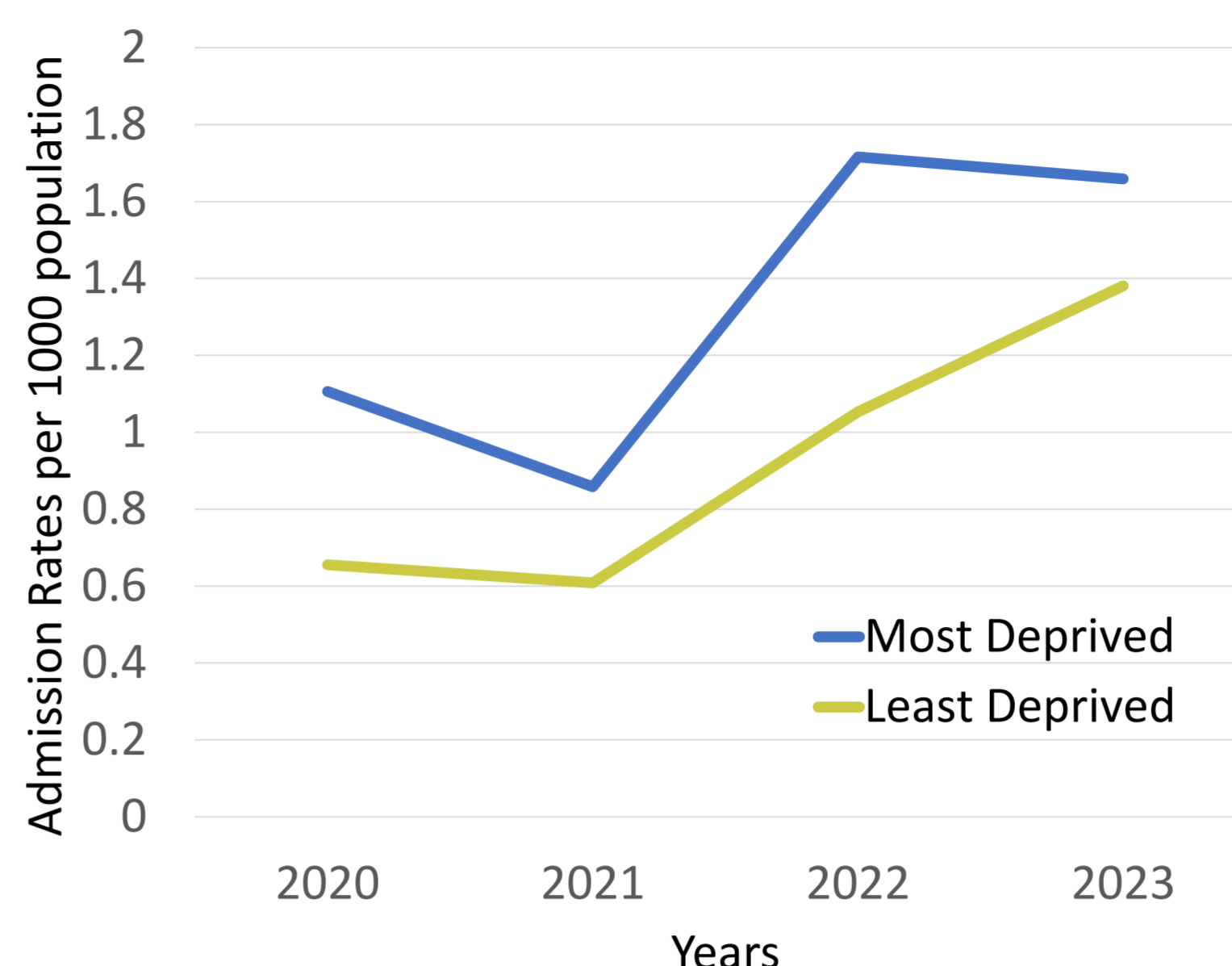


Figure 1: A graph detailing the non-elective admission rates to ENT at Barnsley Hospital NHS Foundation Trust (BHNFT) for the most deprived (blue) and least deprived (green) groups.

Figure 2: Waiting list cohort

Deprivation	Count
Most Deprived	59
Least Deprived	37
Ethnicity	Count
White British	210
Non White British	22
Age	Count
<5 years	29
5-59 years	173
60-70 years	28
70+ years	23

Figure 2: These tables detail the demographics of the ENT waiting list at BHNFT. These demographics are accounted for in the WHaLES score.

