DRAFT consultation document

Improving planned orthopaedic care in south east London

Tell us what you think and help us to shape the future of these services

CONTENTS

1. Introduction

Since 2014, health and care organisations in south east London have been working together on a shared plan for the local NHS, known as Our Healthier South East London. The ideas developed through this programme are the product of partnership working between clinicians, commissioners, council social care leads and local hospitals, and have been informed by wide engagement with local communities, patients and the public. They sit within a wider plan, called the Sustainability and Transformation Plan, which looks at many services and outcomes for the population of south east London.

One of our priorities is improving the way the NHS provides orthopaedic care – for conditions that affect the bones, joints, ligaments, tendons, muscles and nerves. Specifically, we want to make improvements for non-emergency adult patients who have surgery planned in advance and require an overnight hospital stay (known as inpatient care). This includes routine inpatient procedures, such as hip and knee joint replacements and some specialist procedures, such as hip replacements with infections, or ankle and other complicated joint replacements.

We have some excellent orthopaedic services in south east London, but the standard of care isn't the same for every patient. Planned procedures are sometimes cancelled, leading to distress for the individual and their family and carers. Some patients wait too long for their surgery, meaning their experience of care is not as good as it should be. Importantly, demand is increasing - so we need to find a way to care for a lot more people in the future than we do today. Also, the money available to the NHS is limited, so we must work as efficiently as possible.

To address these challenges, we are proposing to consolidate planned inpatient orthopaedic surgery into fewer specialist facilities, called 'elective orthopaedic centres'. These centres would be shared facilities which all of the NHS hospitals in south east London would use. We also plan to develop an orthopaedic clinical network that will ensure standards are consistently excellent across south east London and that clinicians share learning and expertise.

The benefits of consolidating planned surgery into fewer, specialist centres are set out in *Getting It Right First Time*, a national report published in March 2015 by Professor Sir Tim Briggs, orthopaedic surgeon at the Royal National Orthopaedic Hospital and President of the British Orthopaedic Association.

We have spoken with lots of people in the development of these ideas – including doctors, nurses, orthopaedic specialists, local and national health commissioners, NHS staff and, importantly, patients and their families.

Evidence shows that creating elective orthopaedic centres would help us to address the challenges in these services, including reducing the number of cancelled procedures and increasing the number of patients the NHS can care for. This is the experience in other areas of the country that have established similar centres.

Please read this document carefully and tell us what you think of our proposals by filling in the questionnaire. Your views are important and will help shape the future of planned orthopaedic care for patients across south east London.

FOR SIGN OFF BY CCG CHAIRS - PENDING

Our proposals on orthopaedics are part of our overall strategy, known as the Sustainability and Transformation Plan which aims to achieve much better outcomes by:

- Supporting people to be more in control of their health and have a greater say in their own care
- Helping people to live independently and know what to do when things go wrong
- Helping communities to support one another
- Making sure primary care services are consistently excellent and with an increased focus on prevention
- Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
- Developing joined up care so that people receive the support they need when they need it
- Delivering services that meet the same high quality standards whenever and wherever care is provided
- Spending our money wisely, to deliver better outcomes and avoid waste

Read more about these plans on our website: www.ourhealthiersel.nhs.uk

2. What is orthopaedic care?

Orthopaedic care treats injuries or conditions involving the musculoskeletal system (bones, joints, ligaments, tendons, muscles and nerves). You may be referred to an orthopaedic consultant for treatment of an injury, such as a bone fracture, or a long-term condition that's developed over many years, such as osteoarthritis.

Annually in south east London hospitals there are:

- 185,600 planned orthopaedic outpatient appointments
- 15,400 planned orthopaedic day cases operations
- **6,870 planned orthopaedic inpatient operations** - the changes we are proposing will only affect people having planned inpatient operations

3. What is included in this consultation?

The NHS in south east London is trying to achieve improvements in planned adult inpatient orthopaedic operations (around 6,870 procedures). This could result in 2,300 to 3,600 people having their surgery carried out at a different hospital site in the future, depending on which sites are chosen for the elective orthopaedic centres. This includes routine procedures such as hip and knee joint replacements as well as some specialist procedures that are planned in advance, carried out at the following hospitals:

- Guy's Hospital (Lambeth)
- King's College Hospital (Southwark)
- Princess Royal University Hospital (Bromley)
- Orpington Hospital (Bromley)
- University Hospital Lewisham (Lewisham)
- Queen Elizabeth Hospital (Greenwich)
-

This consultation includes options for where the sites for planned adult inpatient orthopaedic surgery could be in the future.).

