



NORTH LONDON PARTNERS
in health and care

North Central London's sustainability
and transformation partnership



NCL Adult Elective Orthopaedic Review – Evaluation of responses to the consultation

London Borough of Barnet – Health Overview
and Scrutiny Committee

Anna Stewart, Programme Director
5 October 2020



Timeline...what's happened so far

1 February 2018...

- NCL joint commissioning committee (JCC) signed-off the mandate for the review of adult elective orthopaedic services in north central London

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 held 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

January 2019

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

May 2019

- 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 - December 2019

- Drafting of pre-consultation business case
- NHS England assurance process

January 2020

- JCC approved the pre-consultation business case and made the decision to publicly consult

13 January to 6 April 2020

- **Public Consultation on proposed model of care**

Contents

- Summary of the proposals for consultation
- Summary of findings from the consultation
- Summary of the findings of the final stage of the Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)
- Impact of Covid-19 on the proposals
- Next steps in the process
- Confirmation of the proposal that will be put forward for approval and areas that will be covered in the decision-making business case
- Appendix with further detail on consultation findings



Supporting materials

Copy of the full consultation document can be found at:

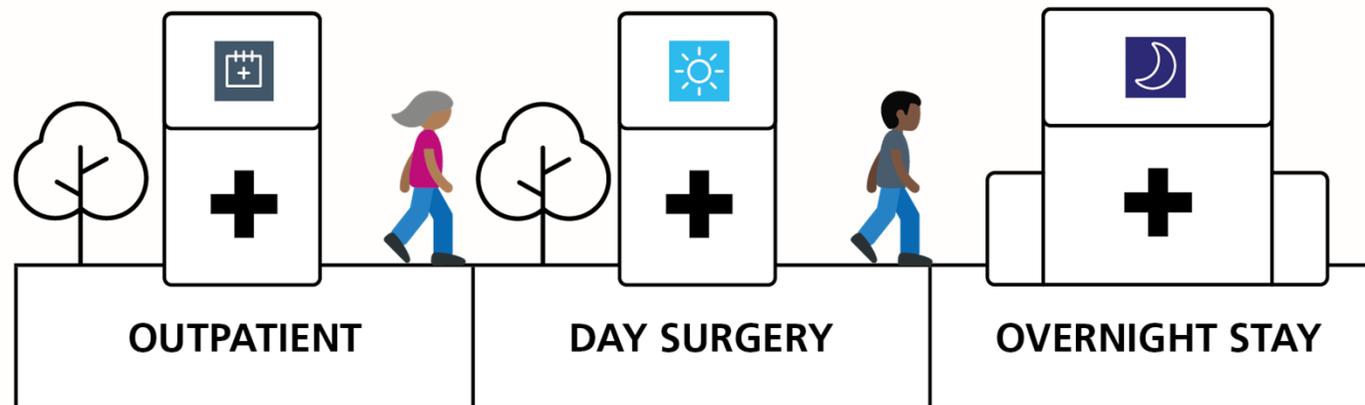
- https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NLP_Orthopaedic-review_FINAL-1.pdf

Full copies of the Consultation Outcome Report and third and final stage of the health inequalities and health equalities impact assessment can be found at:

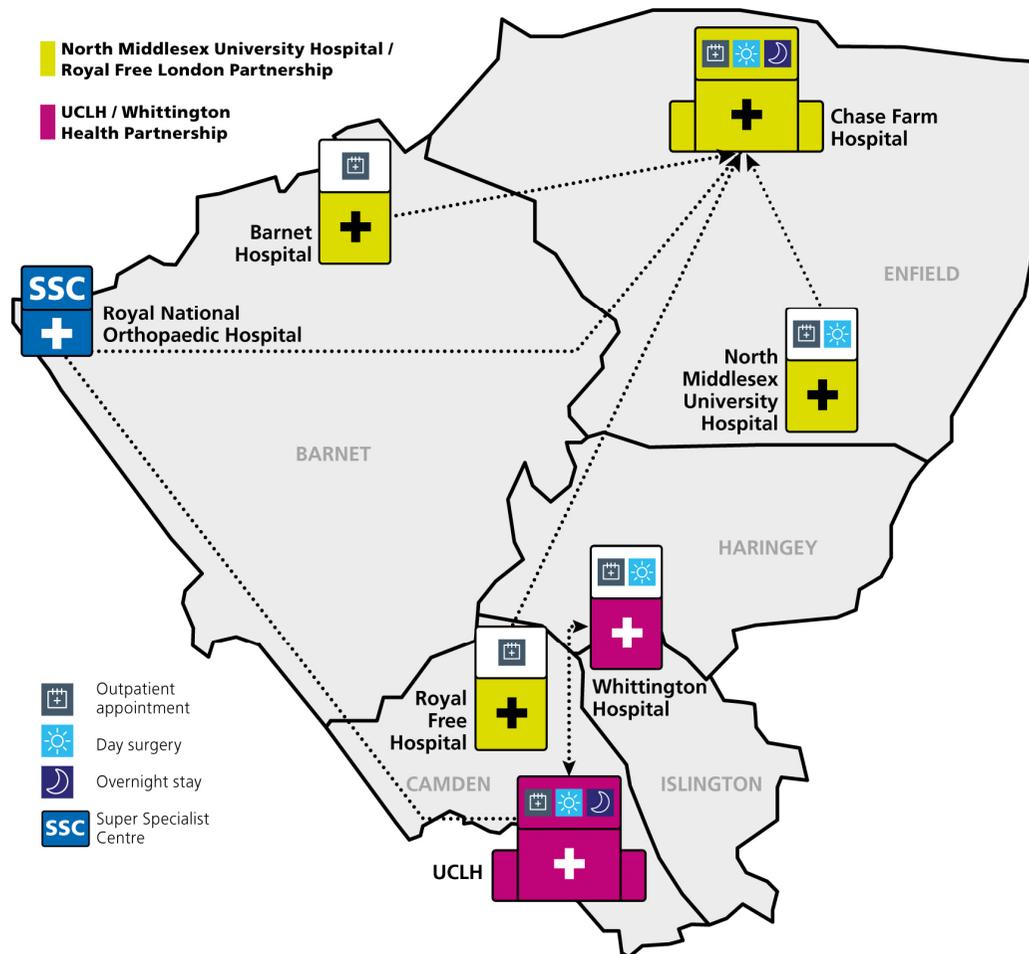
- <https://conversation.northlondonpartners.org.uk/orthopaedics-evaluation-reports/>

