TRIGGER TEMPLATE

Scrutiny welcomes early drafts of this form for proposals 'under consideration'.

NHS Trust or body & lead officer contacts:	**Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:**
Our Healthier South East London **Programme Director – Mark Easton** **Planned Care Senior Responsible Officer - Sarah Blow, NHS Bexley CCG**	Partnership of the 6 South East London CCGs: - NHS Lambeth CCG - NHS Southwark CCG - NHS Greenwich CCG - NHS Lewisham CCG - NHS Bexley CCG - NHS Bromley CCG

Trigger	**Please comment as applicable**
1 Reasons for the change & scale of change	
What change is being proposed?	Consolidation of inpatient elective orthopaedic surgery for south east London patients from the existing seven sites (six within south east London) to two sites (to be determined) Four providers have put forward site proposals to host an elective orthopaedic centre (EOC) in this model: - Guy's Hospital - Lewisham University Hospital - Orpington Hospital - Queen Mary's Hospital
Why is this being proposed?	 EOC case for change v1.2 - with consolidat The case for change has been approved by the SEL Committee in Common in March 2016. Summary points:

	Case for change
	Meeting future demand — Additional capacity will be needed to deliver elective orthopaedic care by 2021 based on demographic and non-demographic growth.
	Patient experience — Trusts are struggling to manage with existing capacity which impacts waiting times
	Cancellations of planned procedures are regularly occurring which have an adverse impact on patient experience
	While length of stay has improved it remains below the London average at most sites in SEL
	Patient reported experience is variable across SEL
	Quality, safety and outcomes — Elective orthopaedics requires an environment in which the infection and complication risk is minimised
	Evidence shows variability in hospital infection rates across South East London and trends over time in hospital infection rates show further improvements are possible
	Readmission rates are in line with the national average but there may be further opportunities to reduce further
	Litigation costs are rising in the NHS and orthopaedic surgery account for about 14% of total claims
	Surgeons undertaking low volumes of specific activities that may well result in less favourable outcomes as well as increased costs.
	Wider benefits — There are opportunities to improve data collection and achieve wider productivity benefits
	Following the evaluation panel, configuration options that will be considered by the Committee in Common fro consultation will be shared with JHOSC
What is the scale of the	Current patient volumes in south east London for elective orthopaedic inpatient surgery (excluding complex spines) are ~ 6,200

change? Please provide a simple budget indicating the size of the current investment in the service, and any anticipated changes to the amount being spent.	procedures per year. We expect this to rise up to 8,500 in the mid case growth scenario, but could rise up to 11,000 in the high case scenario. Evaluation of the current and expected future costs of services under the configuration options will be analysed as part of the evaluation process.
How you planning to consult on this? (please briefly describe what stakeholders you will be engaging with and how) . If you have already carried out consultation please specify what you have done.	**1.Pre-consultation** Engagement has been an on-going process for the programme, with patients, the public and key stakeholders involved at every stage of developing plans. As thinking became more refined, our approach to this strand of engagement has focused on involving people most impacted by any changes to planned care services. In early 2016, together with our communications and engagement colleagues in Clinical Commissioning Groups, we developed a pre-consultation plan. The purpose of the pre-consultation phase was to inform the full public consultation by discussing the proposals, informally, with local stakeholders. We sought feedback on both the content of the proposals for formal consultation as well as the way people wanted to be involved in the full consultation. Informed by the equalities analysis, our focus was to engage with key stakeholders and people from communities most affected by any proposed change, understanding any potential impacts and making recommendations to the programme about necessary mitigations. For groups who would be most impacted by any potential changes (as identified through the equalities analysis) we held focus groups, events and telephone interviews to understand more about how they could be impacted and what could be done to mitigate against any negative impacts and how we could enhance any positive impacts. In-depth conversations were held with the following groups: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. **2.Consultation**

	2.1 Engagement activities We have developed a detailed communications and engagement plan for each stakeholder, which will be shared with the JHOSC at it's October meeting. However, below is a broad outline of our approach for each main group of stakeholders. In addition to these specific activities we will also make a broad offer to all stakeholder to attend any meetings/briefing upon request. We will evaluate our approach and reach throughout the consultation process. Our activities will be refined and developed in light of what we learn. Our communications and engagement steering group will be integral to these reviews – supporting us to ensure that there are no gaps in our engagement and that our approach is tailored to the audience. **2.1.2 Patient, Public, Community Engagement** We will use a range of communication and engagement activities - informed by the equalities analysis and need of each group. A targeted approach will be taken with communities identified as being most affected by any potential change to service. These groups, and why we are targeting them, are detailed below. **2.1.2 Equality groups – most impacted .** The results of the equalities analysis indicate that these groups should include: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities (long term conditions); people who have learning disabilities; white women and people undergoing gender reassignment. We will hold in-depth discussions via: • **focus groups** or **meetings** with people from all of the nine protected characteristics (plus carers and those from areas of socioeconomic deprivation). We will hold additional sessions with communities who are most impacted by any change. These focus groups will be delivered by an independent organisation to preserve objectivity of response. **2.1.3 The general public** For interested members of the public we will: • hold local deliberative **meetings** throughout the consultation period. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. The public events will be independently delivered. • work with **local authority colleagues** to ensure that materials are circulated via their local channels including through resident associations. • run **tweet chats** for people to share their feedback through

- hold **roadshows** on provider sites and in other locations to raise awareness
- run a **'consultation hearing'** and invite people to submit evidence in advance. This will be held mid-way through the consultation and will be independently facilitated and chaired. It will give interested people and groups the opportunity to challenge our case for change and to provide their own evidence for how services should be run.

