



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



Adult Elective Orthopaedic Services Review

Update to the London Borough of Barnet
Health Overview and Scrutiny Committee

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Joint SRO, Adult Elective Orthopaedic Services Review

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Our vision for a joined-up approach to adult elective orthopaedic services in North Central London



North central London residents should have **timely access to consistent high-quality orthopaedic surgery** regardless of where they live in the area.



Services delivered in **a single network** with two dedicated, **state-of-the-art orthopaedic elective surgical centres** and local, **convenient outpatient facilities**, would deliver the best care for local people.



This vision has been **clinically driven and co-created** with local people and staff to improve patient experience, outcomes, and ensure a service fit for the future.



Timeline...what's happened so far

1 February 2018...

- JCC signed off the mandate for the adult elective orthopaedic services review

August – October 2018....

- Carried out a desktop equalities review to identify impacted groups
- Engaged patients, residents and other stakeholders on the draft case for change and rationale for the review. Five clinical design workshops to establish the model of care.

December 2018...

- JCC approved the design principles for a new model of care and received the feedback from the engagement on the draft case for change

January 2019...

- JCC approved the overarching timeline, revised governance and accepted the recommendation around final contract form

May 2019 the JCC...

- Agreed the **Clinical Delivery Model** and **Options Appraisal Process** and issued them to providers for them to submit options

July 2019...

- Carried out the options appraisal process

August and September 2019

- Drafting of pre-consultation business case, ahead of the NHS England assurance process
- Progressed areas of work to further refine the service model, including workshop to look at transport/access and further work on the finance/activity model

Options appraisal process and outcome

- The panel included local commissioners and GPs and **equal representation from patients and residents**. Purpose was to assess submissions against the status quo, using a scoring system developed through a collaborative process
- **Panel considered two partnership submissions; these were submitted side-by-side and were not competing against each other**
- Taken together the panel felt the two submissions could deliver the clinical model for the service, creating single adult elective orthopaedic service for patients and staff across the whole of NCL, overseen by a clinical network.
- **Panel welcomed the really positive engagement from clinicians and management, lots of thought and effort gone into collaborative submissions – both were definitely an improvement on the status quo.**
- Separate financial assessment, initial view was that the proposals should at have at least a neutral financial impact on the health economy. Further work to do on the detail over August and September.
- **Options appraisal was just the start, we need to work together over the next few months to refine and finalise the emerging options into a single holistic worked up proposition that can be consulted on in the autumn.**



Proposed model of care – as a result of joint working by partners



	Northern Hub	Southern Hub
Partnership for orthopaedic excellence: North London*	Working as part of a clinical network, providers would create a standardised approach to pre-assessment, post-operative procedures and protocols, joint school and patient education. In total we envisage around 12,000 procedures taking place per year under this new model of care. Partners: The Royal Free London, North Middlesex Hospital, UCLH, Whittington Health and RNOH.	
Providers in the partnership	A partnership between The Royal Free London group of hospitals and the North Middlesex Hospital	A partnership between UCLH and Whittington Health
In-patient elective orthopaedic surgery*	A change. All in-patient orthopaedic care would take place at an Elective Orthopaedic Centre on the Chase Farm site. Approximately 400 people a year who at the moment have inpatient surgery at the North Middlesex would in the future have their surgery at Chase Farm.	A change. All in-patient orthopaedic care would take place in an Elective Orthopaedic specialising in in-patient care at UCLH's new building on Tottenham Court Road (known at the moment as phase 4). Approximately 350 people a year who currently have inpatient surgery at Whittington Health would in the future have their surgery at UCLH.
Day-case elective orthopaedic surgery*	No change. It would continue to take place at both at North Middlesex and Chase Farm.	A change. Whittington Health would become a centre specialising in day-case orthopaedic surgery and some day-case surgery would move from UCLH to Whittington Health. Approximately 400 people who currently have day-case surgery at UCLH would in the future have their surgery at Whittington Health Day-surgery would also continue to be carried out at UCLH.
Other potential changes	RNOH have indicated that there are a small group of patients referred to them for non-specialist care who may be suitable for treatment in the electives centres	
Pre-operative and post-operative outpatient care	No change. Patients would continue to be seen at the three Royal Free sites and North Middlesex both pre- and post-operatively; consultants would follow the patient to where they are going to have surgery.	No change. Patients would be seen at UCLH and Whittington Health both pre- and post-operatively; consultants would follow the patient to where they are going to have surgery.
Trauma – emergency orthopaedic care	No change. Will continue as now at both the North Middlesex, Royal Free and Barnet hospital.	No change. Will continue to take place as now at both UCLH and Whittington Health.

