



## Improving waiting lists equitably - actionable insights for senior leaders working in partnership

NHS England has set as a priority inclusive recovery of services. In terms of access, [King's Fund research](#) on referral to treatment time shows that in August 2022, those living in the most deprived areas were twice as likely to wait over a year for elective care compared to people who live in the least deprived areas. Social, economic and structural factors mean some people wait longer for treatment than others for non-clinical reasons or are more affected by the wait.

Across our [Provider collaboration: Improving equitably](#) programme, in partnership with Q and supported by the Health Foundation and NHS England, board members are coming together to explore the power of shared improvement approaches, with an equity lens embedded from the outset, to tackle inequalities in outcomes, experience and access. Together with peers, they are sharing the challenges and opportunities they face in creating a positive improvement culture in partnership and considering how to embed a focus on equity into existing and new quality improvement work. This briefing sets out some of the key insights emerging from peer discussions on how senior leaders can actively support work to improve waiting lists equitably, and outlines some of the early progress that is being made in tackling this challenge.

These insights are drawn from our peer learning session on [Improving waiting lists equitably – the importance of a partnership approach](#). [Listen back](#) to hear the evidence and examples of effective interventions. [Access additional guidance for boards](#) from Healthwatch on ensuring the patient perspective is central to your thinking.

### Make the case for change

- Beyond achieving national priorities, alignment between a focus on equity and the core values expressed by those who work in healthcare is striking – the opportunity is to harness this commitment and increase staff satisfaction by enabling a focus on equity in recovery.
- Proactively engage board members, clinicians, ops leads and communities in the shared vision for inclusive recovery, using local data to make the case.
- Emphasise the importance of a shared ethos when working collaboratively – if one fails, we all fail. This ethos should be reflected both in behaviours and priorities.

- Take the time to speak to people so everyone understands what addressing inequalities in waiting lists means, why it's important and how it's a priority locally.
- Once inequalities have been identified, it's vital to work with local communities to move beyond numbers and really understand why they exist and how they can be addressed. The work needs to become integrated into core operational process and be considered part of business as usual.
- Share the evidence of how tackling inequalities can also drive more efficient ways of working and save resources.

## Get started

- Tackling inequalities can cover a wide spectrum of factors. Many providers have decided they can make progress by using improvement methods to address one issue at a time, implementing interventions and monitoring their impact.
- Challenge yourself to consider whether you can address long wait lists and inclusive recovery simultaneously. Some providers making progress in tackling equity issues have the longest waiting lists.
- Leadership behaviours play a key role in progressing this work. Ensure you build trust and understanding between provider leaders on what your shared purpose is, and decide what you'll tackle collectively. Aim for '**radical candour**' between leaders working together.
- Embedding this cultural change requires understanding and visible support from the board, with clarity on how responsibilities are shared between providers and agreement on the right people taking responsibility at the right levels for priorities on behalf of the collaborative.
- NEDs and other board members need to understand and support reasons for making decisions that support others, for instance, mutual aid where individual organisation waiting lists may increase to help other providers where this is in the best interests of patients.
- Leaders can ask themselves if they know who is on their waiting list, how their waiting list breaks down by health inequality factors such as ethnicity and deprivation and what is already being done to address unwarranted variation.
- A nuanced approach to data is needed as inequalities can be broad and across a range of sub specialities. This means a standard data framework may not be sufficient.
- There may also be a need to accept some ambiguity in data, to make decisions with data that is 'good enough' to get started and make progress – don't let this hold you back.
- Public health specialists and registrars can play a key role in supporting understanding of population-based health inequalities. [Learn more here.](#)

## Take action

- Consider whether instead of moving patients around to receive treatment, it could be equally as effective to move staff around.
- It might be more difficult for some people to attend appointments, but barriers can be reduced by offering practical support (e.g. paying transport costs, offering evening appointments, providing clear information on facilities when patients are not being treated at their local hospital).
- Whilst waiting lists remain long, trusts can support patients to maintain their health while waiting by offering pre-habilitation (good preparation of body and mind prior to treatment). This helps people get the best outcomes when they reach the top of the list.
- When considering prioritising patients, factors such as their daily activities (e.g. someone's job or caring responsibilities) are valid considerations in the decision to treat.
- Consider whether there are other trusts addressing similar problems and if their interventions may work in your context, rather than starting from scratch every time.
- Include performance measures relating to inequalities in operational performance dashboards, and monitor inequalities on waiting lists across the organisation.
- The focus is often on the role of clinical staff in improving inequalities, but enough administration time is crucial to keep communication levels high while waiting and for good quality communications materials to be created in different languages.

## Helpful links

- Access the recording of [Improving waiting lists equitably – the importance of a partnership approach](#), 5 December 2023
- [Tackling health inequalities on waiting lists: learning from local case studies](#), Kings Fund 2023
- [Health disparities: waiting for planned care](#), Healthwatch 2022
- A recent update from [Make Data Count Analyst Network in data and health inequalities](#).
- [Insights from Q members on working with data to support equitable access](#) .
- [Q-funded patient experience library](#), with the potential to become a helpful tool in tackling inequalities.
- Guidance on [good communication with patients waiting for care](#), NHS England 2021
- [Access related, free resources](#) from Provider collaboratives: Improving equitably and other improvement support programmes from NHS Providers.