Summary of our proposals

- Two partnerships for planned orthopaedic care:
 - **University College London Hospitals** working with **Whittington Health**
 - **The Royal Free London Group** (Royal Free Hospital, Barnet Hospital, Chase Farm Hospital) working with **North Middlesex University Hospital**
- **Chase Farm Hospital** and **University College London Hospital** with dedicated operating theatres and beds, for patients who need to stay overnight
- **A choice** of NHS hospitals for those needing **day surgery**
- **A choice** of NHS hospitals for **outpatient appointments**



Where would patients go in future?



Patients would choose one of the two partnerships

The choice would determine where outpatient care and surgery would take place

GPs and physiotherapists would support decision-making

The public consultation

- The consultation plan was developed with input from providers, patient representatives and Healthwatch colleagues
- It drew on the equality impact assessment which indicated those groups who could be most impacted by the proposals
- Public consultation ran from 13 January to 6 April 2020
- Used a wide combination of methodologies
- Last few weeks impacted by the Covid-19 Pandemic, and 20 events scheduled between 16 March and 6 April were cancelled
- Following consultation with the JHOSC chair, the remainder of the consultation was conducted virtually, through:
 - Targeted telephone interviews (focusing on groups identified as potentially more impacted)
 - Reminders to third and voluntary sector contacts for a response to the consultation.

Consultation exercise – levels of participation



Three deliberative events

(open for attendance of all stakeholders and residents across NCL)



66 meetings

with stakeholder groups at which there were **1205 attendees**



12 outreach sessions

with information at NHS trusts, libraries, community events and community centres



595 survey responses



31 emails, letters, forms of media, including 24 responses from a range of professional bodies

Overarching findings from all feedback channels

Support

- Over three-quarters of respondents supported the proposals
- They thought they were likely to lead to improvements in elective orthopaedic care
- Service delivery developments (e.g. care coordinator) were seen as positive and likely to improve patient experience
- Separation of emergency and elective services was viewed as positive.

Concerns

- Concerns were raised around travel and accessibility especially for older people, those with disability and individuals on low incomes
- Also raised was inconvenience of staff travelling between sites, leading to productivity issues and dissatisfaction

Consultation itself was praised, with participants feeling there had been a wide scope of influence

Specific findings in relation to key equalities groups

Age

Over-reliance
on new
technology

Travel may be
difficult

Public transport
considerations

Deprivation

Cost of travel
and parking

Free transport
is 'difficult to
access'

Disability

Joined up
approach
needed

Accessibility of
buildings is
important

Accessibility of
transport
options

Ethnicity

Language
barriers need
consideration

Transgender

Disclosing
transgender
status can be
'scary'

