



**Staffordshire and  
Stoke-on-Trent**  
Integrated Care System

# **Elective Strategy**

**Staffordshire and Stoke-on-Trent**

**2025-2030**

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# Introduction

## What is Elective Care?

Elective care, also known as planned or routine care, refers to non-emergency medical treatments and procedures that are scheduled in advance rather than being performed in response to an urgent or emergency situation.

## The Role of Elective Care in the NHS

The goal of elective care is to provide timely, high-quality care for patients with non-urgent needs, often following a referral from a GP or other healthcare professional.

Performance is measured by the constitutional standard: 92% of patients should wait no longer than 18 weeks from referral to treatment, however, this standard hasn't been met since September 2015 and at the end of December 2024, only 59% of patients waiting for elective NHS treatment had been waiting less than 18 weeks.

On 5th December 2024, the Prime Minister Kier Starmer delivered a speech on 'Plan for Change', in which he stated that the NHS will meet the constitutional standard by March 2029.

This was followed by the publication of 'Reforming Elective Care for Patients' in January 2025, which set out the following proposals to meet the 18-week standard and reform elective care by March 2029:

- empowering patients by giving them more choice and control, and by establishing the standards they can expect to make their experience of planned NHS care as smooth, supportive and convenient as possible
- reforming delivery by working more productively, consistently - and in many cases differently - to deliver more elective care
- delivering care in the right place to make sure patients receive their care from skilled healthcare professionals in the right setting
- aligning funding, performance oversight and delivery standards, with clear responsibilities and incentives for reform, robust and regular oversight of performance, and clear expectations for how elective care will be delivered at a local level.

'Reforming Elective Care for Patients' and the operational planning guidance for 2025/26 included an initial interim target that the percentage of patients waiting less than 18 weeks for elective treatment will be 65% nationally by March 2026. This was based on every trust delivering a minimum 5 percentage point improvement by March 2026, with further increases then annually expected to reach 92% by March 2029, although latter year's targets have not been set at this time.

## The Government's 10 Year Plan

[The 10 Year Health Plan for England](#) was published on 3<sup>rd</sup> July 2025 and is a pivotal moment in the history of the NHS. It describes a bold, ambitious and necessary new course for the NHS to guarantee its sustainability for generations to come. It seizes opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.

The 10 Year Health Plan is delivered through three big shifts:

