

Improving elective orthopaedics



JHOSC, 11th October 2016

#OHSEL

@ourhealthiersele

www.ourhealthiersele.nhs.uk

Planned care update and evaluation

Mark Easton



Programme Director – Our Healthier South East London

Wider context

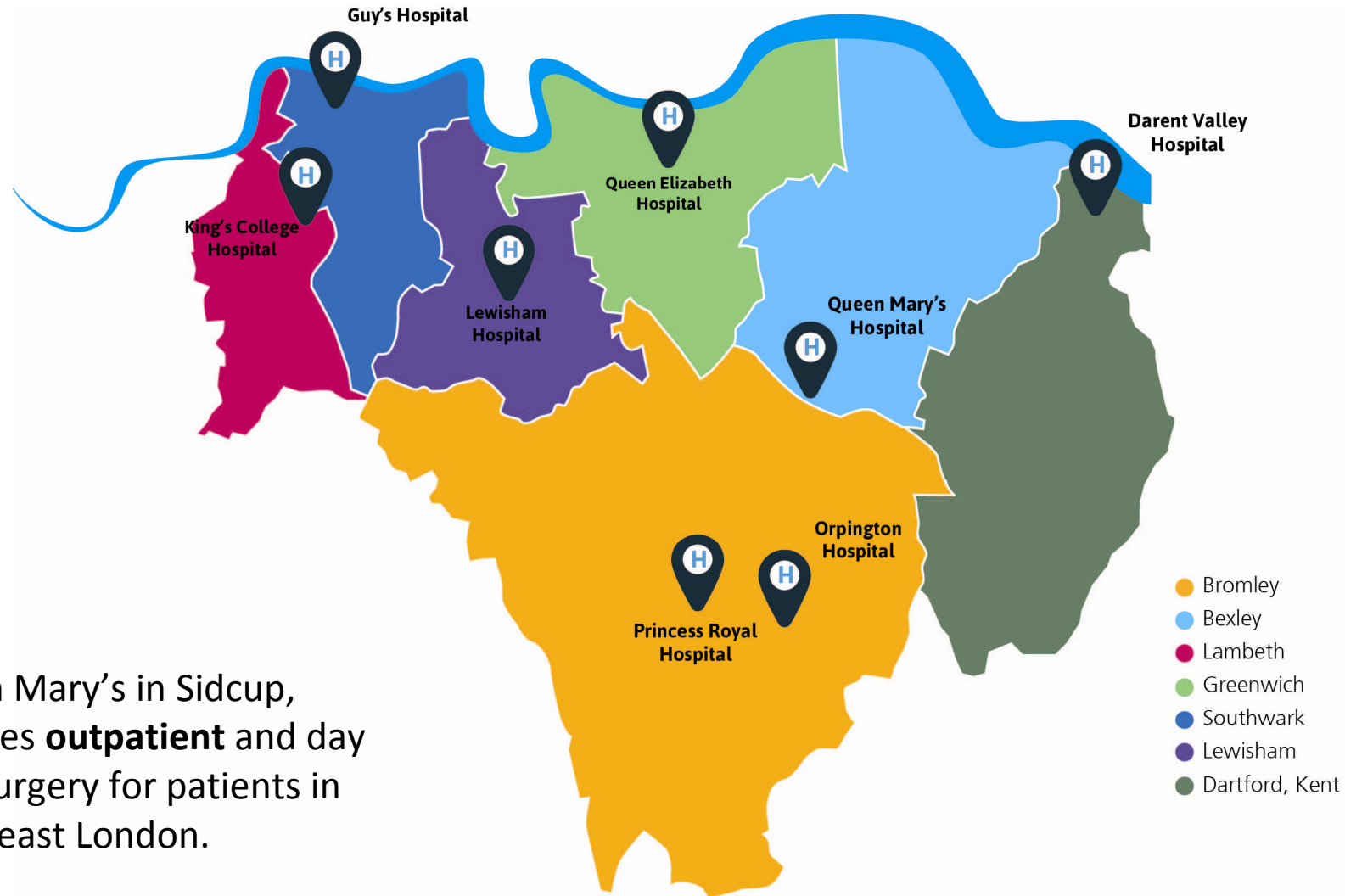
- The proposals we are considering are the result of many discussions and several years of planning by 'Our Healthier South East London (OHSEL).
- They sit within a bigger piece of work that looks at how to improve services across south east London
- A sustainability and transformation plan (STP) is being developed, setting out how local health and social care organisations can work together to deliver the vision laid out in NHS England's Five Year Forward View