Figure 3: 'Did Not Attend' (DNA) rates

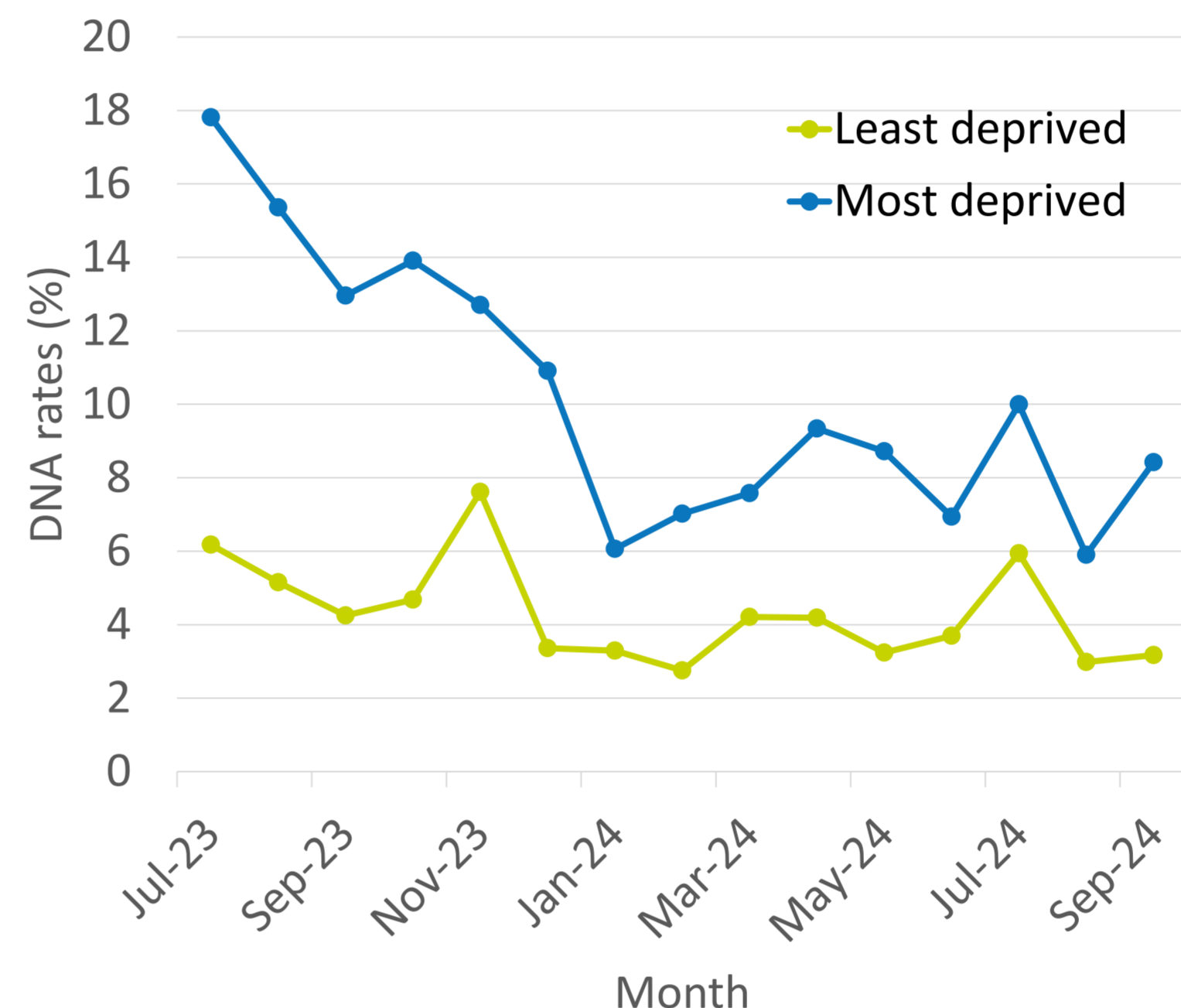


Figure 3: A graph demonstrating the percentage of patients that did not attend their appointment with ENT at BHNFT by deprivation group.

