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MEDIA RELEASE

Highest and lowest performing NHS services in the country are just 13 miles apart

New report by the Medical Technology Group sets out roadmap for sharing best practices to end 'deeply embedded' variation in NHS performance

NHS patients who live just thirteen miles apart have access to dramatically different performing hospitals despite being under the same administrative board, a report by the Medical Technology Group has revealed.

An analysis of NHS England monthly Referral to Treatment data between December 2021 and November 2023 found that Wakefield treated the most patients - in relation to the size of their population - while its neighbouring equivalent in Leeds ranked as one of the lowest.

In Humber and North Yorkshire ICB, the third best Sub-ICB Location (formerly Clinical Commissioning Groups) - North East Lincolnshire - sits alongside the 98th - Vale of York. This is despite them, like Wakefield and Leeds, operating under the same management as part of the new Integrated Care Board system.

Despite this, the report stressed that more patients are being seen within health and care settings. Overall 6,156,844 patient pathways were completed from December 2021 to November 2023, a 46.82% improvement from the last MTG report that looked at regional and local variation in NHS performance.

However, across the two-year research project, analysis of Referral to Treatment data has revealed that variation between the highest and worst performing regions of the NHS has persisted. The MTG argues that this is leading to 'deeply embedded' local and regional variations in the quality of care across the NHS.

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The MTG is now calling on NHS England and the Department of Health and Social Care to implement measures to ensure that the medical technology, innovations and leadership methods that have contributed to these highest performing regions are implemented across the health service to help end this variation.

Chair of the MTG, Barbara Harpham, said:

“Good practice is abundant across the NHS in England, whether nationally-led or driven within local NHS organisations. However, it is clear that it is often isolated and not regularly shared with those parts of the NHS where it can make an enormous difference in working through the backlog, improving the quality of care and easing pressure on the workforce.

“Our recommendations in this report set out a roadmap for the NHS to deliver improvements by replicating, adapting, and adopting this best practice, providing the support to ensure medical technologies and innovations are available for every patient in the NHS regardless of where they live.”

The report ['Levelling Up or Levelling Down: The Impact of Integrated Care Systems on the Delivery of Care'](#) builds on the findings of the MTG's 2022 report which highlighted the best performing Clinical Commissioning Groups on the eve of them being integrated into the newly created ICS system. It called for NHS England to create platforms and forums for sharing best practice to ensure these highly performing areas of the health service became benchmarks for levelling up care regionally and nationally.

However, insights derived from Freedom of Information (FOI) requests revealed limited sharing of best practice within and between ICBs. Although pockets of collaboration exist, the lack of cross-ICB sharing of best-practice limits ICBs' ability to learn from other areas on how to manage and tackle waiting lists.

Given the ongoing pressures across the health service, the MTG has called on NHS England and the Department of Health and Social Care to drive the sharing of best practice across the NHS through the following recommendations:

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NHS England

1. Analyse the ICB areas where there are persistent challenges and variation, and provide support for them to raise their standards to meet the needs of patients.
2. Identify areas and examples of best practice within the ICS system that can be shared and adopted in areas with persistent challenges.
3. Develop forums for ICBs to discuss common challenges and solutions, and share best practice to help deliver better outcomes for patients.
4. Work with the Department of Health and Social Care and other national bodies (including NICE) to standardise the pathway for medical technologies and innovations to access the NHS.

Integrated Care Boards

1. Analyse pockets of poor performance within their own Systems, and set up interventions, resources, and support to raise standards across their ICB footprint. ICBs should strive to raise the standards of their poorest performing SICBLs, and improve patients' access to good care.
2. Ensure that patients have access to the most appropriate medical technologies, regardless of where they receive care within an ICB.
3. Seek support from national bodies and other ICBs where best practice is being carried out, to change practice, help improve standards and deliver best outcomes for patients.

The full report can be accessed here (from April 25th): [RationWatch - Medical Technology Group \(mtg.org.uk\)](https://www.mtg.org.uk/rationwatch)

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Notes for editors

About the Medical Technology Group

The Medical Technology Group (MTG) is a coalition of patient groups, research charities and medical device manufacturers working to make medical technologies available to everyone who needs them. Uptake of medical technology in the UK is not as good as it should be, given

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its great potential to provide value for money to the NHS, patients and taxpayers. The MTG believes that patients and clinicians need better information about medical technologies so that they can make informed choices about their medical care.

www.mtg.org.uk

About the report

The report compares monthly Referral to Treatment (RTT) data for completed admitted pathways by Sub-ICB Location from December 2021 – November 2023.

What does best practice look like?

From innovative pathways to clinical leadership, the NHS is full of examples of best practice which have helped drive down waiting lists, increase diagnostic capacity and relieve pressure on the workforce.

Wakefield

By using digital technology to join up primary and secondary care, Wakefield CCG was able to set up a 'Shared Referral Pathway'. This allowed doctors to communicate with each other as the patient moved through the pathway - optimising their treatment and avoiding unnecessary appointments.

The MTG has produced this [video case study](#) in which clinicians from Pinderfields Hospital in Wakefield explain how a pathway built around digital software joined up primary and secondary to help it become one of the highest performing hospitals in the country.

Cheshire and Merseyside ICB

Cheshire and Merseyside is the largest ICB in England. Since its inception it has worked to rationalise services to ensure equal access to treatments regardless of where a patient lives in the region. They have also worked to replicate best practices across their region through Elective and Regional Recovery Boards with links to academic, clinical trials and other sectors who can support to reduce waiting lists for patients, and help to get new technologies into their hands quicker.