Reminder: what we are considering

- Developing a clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise
- A proposal with our local NHS hospitals to create **two elective orthopaedic centres** using existing sites. These centres would be shared facilities which all NHS hospitals could use.
- There is national clinical support for consolidating inpatient orthopaedic surgery – ‘Getting It Right First Time’ by Prof Tim Briggs, outlines benefits of separating it from emergency surgery
- We are comparing the idea of two consolidated sites with the “status quo” option of simply expanding existing sites.





Queen Mary's in Sidcup, provides **outpatient** and day case surgery for patients in south east London.

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Distribution of elective orthopaedic activity in SEL

Number of spells	NHS Bexley CCG	NHS Bromley CCG	NHS Greenwich CCG	NHS Lambeth CCG	NHS Lewisham CCG	NHS Southwark CCG	Total
Guy's Hospital	139	233	225	615	185	497	1,894
Orpington Hospital	467	882	96	260	86	255	2,046
King's College Hospital	59	178	77	196	76	217	803
University Hospital Lewisham	78	22	206	5	439	6	756
Queen Elizabeth Hospital	64	5	243	1	3	1	317
Princess Royal University Hospital	18	101	1	2	1	0	123
Queen Mary's Hospital	8	1	16	0	0	0	25
Other	407	304	251	277	135	94	1,468
Total	1,240	1,726	1,115	1,356	925	1,070	7,432

% of activity by CCG	NHS Bexley CCG	NHS Bromley CCG	NHS Greenwich CCG	NHS Lambeth CCG	NHS Lewisham CCG	NHS Southwark CCG	Total
Guy's Hospital	11%	13%	20%	45%	20%	46%	25%
Orpington Hospital	38%	51%	9%	19%	9%	24%	28%
King's College Hospital	5%	10%	7%	14%	8%	20%	11%
University Hospital Lewisham	6%	1%	18%	0%	47%	1%	10%
Queen Elizabeth Hospital	5%	0%	22%	0%	0%	0%	4%
Princess Royal University Hospital	1%	6%	0%	0%	0%	0%	2%
Queen Mary's Hospital	1%	0%	1%	0%	0%	0%	0%
Other	33%	18%	23%	20%	15%	9%	20%
Total	100%	100%	100%	100%	100%	100%	100%

Year: 2015/16

Admission methods: Elective – Planned, Waiting List, Booked

Patient Classification: Ordinary Admission

Specialty: 110 plus HRG: HA*, HB*, HD* and HR* outside this specialty

How much elective orthopaedic care might be provided at a different site?

Annually, in south east London hospitals there are:

- 185,600 elective orthopaedic outpatient appointments – These will continue to be provided at existing sites
- 15,400 elective orthopaedic day case operations – These will continue to be provided at existing sites
- 6,200 elective orthopaedic inpatient operations – of these between 2,300 and 3,600 may be provided at a different site depending on the configuration of EOCs



Key updates: clinical engagement

London Clinical Senate

- In May 2016 we presented these proposals to an independent panel of expert clinicians and patient representatives from across the UK, organised through the London Clinical Senate.
- The panel reviewed documentation and interviewed more than 40 clinicians and patient representatives involved in developing the proposals.
- The Senate's findings showed they agree there is a strong case for changing the way that elective orthopaedic care is delivered in south east London.
- Clinicians from across the region support our proposed model to consolidate planned orthopaedic operations onto two sites, while still providing as much care as possible close to patients' homes by maintaining outpatients, day case surgery and emergency care locally.
- The panel made some recommendations, including that we should continue to work with clinicians to make sure patient care before and after any surgery in an elective centre is of consistently high quality across south east London.
- Our commitment to patient and public engagement was praised and the panel suggested we build on this by looking in more detail at the groups of people that could be most impacted by our proposals.