Lack of staff
understanding
and awareness
needs
addressing

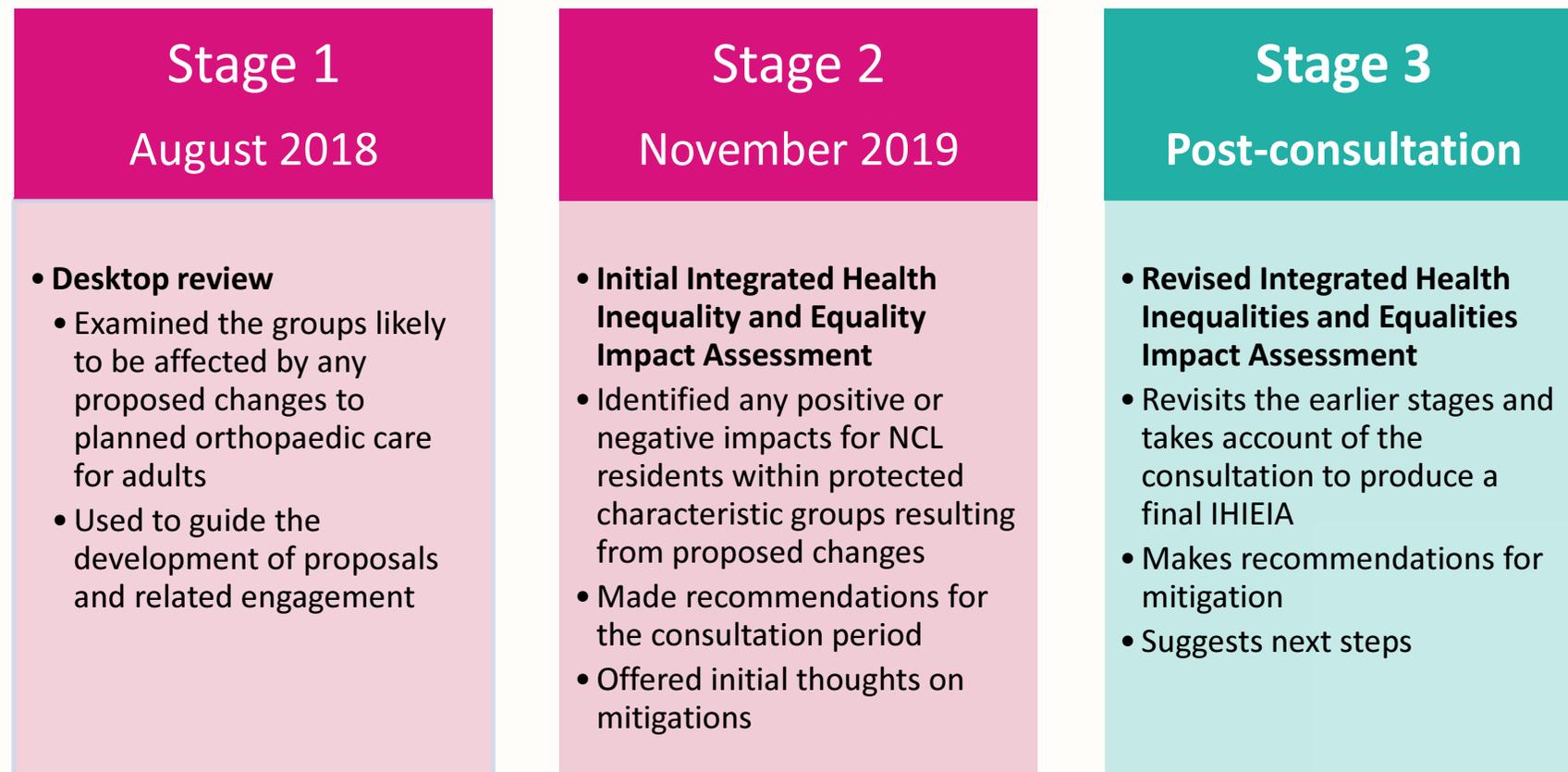
Carers

Positive and
willing to travel
for better care

Concerned
about time
spent in
outpatient
appointments

Finding
adequate cover
when having
surgery

Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)



Aims of the stage 3 IHIEIA

- To consider whether the process successfully incorporated the suggestions made in Stages 1 and 2 and to identify any gaps which might still need filled, including and considering the needs of the protected characteristic groups
- To compile a 'long list' of mitigations put forward throughout the entire process, including during the consultation, from which a 'short list' of mitigations would be considered for validation

A validation workshop took place in July 2020 in an online workshop attended by a cross-section of stakeholders

Mitigations suggested

- **Identifying patient needs** – early and comprehensively
- Using systems for **patient held documents** – for example carers' passports, carers' packs and My Health Matters' passports
- Ensuring the **care coordinator role** has the necessary scope
- **The provision of accessible information** – making information accessible to everyone who needs it, at the right time and in the right place
- **Leading at network level** to ensure consistency, avoid duplication and lead on high-level negotiations with partners

A detailed mitigations report is available on the NLP website alongside the final stage of the IHIEIA – link at the start of the presentation

The impact of Covid-19

- Covid does not impact on the decision-making process or change what was heard in the consultation. In fact the model of care on which we consulted – separating emergency and planned surgery – is the model that other specialities are now being asked to adopt to meet the new Covid-19 requirements.
- We are therefore confident that the model of care set out in the consultation will meet the challenges of the post-Covid environment as well as those that were set out in the consultation.
- Before progressing with the decision-making business case, all CEOs of the Trusts involved confirmed their commitment to implementing and that this was part of their approach to elective recovery.
- The context of the Covid-19 pandemic will be assessed in the decision-making business case, including:
 - Increases to waiting lists (as a result of cancelled surgery from March to August)
 - The requirement for planned and emergency care to be separated to meet infection control guidance
 - Delivery of digital options and virtual consultations

Decision making

- **NCL Joint Health Overview and Scrutiny Committee considered the public consultation at its meeting on 4 September 2020 and followed up with letter on 15 September 2020** which confirmed that the ‘consultation with local authorities is of sufficiently high quality and meets the standards we expect as the joint health overview and scrutiny committee for the five boroughs of north central London’. Going on to state that the JHOSC ‘believe the proposal is in the interest of the health service in the areas and the care for our residents and patients’.
- **NCL CCG Governing Body on 24 September 2020** reviewed the independent evaluation of the public consultation, the final stage of the IHIEIA, and was asked to approve the decision-making business case to proceed with the implementation on the new model of care
- **The decision-making business, is published here:**
<https://northcentrallondonccg.nhs.uk/meetings-publications/governing-body/>
 - Confirmed the intention to proceed with the overall model of care as set out in the public consultation and set out way in which the areas of concern that were raised in the public consultation are being address in the detail of the service model
 - Set out the changing context in terms of Covid-19 and how the proposed model of care meets these new challenges
 - Updated the financial modelling from the pre-consultation business case and the plans for implementation assurance and how the clinical network will operate and its governance

Learning from the consultation

Consultation and engagement process

- Local engagement throughout improved the proposals and ensured that they would be effective for the majority
- Good relationships with community groups and the support of stakeholders is key to getting good reach
- Keeping people involved along the way is important
- Shaping consultation exercises so that the voices of those most impacted can be heard.

Consultation findings

- People are broadly supportive of the principle of creating specialist centres – with caveats
- A focus on equalities is key; the needs of carers, economically deprived groups and others were key to the consultation process
- Access is a major concern for some groups and should always be considered alongside clinical factors.