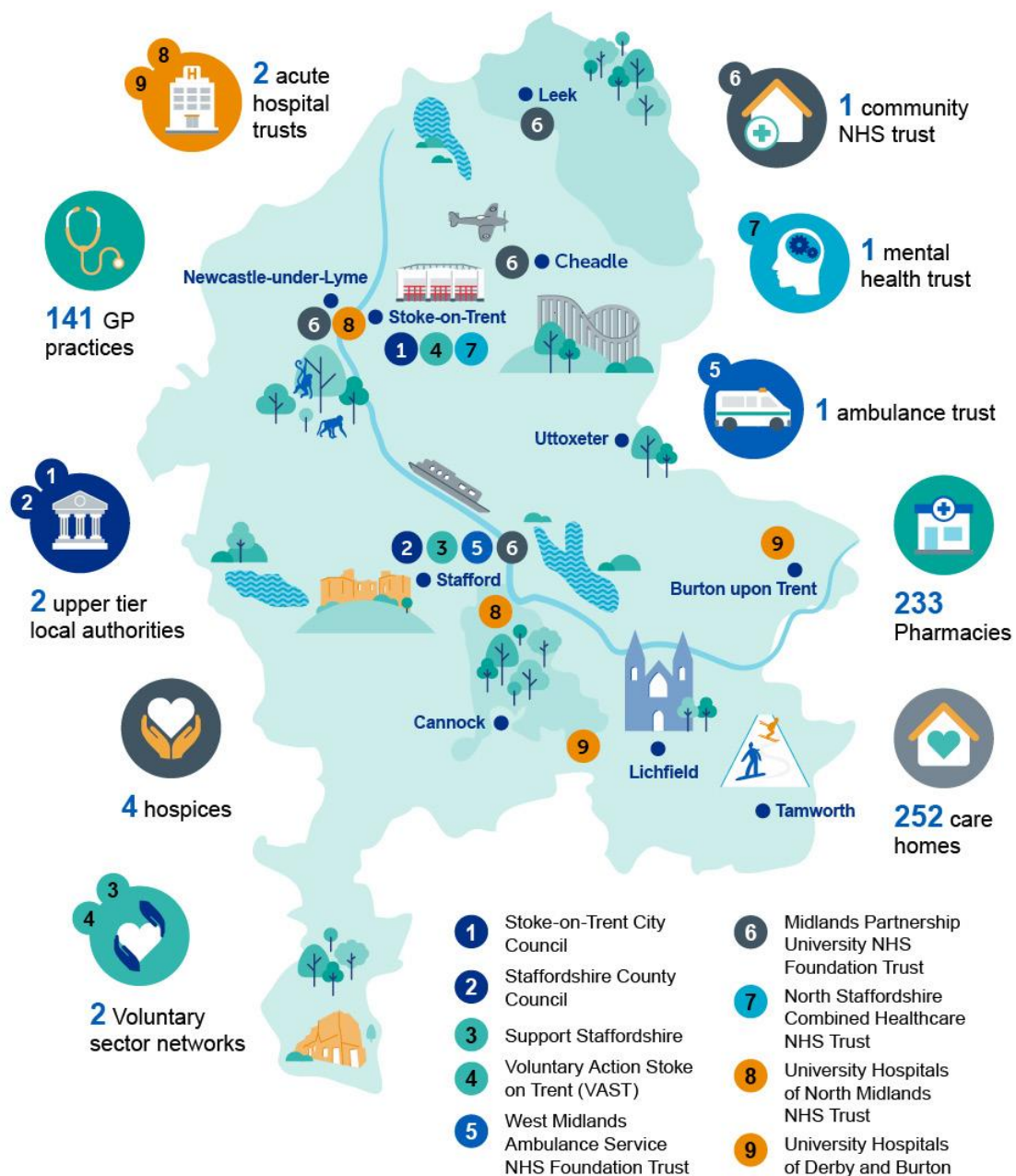
- **From hospital to community;** transforming healthcare with easier access to primary care appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthier choices easier, banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

For elective services this will include:

- **Care closer to the community** and on the high street with Neighbourhood Health Centres in every community, and a focus on prevention through genomics technologies and predictive analytics.
- **Redesigning outpatient services** with patient initiated follow up as a standard approach (by 2026); embedding 'advice and guidance' in many more specialities (over the next 10 years) to reduce the need for patients to travel for appointments; as well as expanding the use of AI-enabled digital diagnostic tools across specialties.
- **NHS App** - We will transform the NHS App to become the front door to the NHS, and the tool to organise care around patient needs, choices and schedules. Through the app, patients will be able to get 24/7 AI-enabled advice, book appointments, leave feedback, choose their provider, manage their medicines and their children's health (by 2028/29).
- **Single Patient Record** - We will give patients real control over a single, secure account of their data and enable more coordinated, personalised and predictive care. It will improve clinical outcomes, make decision-making more informed and speed up the delivery of care.
- **From a sickness service to a prevention service** - We will do far better at taking the immediate opportunities available to deliver prevention: vaccination, screening and early diagnosis. Second, looking to the longer-term, we will create a new genomics population health service, to harness the potential for predictive analytics to support more personalised and precise prevention in the future and thirdly we will tilt NHS incentives towards population health outcomes.

## Elective Care in Staffordshire and Stoke-on-Trent (SSoT)

Approximately £400m per year is spent on elective care in Staffordshire and Stoke-on-Trent (SSoT). The main acute provider is University Hospital of North Midlands (UHNM), which operates two hospitals in the county in Stoke-on-Trent and Stafford; University Hospital Derby and Burton (UHDB), and the Royal Wolverhampton Trust (RWT) also provide acute provision for the population, including Queen's hospital located in Burton. In addition, there is one community NHS trust (MPFT), two acute independent sector providers (Nuffield Health and Ramsay Healthcare) and 141 GP practices.