- Community MSK pathways already exist in all 6 CCGs and there is lots of good practice
- The programme have enlisted support to describe the current community MSK pathways and services in all CCGs and make recommendations on:
 - Good practice that can be shared across all CCGs
 - How pathways will need to be developed to be consistent both pre and post the EOC, to meet patient needs.
- This work will be completed prior to public consultation on the EOC proposals



Key updates: provider site submissions

We asked providers to develop proposals for potential sites and received submissions for:



	Provider	Proposed Site
1	Guy's and St Thomas NHS Foundation Trust	Guy's Hospital
2	Lewisham and Greenwich NHS Trust	Lewisham Hospital
3	Dartford & Gravesham NHS Trust and Oxleas NHS Foundation Trust	Queen Mary's Hospital, Sidcup
4	Kings College Hospital NHS Foundation Trust	Orpington Hospital

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Evaluation panel

- An evaluation panel was established to evaluate site options against the financial and non-financial criteria. The panel has met twice to consider (August 31st and September 20th)
- Once the evaluation is complete, the evaluation panel will make a recommendation to the Committee in Common (CiC), on what a preferred option might be.
- The CiC agreed that the preferred site configuration should, if possible, be determined by **non-financial** criteria, so long as the preferred option is more cost-effective than the current arrangement of services.



Evaluation panel membership

Voting members

Name	Organisation
Dr. Jonty Heaversedge	Southwark CCG
Dr. Hany Wahba	Greenwich CCG
Moira McGrath	Lambeth CCG
Dr. Faruk Majid	Lewisham CCG
Dr. Jhumur Moir	Bexley CCG
Mark Cheung	Bromley CCG
Sarah Cottingham	Lambeth CCG (deputised for Moira McGrath at previous meeting)

Non voting members

Name	Organisation
John King	PPV and chair of PPAG
Gaby Charing (deputising for Ian Fair)	PPV
Rikki Garcia	Healthwatch Greenwich
Mr. Julian Owen	Independent Orthopaedic Clinician, Director MSK Clinical Business Unit & Consultant T&O Surgeon, Cambridge University Hospitals NHS Trust
Tom Brown	London Borough Bexley
Aileen Buckton	London Borough Lewisham
Sarah Blow	OHSEL Planned Care SRO & Chief Officer, Bexley CCG
Malcolm Hines	OHSEL Planned Care CFO & Chief Financial Officer, Southwark CCG
Mark Easton	OHSEL Programme Director

Approach to evaluation

1. Application of the **Hurdle Criteria** to pass or fail each configuration option.
2. Configurations that pass the hurdle criteria will be scored by the evaluation group on the **Non-Financial Criteria**.
3. Then the **financial viability** of each option is assessed