*Volumes are based on forecasts and may be subject to change. There may be some clinical exceptions that determine place of treatment.

How the changes would impact Barnet Residents



For the majority of Barnet residents (**c. 70%**) there will be no change to current provision with elective orthopaedic surgical services accessed via the hospitals in the **Royal Free London** group (Barnet, Chase Farm and Royal Free) with pre- and post-operative care at all three sites and routine day-case and inpatient surgery at **Chase Farm**.



Although local change in terms of location will be limited, Barnet patients **would benefit** from the many **quality improvement** measures incorporated to the design of elective orthopaedic services including **ring fenced beds, care coordinators** and **dedicated theatre space** resulting in shorter waiting times, fewer cancellations, reductions in revision rates and readmissions, joined up care and reduced infection rates.



Barnet residents would benefit from **additional patient choice** with the ability to access the other elective centre, delivered by the partnership of **UCLH and Whittington Health**.



Building on the model of care – work underway

Clinical areas of assurance:

- Review to be undertaken by independent clinical adviser of three detailed areas in the clinical model
- Checkpoint as part of implementation to confirm the High Dependency Unit at Chase Farm meets requirements of the clinical delivery model
- Further discussions involving the spinal network

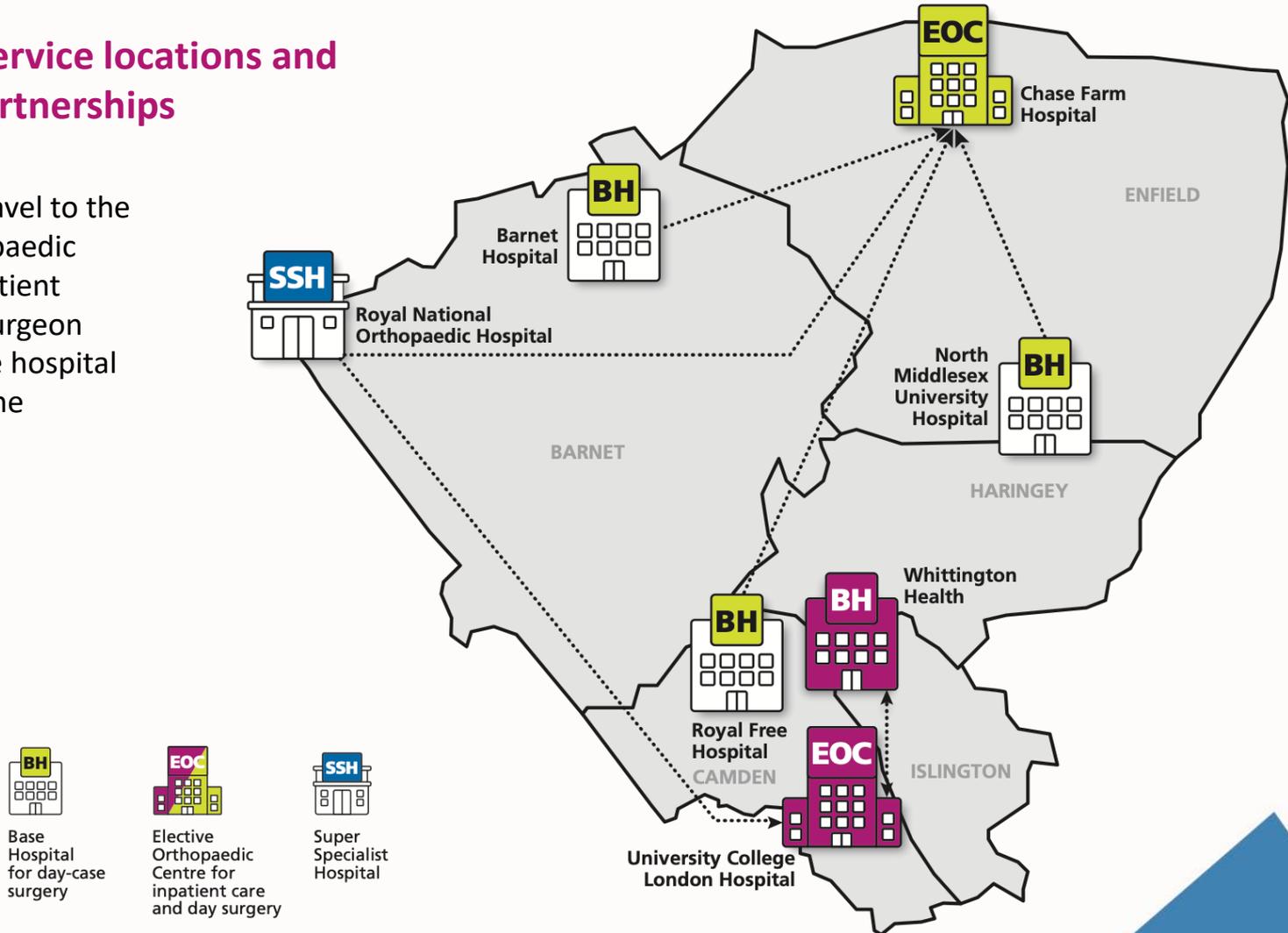
Additional workshops to clarify model of care:

- Post-operative community care
- Role of care navigators/coordinators
- Digital interoperability and image sharing as part of the One London programme
- Transport/access
- Discharge arrangements



Proposed service locations and provider partnerships

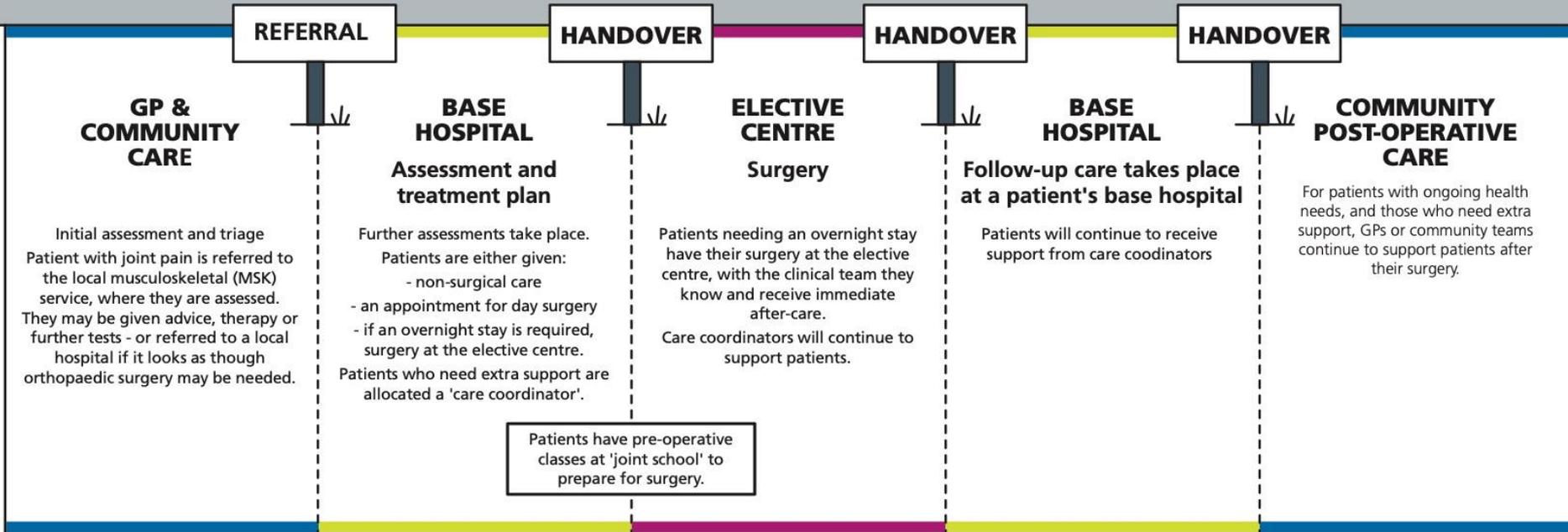
Patients will travel to the Elective Orthopaedic Centre for inpatient surgery. The surgeon from their base hospital will carry out the operation.