## Challenges

Challenges have included:

- Rising demand for elective procedures has outpaced the ability to deliver timely care.
- Financial pressures are a significant challenge in the NHS, with constrained budgets limiting the ability to invest in prevention and innovation.
- Recruitment and retention has been challenging in frontline roles, which impacts on capacity and staff morale.
- Waiting times have increased following the reduced elective activity during the COVID-19 pandemic and due to some patients not coming forward for treatment during that period.
- The impact of delays are not evenly distributed; individuals from lower socio-economic backgrounds, ethnic minority groups, and those with disabilities often experience longer waits and poorer outcomes. These disparities are compounded by barriers such as limited digital access, poor communication from services, and a lack of tailored support.
- Staffordshire and Stoke-on-Trent is the 12th most deprived of the 42 Integrated Care Board (ICB) areas in England, and a fifth of the registered population are classed as being in the 20% most deprived in England.

### In Staffordshire:

- The proportion of people aged 65 years and over is 22.4%, significantly higher than England as a whole
- There are a growing number of people with long term conditions and people being admitted to hospital following a fall
- 68.5% of adults are overweight or obese
- Approx. 13% (18,400) of children live in low-income families, however this is a mixed picture with a bias in areas including Burton-on-Trent, Newcastle-under-Lyme, Tamworth and Cannock
- Overall, 4% of the population are from ethnic minority backgrounds; in the school aged population this increases to 10.1%.

### In Stoke-on-Trent:

- More than half (53%) of the population in Stoke-on-Trent live in the most deprived 20% areas in England
- There are higher rates of long-term conditions than regional and national averages
- 73.8% of adults are overweight or obese
- Approx 33.2% (17,470) of children live in low-income families
- Overall, 15% of the population are from ethnic minority backgrounds; in the school aged population this increases to 28.5%.

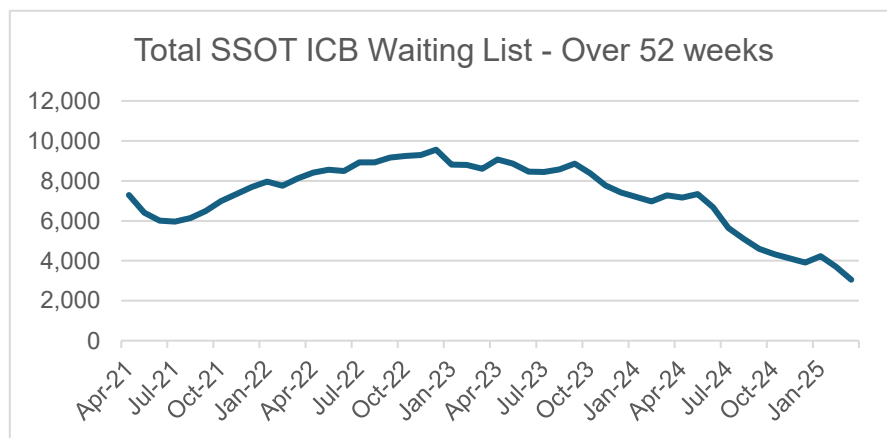
Addressing these challenges requires a coordinated strategy that prioritises population health, strengthens local partnerships, and ensures that planned care is accessible, timely, and responsive to the diverse needs of communities.

## Progress

Since the COVID-19 pandemic, the Staffordshire and Stoke-on-Trent system, like other systems across the country, have been focusing on reducing their elective backlog and the long waits for elective care. The following milestones were set by NHS England:

- Eliminate the number of patients waiting 104 weeks by the end of June 2022
- Eliminate the number of patients waiting 78 weeks by the end of March 2023
- Eliminate the number of patients waiting 65 weeks by the end of September 2024

The system has made good progress in reducing long waits for treatment, however, there are still patients waiting longer than the above standards for treatment, with the current focus remaining on clearing the backlog of patients waiting over 65 weeks for elective care. Progress has been hampered by workforce (recruitment and retention) challenges and capacity needing to be prioritised for urgent and emergency care (e.g. during Winter surge, when UEC have required a higher bed demand).



Additional capacity has been provided using Elective Recovery Funding (ERF), which has included the insourcing and outsourcing of additional provision, as well as a number of waiting list initiative payments to provide additional capacity from our own workforce. There has also been a focus on improving services and maximising productivity through NHS Impact and GIRFT (Getting IT Right First Time), with support from the regional and national NHSE teams.