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Appendix: detail of the consultation findings



Ways to respond

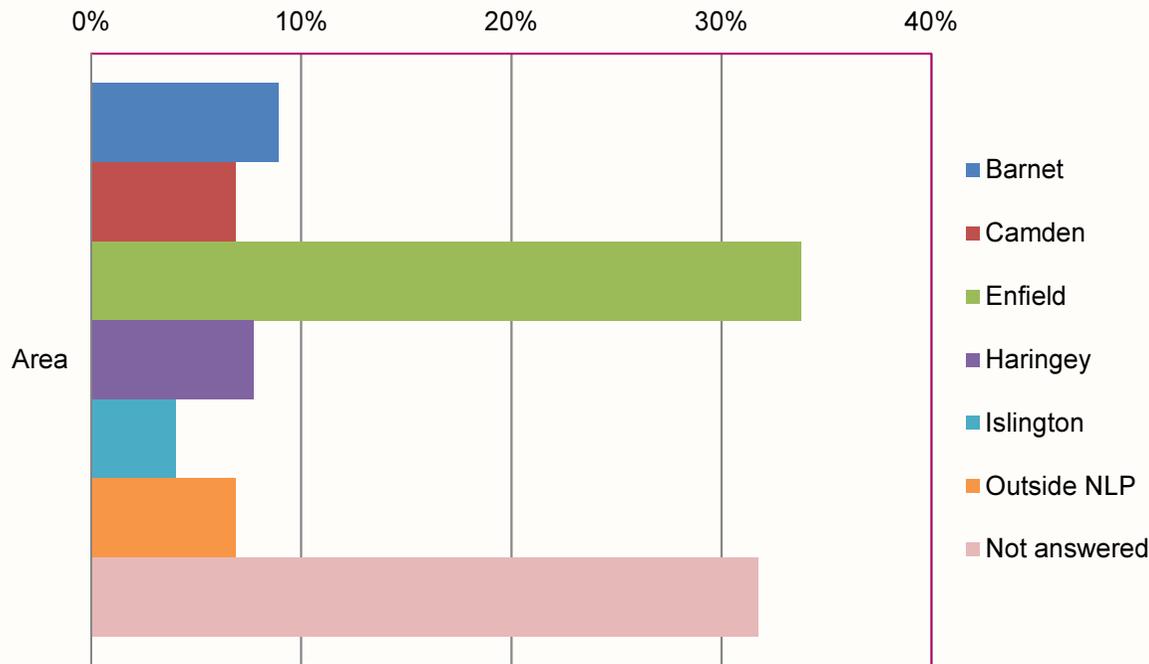
- Answering questions in a structured questionnaire
- Meetings organised by NLP team with stakeholder groups
- Meetings organised by NLP team with specific equalities groups
- Deliberative events (round-table discussions)
- Outreach sessions in the community such as information stands in public buildings
- Individual telephone interviews (transgender, carers, BAME)
- Using a dedicated phone line for feedback
- Written responses by freepost or email
- Social media responses were also monitored.

How the consultation was promoted

- Distribution of materials to health, care and community sites
- Promotion on partner websites
- Social media promotion
- Promotion in printed materials and newsletters
- Promotion in the media
- News stories about the consultation appeared in print and online.
- Facebook advertising campaign (reach of 10,848 people)
- Email campaign to community and voluntary sector in NCL (1,193 community and voluntary sector organisations and community groups)
- NCL Residents' Health Panel (800 members)
- Voluntary sector organisations, Healthwatch organisations, Royal Colleges and other relevant statutory and professional bodies were invited to feedback on the proposals via the questionnaire or in writing.