Figure 4: Sources of referrals

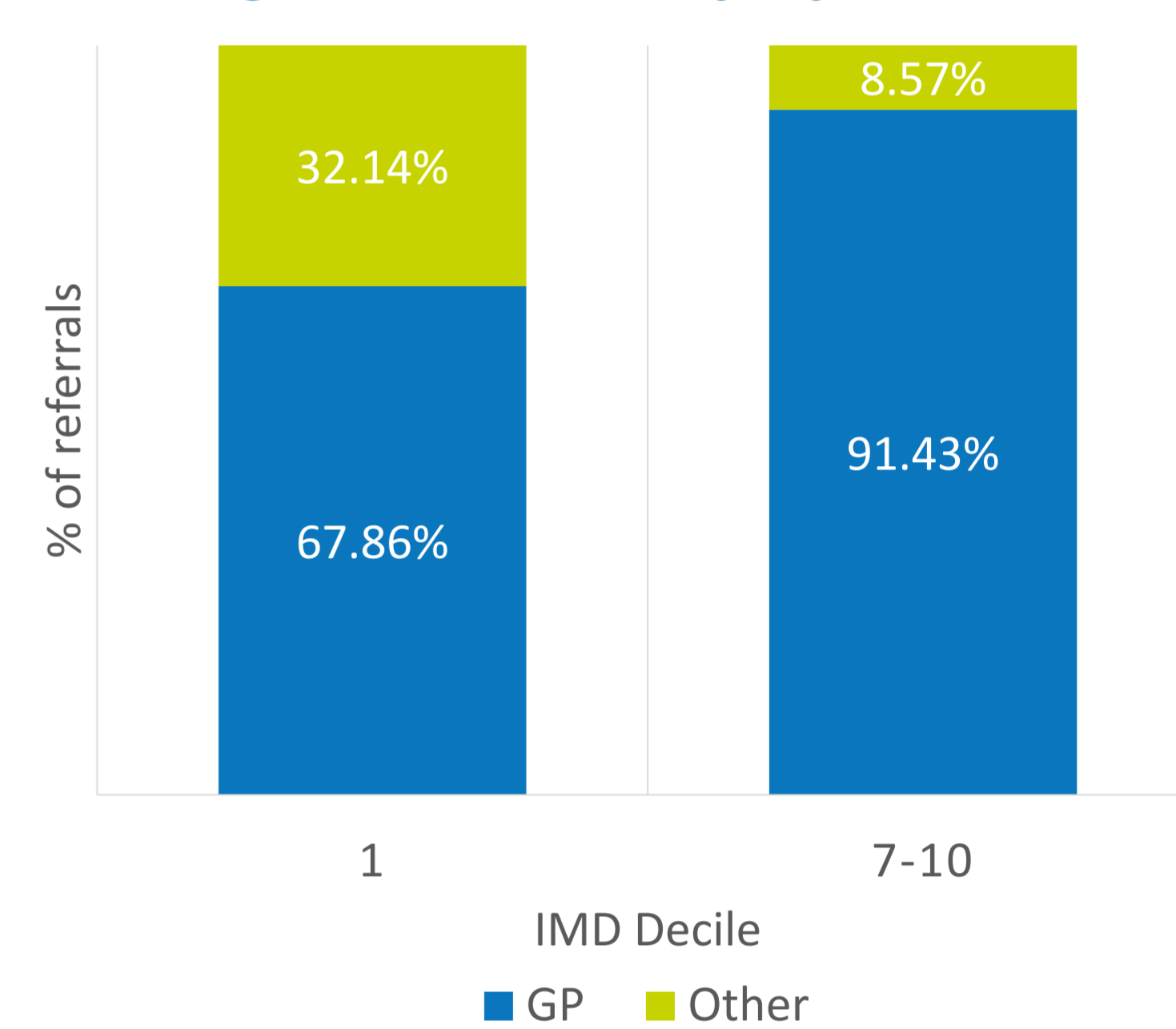


Figure 4: A bar chart showing sources of referral for the ENT waiting list at BHNFT for the most and least deprived groups. This highlights that patients from most deprived group present later in the disease course and rely more on emergency care.