UHNM have invested in permanent elective capacity for day case procedures, which help to protect theatre sessions for low complexity elective procedures and maximise patient efficiency and flow. The Staffordshire Treatment Suite at County Hospital opened in May 2023 and the elective hub at County Hospital opened in June 2025. RWT and UHDB also both provide elective hubs which opened at Cannock Chase hospital in 2015 (RWT) and at Burton hospital in June 2020 (UHDB).

Alongside NHS providers, independent sector providers have also supported the reduction of long wait for treatments, with patients requiring routine treatment outside of hospitals being able to choose between multiple services across the NHS and independent sector as part of Patient Choice guidance. In recent years NHS England has strengthened its commitment to patient choice, which was highlighted as a key area to consider for tackling the COVID-19 backlog of elective care.

## About this Strategy

This 5-year strategy has been prepared by the partners of the Staffordshire and Stoke-on-Trent NHS Integrated Care System (SSOTICS), through the Elective Care Programme Board. It is based on current structure and commissioning arrangements, although in the knowledge that the SSOT Integrated Care Board (ICB) is due to cluster with Shropshire, Telford and Wrekin ICB.

It is a shared strategy that requires partnership working and collaboration in order that patients receive effective elective services, in the right place at the right time - it is, therefore, referred herein as 'our' strategy. By working together, we can leverage and coordinate investment and actions for the challenges we face as a system for the people of Staffordshire and Stoke-on-Trent and ensure alignment with individual provider level strategies and other system strategies, such as the Staffordshire and Stoke-on-Trent Tackling Health Inequalities Strategy 2024-29.

The scope of our strategy covers both the adult and paediatric population and spans the whole of planned elective activity, from prevention through to treatment, be that self-management, primary, community, secondary or tertiary care. This includes one-off elective treatment, ongoing treatment for long-term conditions and palliative care, with the associated deliverables delivered on an integrated basis through underpinning delivery plans.

Our strategy outlines key areas of focus that will guide the development of our services and practices to effectively meet current and future demand for elective services. It is aligned with the three major shifts in the 10-year plan, acknowledges the neighbourhood health guidelines, and will align with associated neighbourhood health plans, which will be delivered through the left shift approach. By using evidence to inform our actions, we will improve the health and wellbeing of our population, reduce health inequalities and improve access to consistently high-quality elective services.

Our strategy is underpinned by delivery plans, which will provide more detail on how and when things will be achieved, including how success will be measured. This will enable our strategy to adapt and respond to national, regional and local elective developments to ensure it is relevant and up to date. Our strategy will be overseen by our Elective Care Programme Board, with key updates and escalations reported to the Planned Care, Cancer and Diagnostics Portfolio Board.

## Our Vision

"A health and care system where people get the care they need, in the right place, at the right time. Care is joined-up, delivered by teams working together, and shaped by what matters most to patients and communities."

## Our Aim

"To deliver timely, equitable, high-quality, and patient-centred care that meets the planned healthcare needs of the whole population across Staffordshire and Stoke-on-Trent."

# Our Objectives and Outcomes

For simplicity we have mapped our strategy objectives and outcomes together, along with how these will be delivered through our areas of focus (please see next section for detail).