2.1.4 Healthwatch

As a key stakeholder with connections to local people and communities we will:

- hold **briefing workshops** with key colleagues from each local healthwatch organisation to ensure they are up to date with the work and can signpost people to our work.
- work with our healthwatch colleagues to **cascade information** to their networks and contacts, uploading information onto their websites and including in relevant bulletins.

2.1.5 Interest groups

We will:

- offer to hold briefing meetings with members of local interest groups, including, but not exclusively, Keep Our NHS Public and Save Lewisham Hospital.
- Invite local interest groups to attend our '**consultation hearing'** – submitting evidence in advance to support their case.

2.1.6 Voluntary and community sector

Voluntary and community sector colleagues will be kept up to date by emails and bulletins. In addition we will:

- invite them to attend our public borough based meetings.
- continue to involve them in our planned care reference group.
- offer to attend any meetings that they would like our presence at.

2.1.7 Past, present and future service users

Our activities with past, present and future services users will largely be conducted through our provider colleagues who have access to the relevant contact details. Working with provider colleagues we intend to:

- circulate information to past, present and future service users – signposting people to our website, consultation document and response forms.
- invite interested people to our public events (to be held close to the end of the consultation period).
- hold a road show at key orthopaedic areas in each trust – which service users will be invited to attend. The purpose of the road show is to raise awareness of the work and signpost people to our consultation document and response form.

3. Stakeholder mapping

The table below outlines a range of the key stakeholder groups we anticipate having an interest the changes to planned orthopaedic care and in our consultation activities. This is open to amendment during the consultation and we will adapt as we go along.

Patient and the public	**Healthcare professionals/providers**	**Third sector/partner organisations**	**Political**
Residents who access services in south east London	GPs and primary care staff	Voluntary and community sector providers	Local MPs
Local patient/resident groups	Orthopaedic staff	Independent sector	Joint Health Overview and Scrutiny Committee
Interest/issues groups	CLAHRC and other research bodies	Orthopaedic charities	Health and wellbeing boards
Equality groups – most impacted	CCG staff and commissioners	Voluntary community sector (user/carer/advocacy)	Other LAs (councillors, leaders, OSC chairs, directors of social care)
Patient Participation Groups (PPGs)	GP members	Healthwatch organisations	London Assembly members
Media	British Orthopaedic Association	Council for voluntary services	Mayor of Lewisham
	Provider trusts	Health Education South London (HESL)	
	Local medical councils	Local CEPNs	
	Department of Health	Universities and Medical Schools	

		NHS Improvement	Provider governors and membership	
		Staff Unions	Academy of Royal Medical Colleges	
		Acute provider staff (non-orthopaedic)	Health Improvement Network (HIN) South London	
		Community services providers/staff	Housing organisations	
		Mental health trusts / staff	Staff in neighbouring areas	
		London Ambulance Service		
		Physiotherapists – acute and community		
		Neighbouring CCGs (Wandsworth, Croydon, Dartford Gravesham & Swanley)		
		Provider board, governors and members		

2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	Providers have submitted proposals on how they would host and EOC – this includes description of how they would implement increased opening hours such as weekend operating.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	Changes will result in the withdrawal of in-patient elective orthopaedic surgery from five of the existing seven sites. Outpatients, day case surgery, trauma and other clinical services will be unaffected and continue to be provided at existing sites.
Relocating an existing	In-patient elective orthopaedic surgery from across the current seven sites will be provided on two sites. This will result in an

service	expansion of facilities to meet this demand.
Changing methods of accessing a service such as the appointment system etc.	Referral pathways will not change. Patients will still be able to choose their local hospital and surgeon and will attend out patients appointments pre and post surgery at their local trust. For some patients requiring in patient elective orthopaedic surgery, there may be additional travel required compared to the current configuration to meet access
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	Through the Equalities Steering Group, the programme has looked detail at the planned care workstream, advising on pre-consultation activities – ensuring protected characteristics are appropriately involved and considered. The group comprises CCG engagement and equalities leads, patient and public voices and public health specialists. In order to support public consultation and to fulfil our statutory obligations under the Equality Act 2010, the programme has commissioned a three stage Equalities Analyses to specifically focus on the planned elective orthopaedic workstream. This analysis will help to demonstrate that we have considered the potential impacts on those with protected characteristics, and have sought to mitigate and/or limit the impact our proposals may have on identified groups. The Equalities Analyses is formed of three parts; scoping, consultation and post-consultation, which builds on an earlier Equalities Analysis. These analyses will form part of our on-going thinking, and shape our pre-consultation and consultation activities to inform decision making. The initial scoping report (completed July 2016) outlined a number of groups most likely to be most impacted by changes to planned orthopaedic services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within these groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. This report will be available to JHOSC at it's October meeting. Our approach to pre-consultation and consultation focuses engagement with these most impacted groups.
3 What patients will be affected?	**Briefly describe:** **(please provide numerical data)**
Changes that affect a local or the whole population, or a particular area in the	These changes would mean patients within south east London would in future have their routine and complex elective orthopaedic surgery at one of the two centres. Our evaluation criteria include specifying that any configuration must have one centre in inner south east London and one in outer south east London. Current patient volumes are described above (circa 6,200 per annum)