Proposed future patient pathway



A single elective orthopaedic service, delivered by a partnership of hospitals and formally overseen by a network of clinical staff.



Next steps

Autumn 2019

- Further work to refine model of care: following options appraisal
- Validating our plans: NHS England assurance and London Clinical Senate
- Commission: Equalities Impact Assessment and Transport analysis

September 2019

- Joint Health Overview and Scrutiny Committee: update and early conversation about consultation

September – November 2019

- Preparing for public consultation: involving partners

Early December 2019

- Formal decision-making: Commissioners asked to approve both the pre-consultation business case and decide to consult

December 2019 – early March 2020

- Public consultation – subject to agreement

Spring/early summer 2020

- Decision-making business case



Public consultation – plans in development

- Our proposals are a significant change for patients in NCL, who need elective orthopaedic care
- We plan to consult with affected parties to inform the next stages of the review and continue ongoing engagement with local residents, staff and stakeholders who could help to further improve the model and its implementation
- Prior to consultation a transport analysis and health inequalities and equalities impact analysis will be completed and published alongside the consultation document
- The plan is to begin a 12-week consultation in mid-December

Plans are at an early stage, and we welcome your views and feedback to improve them further



Preparation for a public consultation



Overseen by programme board. Taking into account:

- Meetings with Healthwatch organisations to facilitate public involvement
- Engagement advisory board

Consultation will draw on:

- Equalities and health inequalities impact assessment
- Travel and transport analysis

Who are our main audiences for consultation?

The people most likely to be affected by any change to the services:

- People who have experienced Adult Elective Orthopaedic care in the past, at one of the existing sites, or other sites in the vicinity
- Those waiting for Adult Elective Orthopaedic care and those who may need services in the future
- The families and carers of affected groups, including local residents and the public
- Community representatives, including the voluntary sector
- Staff in affected Trusts and other partners in health and social care

Key stakeholders:

- Relevant local authorities
- Elected representatives

Subject of the consultation:

We remain open to all suggestions and proposals throughout a consultation....

- How do people view the proposals and how they might be affected by them
- Any alternative suggestions that aren't covered by our proposals
- What matters to patients and families and how this could influence plans



Consultation process – basic principles

1

The **INTEGRITY** of consultation

The consultation must have an honest intention. Consultors must be willing to listen...and be prepared to be influenced...

2

The **VISIBILITY** of consultation

All who have a right to participate...should be made reasonably aware of the consultation

3

The **ACCESSIBILITY** of consultation

Consultees must have reasonable access, using methods appropriate for the intended audience...with effective means to cater for hard-to-reach groups and others

4

The **TRANSPARENCY** of consultation

Consultation submissions will be publicised unless specific exemptions apply. FOI requests can now be used to disclose data previously kept hidden.

5

The **DISCLOSURE** of consultation

Consultors must disclose all material information; consultees must disclose significant minority views when representing many parties

6

The **FAIR INTERPRETATION** of consultation

Objective assessment, with disclosure of weightings if used

7

The **PUBLICATION** of consultation

Participants have a right to receive feedback of the consultation output and of the eventual outcome of the process



Consultation feedback and evaluation process

Opportunities to get involved

- Open workshops for deliberative discussion
- Deeper-dive discussions on key themes identified in engagement
- Proactively arranged discussions with key groups
- Discussions at regular and existing meetings
- Meetings on request

Response channels:

- Response using the printed questionnaire (freepost return)
- Response using an online version of the same questionnaire
- Feedback captured at patient and carer groups
- Feedback captured at deliberative events
- Feedback given to our evaluation partner on the telephone
- Submissions via letter or email

Capturing the responses:

- All responses go to an independent third-party to ensure impartiality
- Responses will be monitored, emerging themes, reviewed and questions responded to
- Responses will be evaluated regardless of the feedback channel

