

NHS England and NHS Improvement
Skipton House
80 London Road
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To:

10 May 2021

- NHS trusts: chief executives and medical directors
- NHS foundation trusts: chief executives and medical directors
- Clinical commissioning groups: accountable officers and medical directors
- GP practices and primary care networks
- NHS England and NHS Improvement regional directors
- NHS England and NHS Improvement elective programme leads
- Integrated care systems: chairs

Dear Colleagues,

Clinical prioritisation and validation of diagnostic and surveillance waiting lists

The validation programme for the surgical waiting list (admitted pathway) was launched in September 2020 and has since delivered the validation of circa 900,000 patient pathways using the Royal College of Surgeons' prioritisation framework. We firstly want to extend our thanks to all colleagues involved, as this has been a significant effort and success whilst managing unprecedented system pressures.

The validation of the diagnostic waiting list is a continuation of this essential process and gives an opportunity to further enhance system level oversight and solution to recover elective activity. This will also support effective working and clinical prioritisation of elective patient care as part of the wider NHS recovery in England, ensuring that patients with the most urgent need are seen as quickly as possible. This is in line with the [operational planning guidance](#) published on 25 March 2021 and is an important priority. The elective recovery fund outlines specific criteria to support system level planning and includes both clinical prioritisation and system oversight of waiting lists.

The delivery of this stage of the validation programme will require clinical judgement. It is essential that trusts involve clinical teams at an early stage in the process to allow them to prioritise their work. This process has been developed with professional input from the Royal Colleges and it is recognised that radiology will be a common factor for many diagnostic procedures. Hence, it is essential that radiology teams are involved at an early stage in the process.

For this phase we are proposing to work with NHS England and NHS Improvement regional teams to develop the approach and understand the validation that many regions have already proactively undertaken. The intention being to avoid any duplication of work, whether ongoing or completed, but also to ensure consistency in the approach taken across this area which spans over multiple clinical specialties.

The Clinical Prioritisation programme will be supported by North of England Commissioning Support (NECS) and the use of NHS e-Review. It is recognised that local technological solutions may already be in operational use. To support this continuation, we will identify a minimum data set that can be submitted as an alternative to the e-Review system.

The priority is to review the clinical need and priority of all patients on either a diagnostic waiting list or planned surveillance list. Recognising current pressures, it is anticipated that regional plans for the next phase of validation will include a completion point of July 2021.

Next steps:

1. Regions to nominate a Diagnostics Recovery Lead to act as a point of contact for the national team and NECS on the delivery of this programme. Please notify england.NationalECRTP@nhs.net of the name and contact details of your Lead by **Friday 21 May 2021**.
2. To facilitate delivery of this programme at local level, we also require each trust, clinical commissioning group (CCG) and integrated care system (ICS) to nominate their organisation's Diagnostic Lead and notify eReview.programme@nhs.net of the name and contact details of your Lead by **Friday 21 May 2021**.
3. On the week commencing **31 May 2021** we will have a conversation with regional P&I directors to agree the approach prior to contacting the wider system nominations.
4. The programme team will contact trusts and CCGs/ICS leads and agree the programme of work to be undertaken which should commence by **Monday 7 June 2021**.

5. There is an expectation that trusts will have clinically reviewed their diagnostic waiting lists by **Friday 30 July 2021**, in line with the approach agreed with regional teams.
6. Data collection as part of this process is accounted for within the 2021/22 waiting list minimum data set submission which has been shared with providers.

We look forward to working in collaboration with you throughout this next phase of the NHS response to COVID-19.

If you have any queries relating to this programme, please contact your regional team or england.nationalECRTP@nhs.net.

Yours sincerely,



Pauline Philip DBE
National Director for Emergency and
Elective Care



Professor Chris Moran MD FRCS
Deputy National Strategic Incident
Director, COVID-19