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



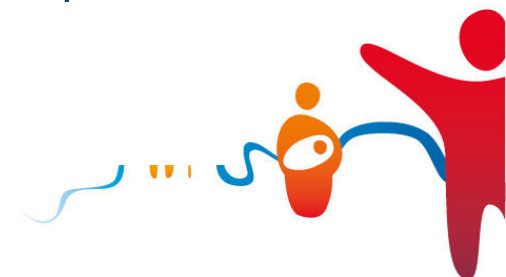
Agreed Hurdle Criteria

Hurdle Criteria	Description	Pass/ Fail
1 Safety & sustainability	<ul style="list-style-type: none"> Emergency departments can continue to be delivered from the current locations in SEL Trauma continuing to be provided in Trusts that currently do so Located in SE London 	
2 Clinical Requirements	<ul style="list-style-type: none"> This option has the potential to meet the clinical requirements (provider characteristics) set out in the model 	
3 Patient Experience (Accessibility)	<ul style="list-style-type: none"> Where there is a multi-site option sites are distributed between inner and outer SEL to be accessible to SEL patients (e.g. an option does not have two sites both inner) 	
4 Finance	<ul style="list-style-type: none"> The option has a positive contribution to addressing the whole system financial challenge when compared to the do nothing scenario The proposed option demonstrates commitment to the commercial principles set out in the specification 	
5 Deliverability	<ul style="list-style-type: none"> The option is able to deliver the demand and capacity requirements for a consolidated elective centre (50% of SEL activity, based on central case assumptions) 	



Evaluation panel overview

- Based on provider submissions, the following sites were not considered suitable to host an EOC and were discounted from the evaluation process :
 - St Thomas' Hospital (GSTT)
 - Queen Elizabeth Hospital (LGT)
 - Denmark Hill (KCH)
 - Princess Royal University Hospital (KCH)
- Following information provided via a joint submission from Oxleas NHS Foundation Trust and Dartford and Gravesham NHS Trust, the evaluation panel agreed that the Queen Mary's site does not meet the clinical requirement for an inpatient elective orthopaedic centre, and they will be recommending to the CiC that this site is not taken forward in the proposals.



Evaluation panel overview

- The following sites passed all the hurdle criteria and therefore were taken forward in the evaluation of proposals and possible configurations:
 - Guy's Hospital (GSTT)
 - Orpington Hospital (KCH)
 - Lewisham Hospital (LGT)
- This produced three possible site configurations:
 - OPTION 1: Guy's and Lewisham
 - OPTION 2: Guy's and Orpington
 - OPTION 3: Lewisham and Orpington
- The panel has completed the scoring of all **non-financial** criteria for the three configurations.



Non-financial evaluation

Non-Financial Evaluation Criteria	Weighting	Description
Travel & Access	17%	Impact on total transport times
Deliverability	25%	<p>7a. The option is sufficiently flexible, adaptable and resilient to meet the requirements of growth or changes in future demand or change in national policy. i.e. the option demonstrates appropriate flexibility</p> <p>7b. Ease of implementation: the option can be delivered within a reasonable timescale with minimal risk around transition including impacts and disruption to existing services.</p> <p>Capacity and capability: The option demonstrates the appropriate capacity and capability to deliver the change/transition</p> <p>7c. Where investment is required, the ease of obtaining required funding or financing is considered.</p>
Quality	17%	The operating model provides evidence on how it will optimise both functional and clinical outcomes for all patients receiving elective orthopaedic care in SEL.
Patient Experience	17%	<ul style="list-style-type: none"> The option promotes equality and minimises disadvantage of protected groups as required by the Equality Act The model demonstrates how it will optimise patient experience
Research & Education	7%	The model provides support the further development of research and education activity
Workforce	17%	The option is staffable and is attractive to health care professionals working in SEL

Option 1 **1.15**
Guys + Lewisham

Option 2 **2.15**
Guys + Orpington

Option 3 **1.08**
Orpington + Lewisham

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



- Our expert finance group has made a preliminary assessment against the financial criteria
- all three options appear to be financially viable and more cost-effective than the current configuration
- However, there are further questions to be clarified to ensure each option has been assessed consistently
- Therefore, **no recommendation** has been made to the Committee in Common. The evaluation panel is expected to discuss these matters further once the financial options have been assessed and decide whether to recommend a preferred option.



As part of their submission each provider was asked:

1.If consolidation of services were not to go ahead how would your trust meet its proportion of rising SEL demand for elective orthopedics?