Who responded – by borough

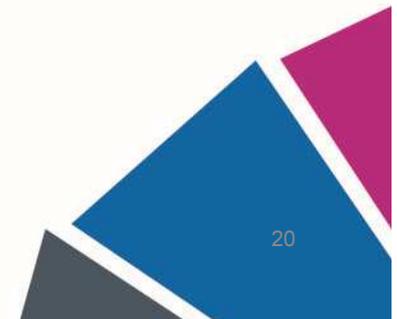
Response by postcodes/actual numbers



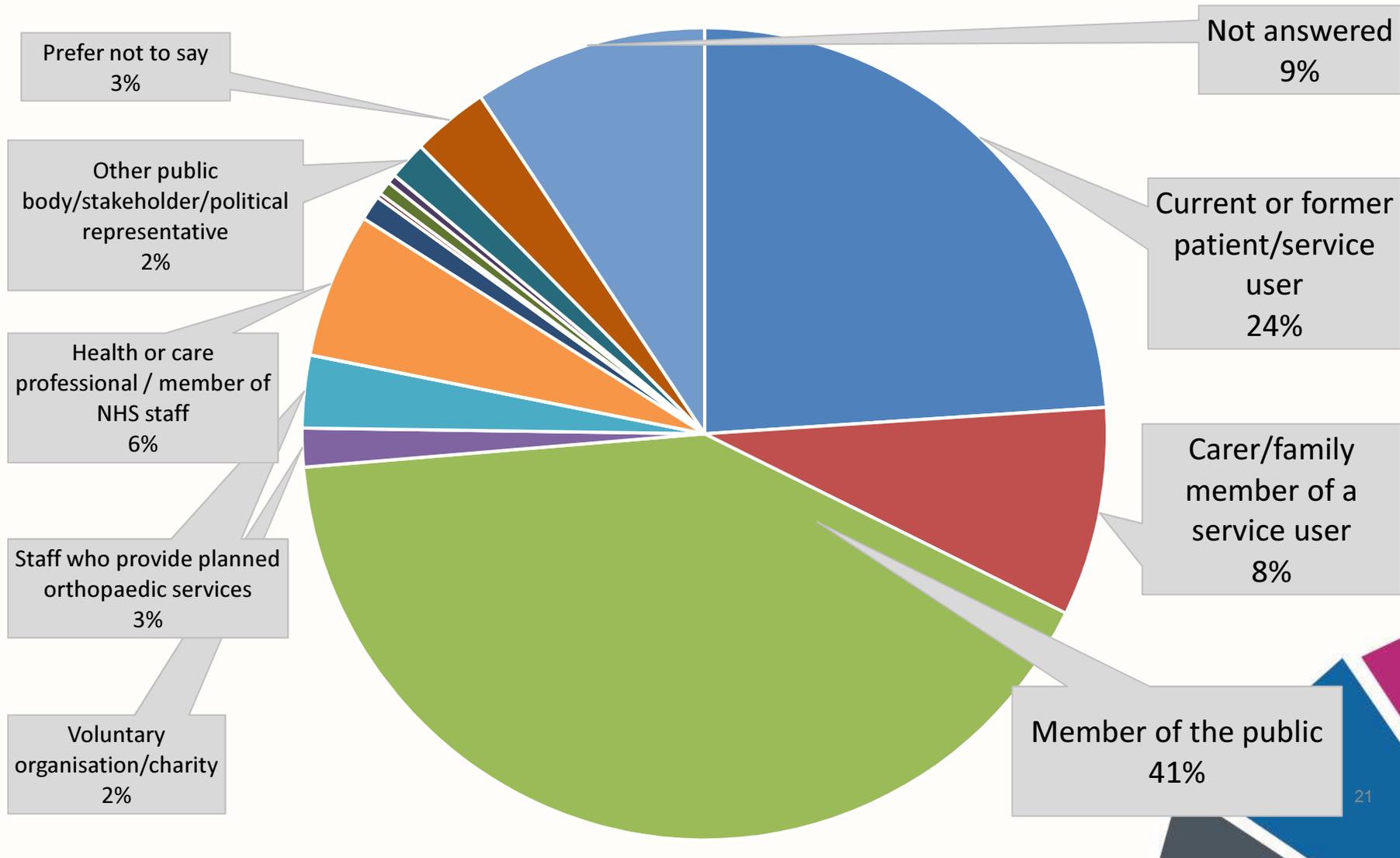
595 responses to the questionnaire

Barnet = 53
Camden = 41
Enfield = 201*
Haringey = 46
Islington = 24
Outside NLP = 41
Not answered = 189

*includes 107 separate
Enfield Healthwatch
surveys



Who responded – respondent type





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Themes arising from the feedback



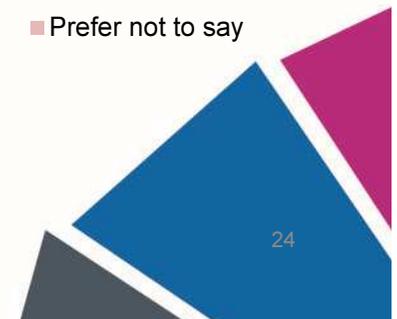
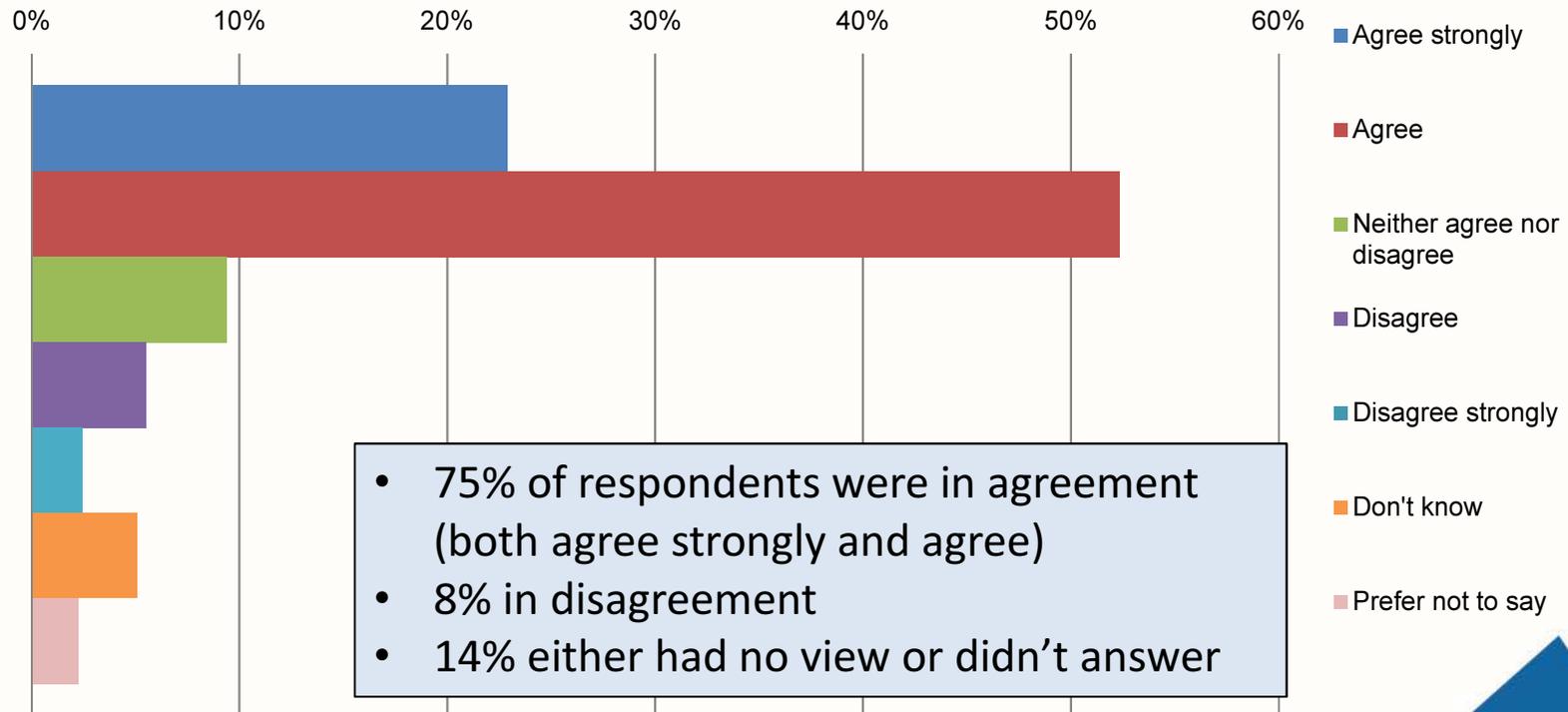
Responses to the questionnaire



