## SEL Elective orthopaedic consultation document – outline plan

Section	Key content	Supplementary information
About this document	<ul> <li>What the document is for – outlines proposals to change orthopaedic services, asks questions, explains formal consultation</li> <li>Lists which organisations are responsible for the consultation</li> </ul>	
Introduction	<ul> <li>An introduction to the documentation signed by the Clinical Commissioning Group (CCG) clinical chairs</li> </ul>	
What is orthopaedic care?	- A description of what orthopaedic care is for the lay reader	
What is included in this consultation?	<ul> <li>What features of orthopaedic care won't change or are not being consulted on: day cases, emergency, children's, spinal, outpatients, out of hospital musculoskeletal, services at Darent Valley Hospital.</li> <li>Setting the scope – what features of orthopaedic care are being consulted on and could change: All other planned adult inpatient surgery at Guy's, Orpington, Lewisham, PRUH, QEH, King's, the sites where surgery is performed.</li> </ul>	
Current services	<ul> <li>Overview of current provider trusts and sites</li> <li>Volumes of activity by site and borough</li> </ul>	<ul> <li>Map of sites in document showing geographic distribution</li> <li>Table with activity levels etc for comparison</li> </ul>
Case for change	<ul> <li>Section on meeting future demand</li> <li>Section about quality, safety, outcomes</li> <li>Section about patient experience and variability</li> </ul>	<ul> <li>Supporting statistics published in document for length of stay, waiting times, demand projections</li> <li>Full case for change published on website.</li> <li>Getting it Right First Time – links to this report from consultation hub</li> </ul>
Elective orthopaedic centres	<ul> <li>Detailed explanation of the proposed new model: clinical network, elective orthopaedic centres</li> <li>Why two may be the best number of elective orthopaedic centres</li> <li>How the patient journey could change</li> <li>Detailed explanation of the things that wouldn't change: emergency orthopaedics, outpatient, day cases, spinal and children's surgery, income for providers, patient choice.</li> <li>Section on sustainability of all hospitals – the proposals would not destabilise any of the providers – explaining why this is the case. Include evidence for this.</li> <li>Explanation of the clinical network – orthopaedic staff working closer together under a shared governance arrangement, how patients and the NHS will benefit from this</li> <li>An explanation of the development of the wider musculoskeletal pathway in the</li> </ul>	Diagram of patient journey in document     Case study on wider MSK pathway –     based on Bexley model already in place

	community and how this will create a better system for patients.	
How would these changes improve care?	<ul> <li>Sections on waiting times, reducing cancellations, infection control, length of stay, better patient outcomes, consistent quality, greater volumes of surgery, more personalised care and how this would work</li> <li>Detailed section on financial benefits and how these would be realised</li> </ul>	-
Clinical support	<ul> <li>Explain Getting it Right First Time, the national report on orthopaedics, as a key driver for change</li> <li>Include section on the Clinical Senate report and involvement of clinicians in the programme governance. Will also include the assurance given through CCG GP membership</li> </ul>	<ul> <li>Getting it Right First Time – links to report online</li> <li>Clinical Senate report and the programme response published on consultation hub</li> </ul>
Where could elective orthopaedic centres be created?	<ul> <li>This section will outline the options (site configurations) that are being consulted on, the reasons for this and a summary of the scoring</li> <li>Inner and outer sites</li> </ul>	
How we have assessed the options	<ul> <li>Description of the evaluation panel, breakdown of the process and the final scoring for each configuration. This will make clear how some sites/options have been discounted from the process.</li> <li>Section on patient travel and what the mitigations for patient journeys might be</li> <li>Section explaining what the 'enhanced status quo' could look like, as an alternative to establishing two orthopaedic centres</li> </ul>	<ul> <li>The full scoring and evaluation panel evidence will be published separately on the consultation hub (includes travel analysis, equality analysis and financial analysis, panel membership, as well as minutes from the evaluation panel meetings)</li> <li>Detailed reports from providers on how the enhanced status quo could look – published on consultation hub</li> </ul>
How these proposals fit in with plans for local health and care	- This will describe the context for the proposals, OHSEL, Sustainability and Transformation Plan (STP) and how orthopaedics fits in.	- STP summary / full STP published on programme website
What happens next	<ul> <li>Consultation timescales, ways to feedback to us, how data is being captured and processed, how to find out more about events to attend, web and social media contacts, postal address and phone numbers.</li> </ul>	
Questionnaire	<ul> <li>This is the consultation questionnaire, which can be filled out and then posted back to the programme. It contains the questions we are asking the public, including if they agree with the proposals and what their preferences on the future model of care are.</li> </ul>	<ul> <li>Independent online consultation hub with interactive questionnaire</li> <li>Equalities monitoring forms on consultation doc and consultation hub</li> </ul>