2.In a non-consolidated model, how would your trust propose to deliver high quality elective orthopaedic services ensuring:

- Reduction in the number of cancelled procedures
- Improvement in patient experience
- Delivery of 18 week performance
- Reduction in the number of orthopaedic readmissions and complications/revisions
- Reduction in infection rates
- Delivery of GRIFT recommendations, including:
 - Delivering minimum volumes of procedures by consultant
 - Delivery of economies of scale and reducing existing variation in use of prosthetics and equipment

3. This enabled scoring to take place against the enhanced status quo



Evaluation

- The evaluation panel will receive the financial assessment for each option.
- The evaluation panel may then recommend options for consultation to the **Committee in Common**

Committee in Common

- The Committee in Common is the decision making body and includes: senior leaders and clinical chairs of each clinical commissioning group in south east London, as well as representatives from NHS England, Healthwatch and local patients and the public. **Each CCG has three representatives who are the voting members.**
- The Committee in Common will review the evaluation group's recommendations and decide whether to proceed and which options should be taken forward to formal public consultation.

Formal consultation

- Our proposals for formal consultation go to the Joint Health Overview and Scrutiny Committee 11 October
- It will give local people and stakeholders the chance to have their say on the proposals when they are still at a formative stage
- If required the formal consultation would likely take place at the end of 2016 and beginning of 2017 for 12-14 weeks.
- The results of the consultation would be considered again by the Committee in Common and a decision only taken on that point on how to proceed. This is likely to be around April 2017



Consultation

Rory Hegarty

Director of Communications and Engagement



Statutory requirements

Health and Social Care Act 2012 - Section. 14Z2

CCGs must make arrangements to ensure that individuals to whom the services are being or may be provided are involved in:

- the planning of services
- the development & consideration of proposals for changes that impact manner or range of services, and
- decision making

Equality Act 2010

- Legally protects people from discrimination in the workplace and in wider society. Our engagement activity must have due regard to the Equality Act and the protected characteristics set out within it.



Aims of the consultation

The aim of our consultation is to create meaningful engagement with local people and stakeholders to inform them about our proposals for change; actively listen to their feedback and ensure their feedback impacts the final decision.

Our approach to consultation will be responsive and proportionate to those it will affect the most.

To achieve our aim we will:

- Inform people about our proposals and how they have been developed
- Be clear about who will be affected and how
- Ensure a diverse range of voices are involved reflecting communities most likely to be affected
- Engage with people and stakeholders in multiple ways to enable them to make an informed response to our proposals
- Work transparently to show the journey so far and how the final decision will be made
- Ensure compliance with legal requirements (consultation and equalities duties)
- Listen, respond and adapt our processes and approach throughout our consultation period
- Use the information gathered during the Equalities Analysis and pre-consultation to inform our approach

Our work is guided by the seven best practice principles from The Consultation Institute: integrity; visibility; accessibility; transparency; disclosure; fair interpretation; publication.



Best practice

We are working with the following partners to deliver a **best practice** and **objective** consultation:

- **Who helped shape our communications and engagement approach**

This plan will be informed through discussions with the programme's Patient and Public Advisory Group, Planned Care Reference Group, Stakeholder Reference Group, Equalities Steering Group and the Communications and Engagement Steering Group.

Our engagement activities have been developed following learning from our pre-consultation engagement phase and the latest Equalities Analysis

- **The Consultation Institute assurance**

Our consultation is subject to assurance by The Consultation Institute (TCI).

- **Independence and objectivity**

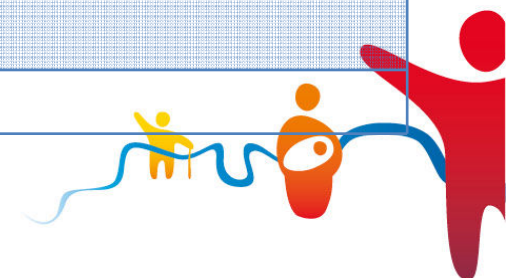
We will be working with independent delivery partners to deliver activities and to receive, analyse and report on the findings.