595 responses

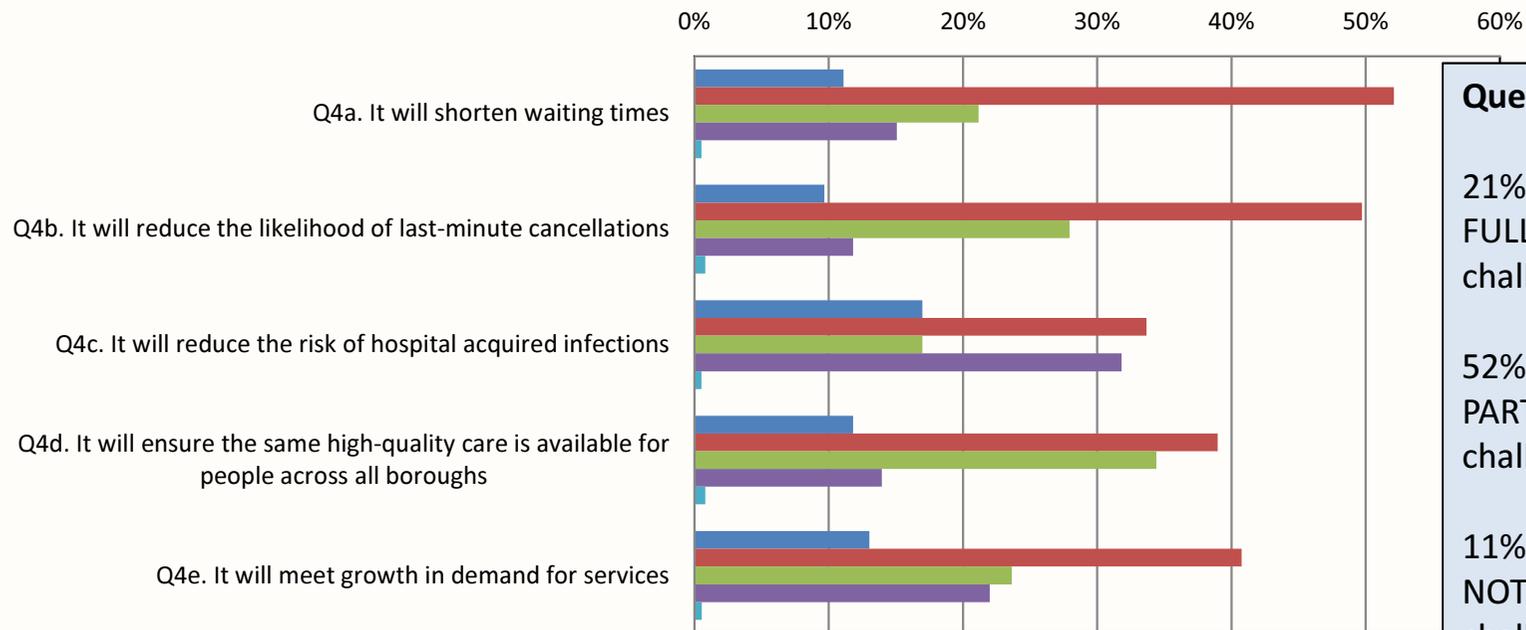
Overall levels of agreement

Q3. Having read or discussed the proposals to what extent do you agree with them?



Will proposals address the challenges?

Q4. Please indicate from the list below, the extent to which you agree that our proposals will help to address these challenges:



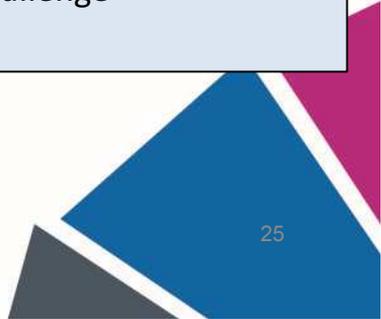
Question 4a answers

21% thought it would FULLY address the challenge*

52% thought it would PARTIALLY address the challenge*

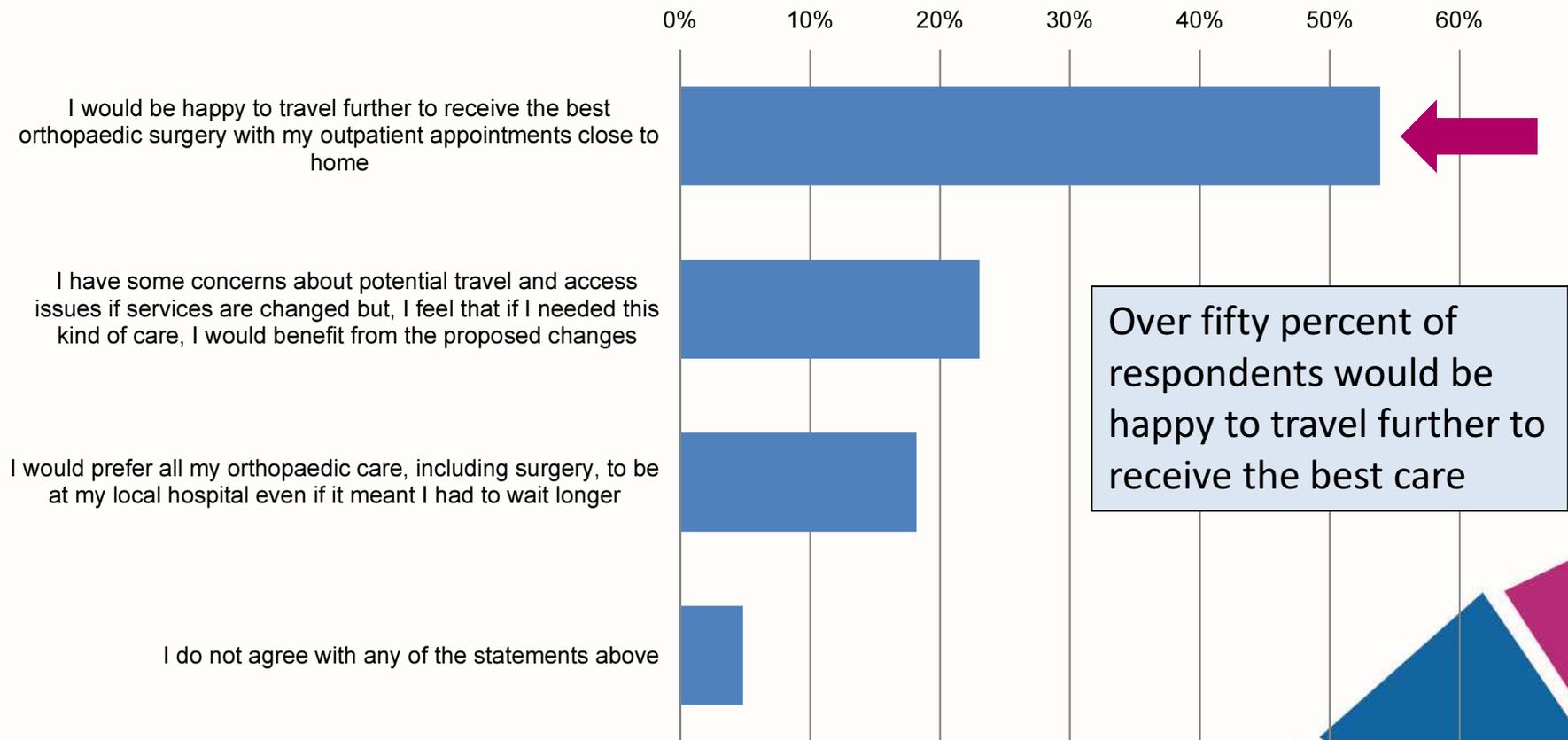
11% thought it would NOT address the challenge*

■ Will NOT address these challenges at all ■ Will PARTIALLY address these challenges ■ Will FULLY address these challenges
■ Don't know ■ Prefer not to say



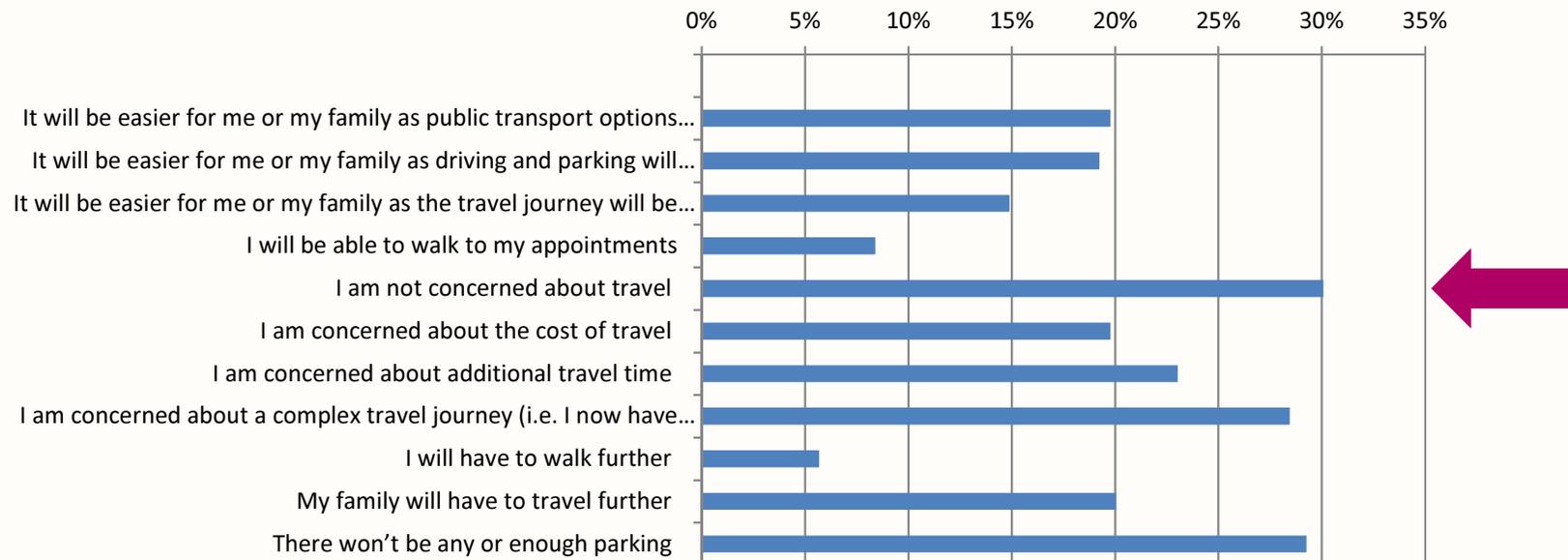
Getting to appointments

Q5. From the list below, please choose one statement that most closely matches your feelings about, or experiences of, accessing planned orthopaedic surgical care.