Objectives	Outcomes	Areas of Focus
<p><u>1. Improve Population Health &amp; Reduce Health Inequalities</u> Identify and address variation in access and outcomes, ensuring elective services are inclusive, fair, and responsive to the needs of all communities.</p>	<ul style="list-style-type: none"> <li>Improved health outcomes for all patients on 'elective care' pathways, whether waiting for and/ or receiving treatment</li> <li>Improved access to elective services for underserved and deprived populations</li> <li>Increased service uptake in historically underrepresented communities</li> </ul>	1. Treatment to prevention
<p><u>2. Harness Innovation and Digital Technology</u> Use data, digital tools, and innovation to support elective recovery, streamline care pathways, and enable more personalised, proactive care.</p>	<ul style="list-style-type: none"> <li>Improved access to appropriate pathways and improved communication via digital platforms including One Health &amp; Care (Shared Care Record)</li> <li>Increased uptake of virtual consultations</li> <li>Reduced DNAs (Did Not Attend)</li> <li>Better use of data for demand forecasting and pathway optimisation</li> </ul>	2. Analogue to digital
<p><u>3. Provide High Quality and Patient Centred Services</u> Deliver clinical best practice, in the appropriate location by involving patients in decisions, improving communication, supporting self-management, and designing services around individual needs.</p>	<ul style="list-style-type: none"> <li>Better clinical outcomes and quality of life (e.g. fewer complications, re-admissions)</li> <li>Improved patient satisfaction and experience scores</li> <li>Greater involvement of patients in shared decision-making</li> <li>Improved health literacy through greater patient empowerment</li> <li>Care delivered in most appropriate location</li> </ul>	3. Acute to Community
<p><u>4. Optimise System Capacity and Reduce Waiting Times</u> Maximise efficient use of resources through understanding of need vs capacity and planning collaboratively across providers to deliver national standards</p>	<ul style="list-style-type: none"> <li>Achieve GIRFT standards and constitutional waiting time targets</li> <li>Standardised working practices (e.g. referral forms)</li> <li>Less unwarranted variation, fewer missed appointments and better use of referral management tools</li> <li>Protected elective care capacity during winter</li> </ul>	4. Productivity
<p><u>5. Ensure System Resilience and Sustainability</u> Build a flexible and future-ready elective care system that can adapt to changing demands, workforce challenges, external pressures and remain within available financial resources.</p>	<ul style="list-style-type: none"> <li>Engaged and active clinical workforce, driving best practice</li> <li>Evidence of long-term capacity planning and flexible service models</li> <li>Provision of high quality, appropriate care within financial allocation</li> <li>Decreased dependency on independent sector provision</li> <li>Environmental benefits through reduced paper usage and patient travel</li> </ul>	5. Resilience and Sustainability

## Areas of Focus for Our Strategy

To achieve the objectives and outcomes of our strategy, it must be brought to life - moving beyond words into action - so that it is clearly understood, genuinely embraced, and actively supported by everyone, with full alignment to its purpose.

To support this, we have identified the key tasks which '*We Will*' undertake and which are our target priorities - these are our *Areas of Focus* and where we will invest resource. These are based upon the three big shifts in the NHS ten-year plan, in addition to the enablers and specific areas noted for Elective Care within the NHS 10-year plan. Within each of the Areas of Focus, we describe the activators that, when enacted, will define our strategy and bring it to life.

Our Areas of Focus enable us to begin transforming elective services with urgency. This will be achieved through coordinated planning with health system partners- including patients, workforce, and service experts - and by delivering the activators within each Area of Focus. Together, this supports our vision of patients receiving the right care, in the right place, at the right time, delivered by teams working together, and shaped by what matters most to patients and communities.

## 1. Treatment to Prevention

### Keeping All Patients Well

We Will:

*“Focus on achievement of optimum outcomes for whole population”*

We'll achieve this by:

- Setting a clear local vision for how health inequalities will be reduced and interventions to reduce disparities for groups who face additional waiting list challenges and improve patient experience
- Developing clinical best practice pathways across all services to ensure patients are given maximum opportunity to maintain good health whilst they are waiting for, and/ or receiving treatment
- Expanding self-care opportunities, and ensuring patients are empowered to achieve their goals through increased education and awareness

## 2. Analogue to Digital

### Innovation and Technology

We Will:

*“Maximise use of digital technologies to improve service provision”*

We'll achieve this by:

- Using One Health & Care (our shared care record) digital triage tools throughout pathways to get patients to the right service at the right time and minimise missed appointments
- Using virtual consultations where appropriate
- Using the NHS app for patients to view and manage elective care appointments
- Using digital tools to support validation of EBI and ERP policy application to ensure delivery of appropriate procedures
- Drive increased delivery and update of remote monitoring to support improvements to pre-surgical optimization and post surgical discharge times
- Use of digital tools to aid improved data analysis
- Maximising the use of robotic surgery where appropriate

## 3. Acute to Community

### Provide High Quality, Patient Centred Care

We Will:

*“Deliver high quality care in the most appropriate setting to meet patient's needs”*

We'll achieve this by:

- Redesigning clinical pathways based on best practice to move care to the most appropriate location through community service transformation, working with primary care, pharmacy, optometry, community and secondary care colleagues to achieve this
- Co-design of services and pathways to ensure patient centred care is planned and delivered
- Driving integrated, proactive care across clusters of practices, GP surgeries, pharmacies, voluntary and community health services
- Ensuring patients and their families / carers are aware of expectations for elective care and the right to choose their care