Who are we consulting?

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		

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Communications materials

The consultation will be widely promoted through on and offline via all our networks: local authorities, provider networks, CCG networks, voluntary and community sector, Healthwatch, MPs' surgeries, libraries and community centres. We will write to all stakeholders on our database encouraging them to respond and to promote the consultation via their networks.

We will produce the following materials to support the consultation and help drive people to our consultation hub and response form

- Consultation document, both printed and digital, including versions: full; summary; easy read; large print; and audio. Other languages will be available on request.
- Freepost feedback forms
- Consultation website hub
- Presentations for: staff, public and patients, stakeholders, including Easy Read version
- Posters for GP surgeries, pharmacies, hospital orthopaedic outpatients and other public sites
- Postcard take-away including space for short feedback and capturing names and addresses
- Infographics – printed on board and digital
- Banners for CCG and trust websites
- Assets for sharing on social media
- Short animation – covering case for change; patient journey; and call to action
- Pull-up banners
- Targeted advertising to extend reach – e.g. Facebook and local media

A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



How will we consult? Summary of key activities (1)

Focus groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with **protected characteristics**. In order to help us understand these potential impacts in detail, we will be running focus groups with these populations. **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.

Deliberative events

We will hold a number of deliberative events across the patch (at least one per borough) to enable members of the public, voluntary community sectors stakeholders and interested groups to share their views. The events will be held in areas that maximise coverage across the boroughs and surrounding areas. They will include both **information giving by local clinicians and leaders, as well as table discussions to allow people to share their views and respond to the consultation questions.** These events will be independently delivered and facilitated to ensure their outputs are objectively captured.



How will we consult? Summary of key activities (2)

Road shows on hospital sites

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show in **key orthopaedic areas in each affected trust**. During these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the consultation document and leaflets for people to take away and consider.

Consultation hearing

We will 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. The consultation hearing will be independently filmed and broadcast.

Briefings

We will hold briefings with key stakeholders – including Healthwatch and interest groups. We aim to hold these briefings **early on in the consultation period** to enable these stakeholders to cascade information to their membership and contacts.



How will we consult? Summary of key activities (3)

Planned Care Reference Group (PCRG)

Towards the end of the consultation period, we will hold another meeting of the PCRG to play back some of the feedback that we have heard to date and to invite you to add to it.

Mail outs

In order to reach past, present and future (those on waiting lists) service users, we will work with local provider trusts to circulate information via their patient lists. We will also publicise our deliberative events and road shows through these mail outs and signpost people to our website and response forms.

Networks and contacts

We will work with our public and voluntary sector colleagues to publicise the consultation and signpost people to our website and response form. This will include contact with key colleagues in clinical commissioning groups, local authorities and the voluntary and community sector (including healthwatch).