Post consultation decision making:

- An evaluation of responses report will be developed by the independent third party organisation
- The programme will review, write a response and make recommendations to the JCC based on feedback received
- Final decisions will be made by the JCC

Discussion

HOSC members are asked to:

- **Note** the further progress of the review since the June 2019 meeting
- **Comment** on the outcome of the options appraisal process and proposed model of care
- **Feedback** on early plans for consultation and offer input into the emerging plan



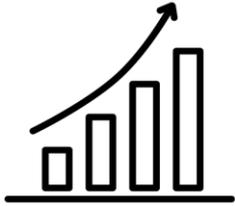
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Appendix: supporting information

Our case for change: opportunities to improve patient outcomes and experience



Rising demand for services

9.5% increase in activity, forecast to 2029



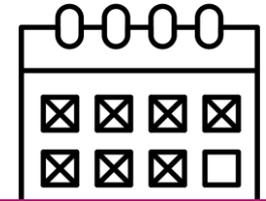
Waiting times

As of January 2019, over 10,500 NCL residents were waiting for orthopaedic surgery



Cancellations

In 2018/19 across NCL there were 10 cancellations a week – almost all on the day of surgery



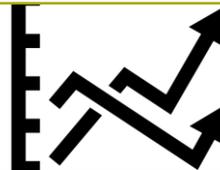
Inconsistent length of stay

Higher total length of stay than the English average in two out of four organisations



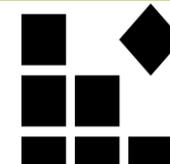
Variation in patient experience of care

Average PROM* scores were lower than the national English average



Infection, readmission and revision rates vary across providers

This leads to variation in the quality of care



Fragmented commissioning landscape

This contributes to variation in the quality of care

* PROMS – patient recorded outcome measures



Where services are delivered at the moment...



Adult elective orthopaedic surgery currently takes place at ten different hospital sites in north central London



Feedback from engagement

What we heard...

How this has influenced the next steps of the review...

Patient experience:

Vulnerable patients might find it difficult to travel to and find their way around

- **Clinical delivery model:** Inclusion of care co-ordination function
- **Options appraisal:** Scored section on vulnerable patients within the patient experience section.

Continuity of care:

Location of pre-operative assessments and post-operative care/rehabilitation were a concern

- **Clinical delivery model:** is specific about which organisation is responsible for pre-operative assessment and patient education sit in the pathway.
- **Options appraisal:** providers asked to give detailed consideration of how they will deliver both pre-operative assessment and patient education in their proposals

Patients with complex needs:

It was not clear where patients with complex needs would have their surgery.

- **Clinical delivery model:** To include an essential requirement for all elective centres to have an HDU.
- **Options appraisal:** Assessment of proposals around inclusion of HDU, case-mix and managing clinical complexity.

Integration:

Contributors stressed the importance of joined-up working. Integrated IT systems are also important

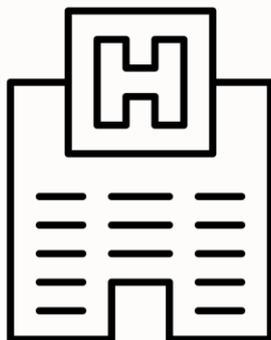
- **Clinical delivery model:** To include a section on digital requirements
- **Options appraisal:** IT and digital considerations are included as part of the deliverability score

Travel:

There were repeated comments suggesting that an in-depth transport analysis should be considered

- **Clinical delivery model:** To include a section on travel and transport arrangements
- **Options appraisal:** Patient experience will specifically address travel and transport arrangements
- **Public consultation:** a detailed travel analysis will need to be carried out and published as part of public consultation.

Tiers of hospital in the network



Base hospitals

Support the operation of the elective orthopaedic centres as part of a clinical network, manage outpatients and post-operative follow-up, some day-cases and all trauma care alongside an A&E

Elective orthopaedic centre(s)

Able to undertake a mixture of some complex and all routine elective activity.

Super specialist hospital

Undertake only tertiary and complex patients that cannot be appropriately cared for in local or elective hospitals.

This super specialist work **does not form part of this review.**

Clinical design principles – agreed December 2018