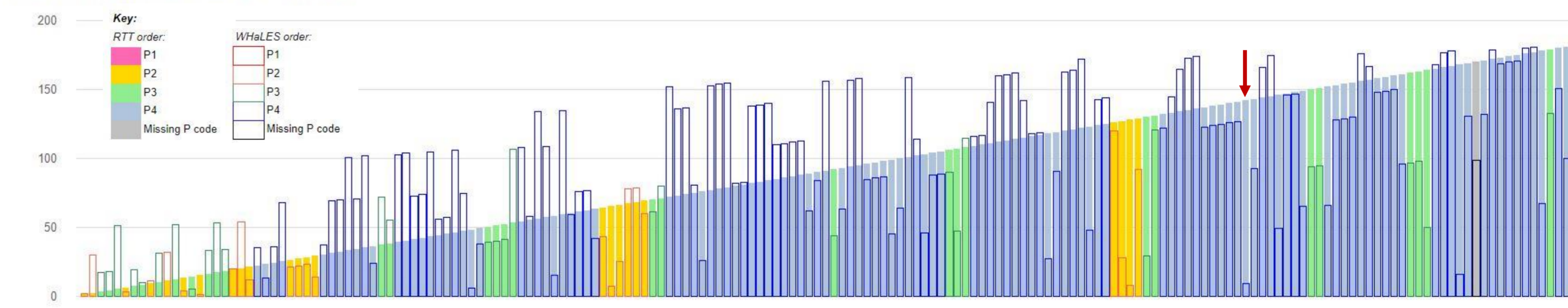
WHAT DOES IT LOOK LIKE?

Figure 5a

Patient ID:	XXXXX	Patient age:	68	RTT wait:	11 weeks
Pathway ID:	XXXXX	Missing IMD?	No	Priority:	P4
Total score	9	Order change	142 to 9 (+133)		
Health inequality	9	Clinical Priority	0	Wait time	0
IMD	3	Priority	0	RTT wait	0
DNA count	0	Priority breach	0		
NEL admissions	1				
Ethnicity	0				
Age group	1				
ED visits	2				
Learning disability	0				
Readmission (30 day)	0				
Readmission (60 day)	0				
Comorbidities	2	Chronic pulmonary disease, diabetes without complications, myocardial infarction, obesity			

Figure 5b

Waiting list sorted by waiting time and clinical priority:



Waiting list sorted by WHaLES score, and then priority/wait time:

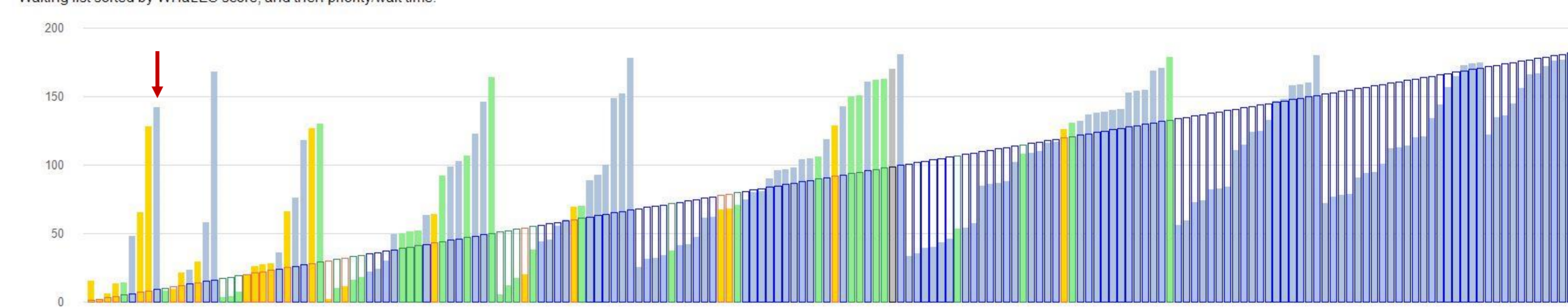


Figure 5a: An example of a patient dashboard showing the compilation of the WHaLES score, and how it has affected their waiting list position. This patient is highlighted on the figure 5b with the red arrow.

Figure 5b: In the two bar charts, each bar represents a person on the waiting list. The solid bar shows the position based on current wait times and clinical priority, and the outline of the bar shows the position based on WHaLES scoring. The two red arrows highlight the patient in the above dashboard demonstrating their change in position with WHaLES.

References:

1. Barnsley Metropolitan Borough Council. Tackling health inequalities in Barnsley [Online]. England: Barnsley Council; 2023 [cited 2024 Oct 28]. Available from <https://barnsleymbc.moderngov.co.uk/documents/s110879/Appendix%203%20-%20Tackling%20Health%20Inequalities%20in%20Barnsley%20reduced.pdf>.
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4. NHS Confederation. Tackling long waiting lists and health inequalities in Coventry and Warwickshire [Online]. England: NHS Confederation; 2021 [cited 2024 Oct 28]. Available from <https://www.nhsconfed.org/case-studies/tackling-long-waiting-lists-and-health-inequalities-coventry-and-warwickshire>.