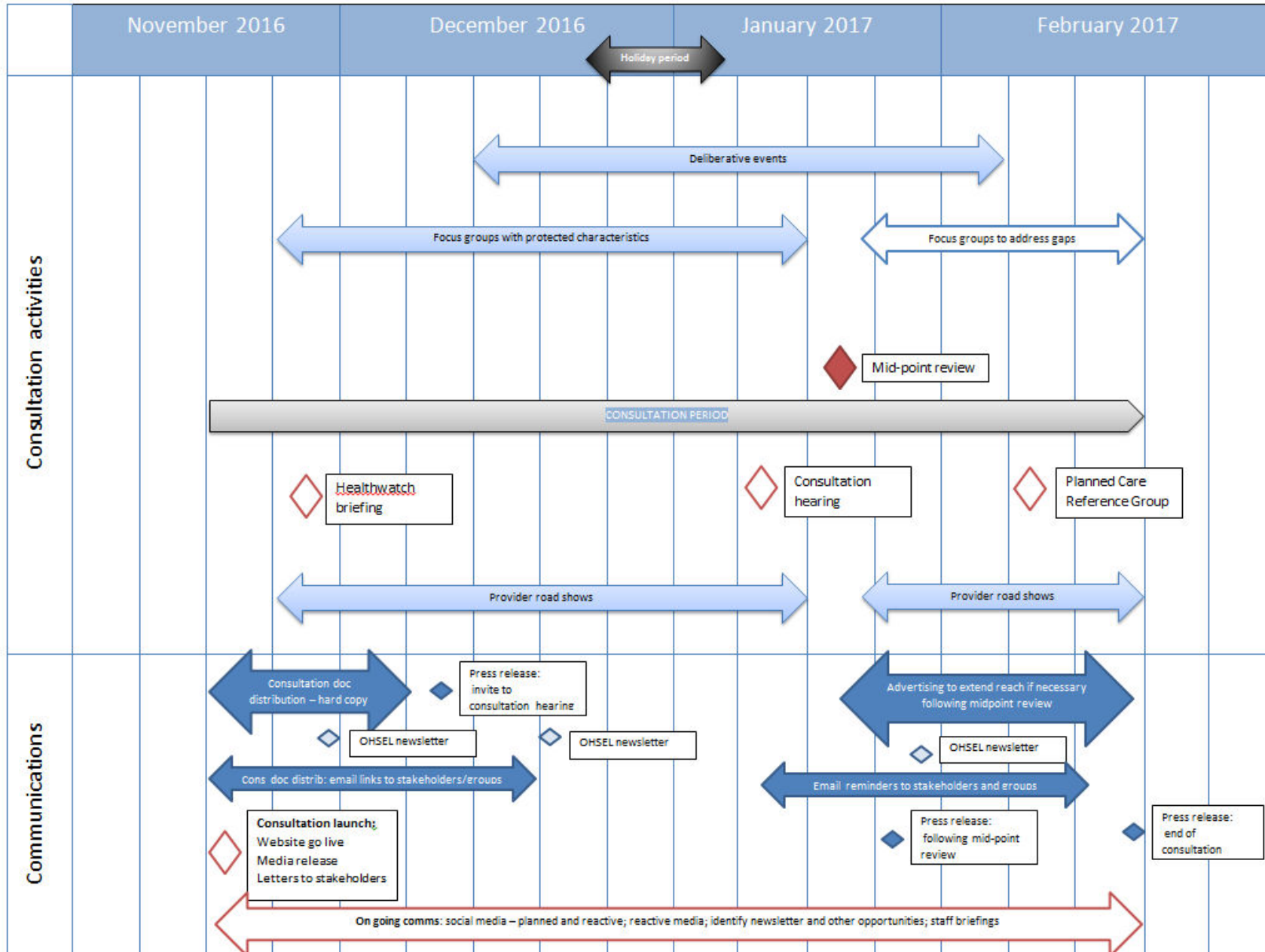
Other stakeholders

Stakeholder	Consultation activity	Delivered by
Workforce	<ul style="list-style-type: none"> Information in newsletters and internal comms Staff briefings Road shows in each trust – orthopaedic waiting areas 	OHSEL OHSEL
Political	<ul style="list-style-type: none"> Briefings JHOSC 	CCGs/OHSEL OHSEL
Partners, providers, commissioners	<ul style="list-style-type: none"> Information via newsletters and briefings Staff meetings Information to members and governors 	Providers OHSEL OHSEL/providers

We have a fuller stakeholder spread sheet which details the activity for each individual stakeholder (as on slide 10) – including the activity, materials and key messages.



Activity timeline



Timeframes

- November 2016: Consultation begins. Consultation document and plan, stage 2 equalities analysis and travel times analysis published, together with other consultation materials.
- January 2017: Mid-point review of consultation, including gap analysis of groups we have reached to date and revisions
- February: Consultation closes
- March 2016: Committee in Common of CCGs in South East London meets to make final decision.