Feelings about travel

Q6. When considering our proposals, please read through the statements below and select those that most closely match your feelings about travel.



- Approx a **third** not concerned about travel
- 20% felt it could be easier as public transport options would be improved/easier to drive and park.
- Approx a **third** concerned about potentially undertaking a more complex journey/parking
- **20%** concerned about cost of travel, travelling further and additional travel time

Access to healthcare information

Q7. How would you prefer to access information about your healthcare – such as results of tests, appointment information and doctors' letters?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	21%	28%	13%	6%	3%	29%
b. By telephone	8%	15%	12%	19%	5%	40%
c. Via emails sent to me from the hospital	30%	25%	8%	5%	3%	29%
d. In person at appointments	23%	24%	14%	2%	1%	36%
e. Via a secure hospital website	13%	14%	11%	13%	5%	43%

Via email sent to me from the hospital was preferred by **55%**
 Post was preferred by **49%**
 In person at appointments was preferred by **47%**

Giving information prior to surgery

Q8. Prior to an operation surgical teams need to gather information about patients to help them plan the care needed. Gathering this information early makes care better. If you had to give this information in advance of an appointment, how would you prefer to do this?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	13%	21%	14%	12%	6%	33%
b. By telephone	10%	18%	12%	14%	6%	40%
c. Replying to emails sent to me from the hospital	25%	24%	9%	6%	4%	31%
d. In person at appointments	30%	24%	12%	2%	0%	32%
e. Via a secure hospital website	15%	15%	11%	12%	6%	41%

In person at appointments was preferred by **54%**

Via email sent to me from the hospital was preferred by **49%**

Post was preferred by **34%**

Preferred methods for follow up

Q9. After surgery, when a patient leaves hospital, a member of the team contacts them to check on their progress. What is your preference for how this would happen?

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. Via a questionnaire from the hospital that I would return in the post	6%	7%	11%	12%	7%	56%
b. By telephone	29%	27%	14%	11%	3%	17%
c. By responding to an email from the hospital	22%	24%	13%	15%	4%	22%
d. In person at appointments	35%	29%	19%	2%	1%	14%
e. Via a secure hospital website	13%	16%	18%	19%	8%	26%
f. Via a video service (such as Skype, Facetime or similar)	15%	13%	14%	21%	14%	23%

- o In person at appointments was preferred by **64%**
- o By telephone was preferred by **56%**
- o By responding to an email from the hospital was preferred by **46%**

Care coordinator role

Q10. In our proposals, we have introduced a 'care coordinator' to support patients with additional needs (such as dementia, autism, mobility needs or learning disabilities).

- Most comments were positive
- Focusing on communication needs and language/format
- Clear communication with patients, their family and carers to help join up care and explain procedures such as discharge
- Making assessments and providing reasonable adjustments
- Having access to patient information and records
- Need sufficient time to provide an individual service

Ways that proposals could be improved

Q11. Please tell us your thoughts on how we might change or improve our proposals so that you (or someone you care for) can use them.

(Specific reference to Equality Act 2010)

- Most responses were positive or offered suggestions for improvement
- Some responses stated that patients should be given more choice
- There were some additional concerns raised about transport and public transport availability
- Considering the needs of the elderly and disabled were also mentioned
- A few comments related to the decision being a foregone conclusion or a biased consultation.

Responses at discussion groups, meetings and interviews



**81 feedback groups and telephone
interviews were undertaken**

Numbers indicate the frequency of mention

Top five themes from meetings

Should provide a
faster service and
reduce waiting times

The majority of groups
agreed that the changes
made sense

What is the timescale?

Tell patients what to
expect post-surgery to
enable self
management

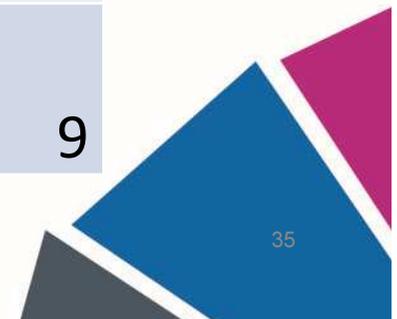
We need more
information



Top five themes from meetings

Views on whether the proposal will address the challenges faced

Support this initiative	25
Should shorten waiting times	14
Should reduce cancellations	14
I am not concerned by the proposals	11
Don't know how these changes will be effective	9



Top five themes from meetings

Views on the what is important to people in terms of patient experience and travel

Travel for deprived areas and vulnerable people	27
Chase Farm is not very accessible/by public transport	23
Better bus service/public transport required/speak to TfL	23
Patient transport home after surgery may be required	22
Travel time and distance need to be considered	22

Top five themes from meetings

Views on the role of the care coordinator

Support and assist	38
A good idea	35
Provide information in the appropriate form/ language (easy read/learning difficulties etc)	33
Keep the patient informed	26
Co-ordinate care/with medical team/ communicate	21

Top five themes from meetings

Ensuring the needs of everyone in the community are met

Patient transport/travel cost to patient	9
Information about transportation options	8
Provide disabled/wheelchair facilities	7
Make access by public transport easier	6
Easy read versions for learning difficulty	6