## 4. Productivity

### Understanding Demand

We Will:

*“Understand Current Demand vs Appropriate Future Need”*

We'll achieve this by:

- Identify and minimise unwarranted variations using Model Health (MH) data
- Forecasting future population demands through data modelling
- Linking with public health /population data

### Managing Capacity

We Will:

*“Utilise elective capacity effectively within our available resources”*

We'll achieve this by:

- Increasing the proportion of procedures completed in outpatients or day case, including utilizing GIRFT tools
- Increasing usage of referral/ outpatient management tools (A&G, PIFU etc.)
- Increase use of remote monitoring technology to support pre-hab and discharge
- Achieving waiting time targets
- Development of standardised clinic templates and referral forms to provide consistency and minimise mistakes
- Implementing national priority pathways for surgical hubs and one-stop clinics
- Develop elective care centres of excellence
- Protecting elective activity at times of UEC pressures

## 5. Resilience and Sustainability

### Workforce Development

We Will:

*“Develop an inclusive working environment, to foster best practice and retain clinical expertise”*

We'll achieve this by:

- Upskilling our workforce and providing training and development opportunities, through partnership working, for example with universities,
- Planning our workforce to respond to future need, and to incorporate technology where appropriate
- Fostering behaviour change amongst clinicians to reduce unnecessary demand through extended learning and education
- Fostering integrated/MDT working and innovation through compassionate and inclusive leadership

### Resource Management

We Will:

*“Ensure our high quality, patient focused services are delivered within our available resources”*

We'll achieve this by:

- Developing commissioning intentions that meet the needs of our population within the available financial budget
- Re-aligning use of independent sector providers (ISP)
- Managing contractual arrangements efficiently and effectively
- Pathway redesign, based on data modelling, co-creation with users allows better resources management\*
- Increased use of digital tools and moving care to the most appropriate locations reduces reliance on paper-based communication and excessive travel\*

\*see areas of focus 1-3

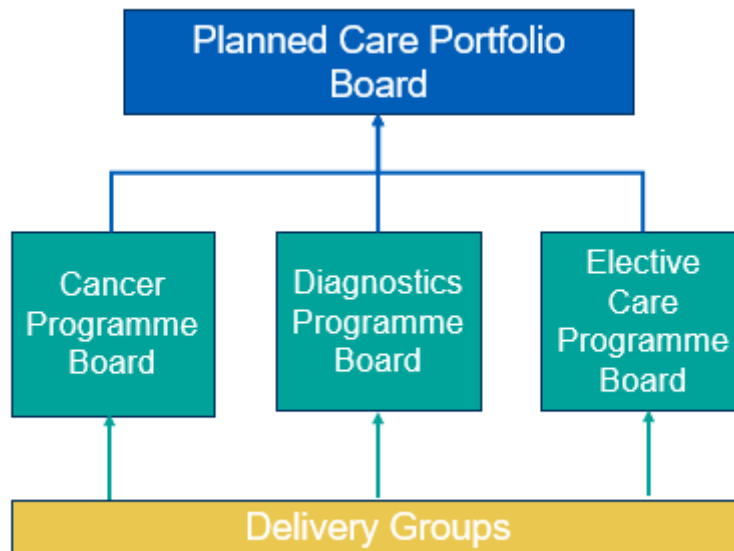
# Delivery and Success

## Delivery Plans

We will use delivery plans as the operational framework to translate our areas of focus into actionable steps, ensuring alignment, accountability, and measurable progress. Our delivery plans will consider key system enablers, including estates, workforce, digital infrastructure, and finance; to ensure that strategic ambitions are both achievable and sustainable.

## Governance

Our strategy and delivery plans will be overseen by our Elective Care Programme Board, with key updates and escalations reported to the Planned Care, Cancer and Diagnostics Portfolio Board. Our system Planned Care, Cancer and Diagnostic Governance is shown below:



## Strategic Adaptability

Through our Elective Care Programme Board we will remain engaged with our NHS partners, statutory advisory bodies, national programmes and stakeholder groups to ensure our strategy is flexible and agile and responds to changes during its lifetime. Our strategy will be reviewed at least annually to ensure that it is reflective of latest operational planning guidance.