borough.	Only a very small number of very medically complex patients who require the back up of specific services will continue to have their surgery at some existing sites.
Changes that affect a group of patients accessing a specialised service	N/A
Changes that affect particular communities or groups	The initial Equalities Analysis scoping report (completed July 2016) outlined a number of groups most likely to be most impacted by changes to planned orthopaedic services, including: older people; carers; people who live in areas of socioeconomic deprivation; people with physical disabilities; people with learning disabilities and people undergoing gender reassignment. Within the groups, particular efforts were made to ensure there was representation from white women (also disproportionately affected by changes to planned care services) and people from BME backgrounds. Our approach to pre-consultation and consultation focuses engagement with these most impacted groups.
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	N/A
Delivering care using new technology	N/A
Reorganising services at a strategic level	Under the agreed model, patient activity will continue to remain under the existing providers, however there will be a south east London wide elective orthopaedic network that will oversee the clinical, operational and financial running of services at the two EOCs. All providers will be represented on this network.
Is this subject to a procurement exercise that could lead to commissioning outside of the NHS?	This process has not taken the form of procurement. At this stage in the process commissioners are wishing to take feasible proposals to the public for feedback/consultation prior to making a decision on a viable configuration. During 2016 the programme has requested that expressions of interest and proposals to host EOCs be developed and submitted by providers. The providers that have engaged with this process and have developed and submitted proposals are all NHS providers.

<table>
<tr><th colspan="2">5 What impact is foreseeable on the wider community? Briefly describe:</th></tr>
<tr><td>Impact on other services (e.g. children's / adult social care)</td><td>Links to trauma services have been noted in particular. Following the review of proposals by the London Clinical Senate, we are engaging closely with the south east London, Kent and Medway (SELKAM) Trauma network to understand where there may be implications and what mitigation would need to take place.

It has been noted by both the London Clinical Senate and the SELKAM Trauma network that there are benefits to the trauma system of appropriately ring fencing capacity for elective care, thereby allowing trauma services to run</td></tr>
<tr><td>What is the potential impact on the financial sustainability of other providers and the wider health and social care system?</td><td>Financial sustainability of the proposals both at a provider and the south east London health system level is being considered in the evaluation of configuration options.

Now that provider proposals to host an EOC have been received</td></tr>
<tr><th>6 What are the planed timetables & timescales and how far has the proposal progressed ?</th><th>Briefly describe:</th></tr>
<tr><td>What is the planned timetable for the decision making?
(Please note that the timeline <u>must</u> include the date that scrutiny is asked to respond to the proposal by, and the date that the NHS body/ Commissioners intend to make the decision on the proposal. If relevant it would be helpful include dates that any consultation will take place.)</td><td>
<table>
<tr><td>Evaluation of proposals by evaluation panel and recommendation of preferred option made to OHSEL Committee in Common</td><td>20th September 2016</td></tr>
<tr><td>JHOSC review and respond of proposals</td><td>Early/Mid October 2016 (TBC)</td></tr>
<tr><td>OHSEL Committee in Common – confirm options, sign off pre consultation business case and proceed to consultation</td><td>Early November 2016 (TBC)</td></tr>
<tr><td>Proposed consultation</td><td>November 2016 – February 2017</td></tr>
<tr><td>Proposed decision making</td><td>February – April</td></tr>
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	analysis and business case development	2017
	Proposed OHSEL Committee in Common decision making	April 2017
What stage is the proposal at?	Pre consultation – development of proposals	
What is the planned timescale for the change(s)	Depending on decision making phase and proposed implementation timelines of each option, changes could begin during 17/18.	
7 Substantial variation/development	**Briefly explain**	
Do you consider the change a substantial variation / development?	Yes. This will change how elective orthopaedic inpatient care is delivered across south east London for a number of patients, consolidating from seven current sites to two.	
Have you contacted any other local authority OSCs about this proposal? (Please note that if this is viewed as a substantial variation by OSCs / NHS bodies / Commissioners , and the proposal impacts on more than one borough, then regulations stipulate that the relevant boroughs **must** consider forming a Joint Health Overview & Scrutiny Committee, a JHOSC)	Discussion has taken place at a number of local OSCs in relation to the development of proposals, and previous SEL JOHSC meetings.	