3.1 What is not included

All other planned and emergency orthopaedic care for adults: Around 185,600 outpatient appointments and 15,400 day case procedures per year – would continue to be provided at the same hospitals as today.

- Spinal surgery and children's orthopaedic surgery are not included in the scope of this consultation.
- Emergency and trauma care: Emergency orthopaedic procedures (for patients arriving at A&E departments) are also not included.
- Out of hospital musculoskeletal services: Most musculoskeletal (MSK) conditions are managed outside of hospital by GPs and community staff.
- Darent Valley Hospital: A small number of patients from south east London choose to receive orthopaedic care at Darent Valley Hospital in Kent. Whilst we aim to offer these patients improved services at sites within south east London, the orthopaedic service at Darent Valley Hospital is not included in the scope of this consultation.

4. Current services

Adult patients from south east London currently have planned inpatient orthopaedic surgery (non-emergency) at seven hospital sites, which includes a small number of procedures at Darent Valley Hospital, in Kent.

Table 1: Hospital sites and their provider NHS Trusts

Hospital site	**Provider trust**
Guy's Hospital	Guy's and St Thomas' NHS Foundation Trust
King's College Hospital Princess Royal University Hospital Orpington Hospital	King's College Hospital NHS Foundation Trust
University Hospital Lewisham Queen Elizabeth Hospital	Lewisham and Greenwich NHS Trust
Darent Valley Hospital (Kent)	Dartford and Gravesham NHS Trust

This table will be displayed as a map

Queen Mary's, in Sidcup, also provides outpatient and day case surgery for patients in south east London – these services are not affected.

Each site carries out a different number of procedures each year, and a different combination of what are known as 'routine' and 'specialist' cases (**Table 2**):

- Routine – these are straightforward, high volume procedures where there is a standard approach, such as normal hip replacements
- Specialist – these are more challenging procedures and include revision surgery, hip replacements with infections, or ankle and other complicated joint replacements

Table 2: Number of inpatient orthopaedic procedures carried out on adult patients from south east London at each hospital (Aug 2014 - Sept 2015)

	Routine	Specialist	Total
Site	**Patients**	**Patients**	**Total patients**
Guy's and St Thomas' NHS Trust	1,736	392	2,128
University Hospital Lewisham	714	53	767
Queen Elizabeth Hospital	313	7	320

	Routine	Specialist	Total
King's College Hospital (Denmark Hill)	742	348	1,090
Princess Royal University Hospital	111	14	125
Orpington Hospital	1,919	152	2,071
Dartford and Gravesham NHS Trust	285	19	304
Grand Total	**5,820**	**985**	**6,805**

Analysis based on planned care only, and includes spinal procedures. Please note these figures are different to the average as they are based on Aug 2014-Sep 2015)

5. Case for change

There are a number of issues that need to be addressed to make sure that everyone in south east London has access to the best orthopaedic services, in a way that is sustainable for the NHS in the future.

5.1 Meeting future demand

Demand is increasing so we need to find a way to care for a lot more people in the future than we do today.

Our projections indicate that demand for planned adult inpatient orthopaedic surgery will increase by at least 25% by 2021 – from around 6,800 procedures to 8,600 per year, and possibly up to 11,000.

There are a number of reasons for this, but increasing levels of obesity and an ageing population are the most significant factors. We are working on more preventative initiatives to support people to stay fit and healthy and therefore help reduce demand in the future. But even taking this into account, numbers are expected to increase substantially.

This is not an issue affecting south east London alone. Nationally, orthopaedic referral rates are increasing by 7-8% per year. Since 2010, there has been an increase of 4% each year for hip replacements and 10% for other joint replacements. We need to find a way to offer orthopaedic surgery to many more people than we can at the moment – and in a way that is cost effective – whilst offering patients the best services and experience.

5.2 Quality, safety and outcomes

The standard of care isn't the same for every patient.

There are opportunities to make orthopaedic services safer by reducing infection rates and minimising complications following surgery[1,2]. While none of the current elective orthopaedic services in south east London have higher than expected infection rates, infection can be a significant problem in replacement joints because, once an infection sets into the metal or plastic components, it is very difficult to remove. Nationally if we could reduce infection rates to 1%, the lives of 6,000 patients would be transformed and the NHS could save £300m per year.

Some surgeons only carry out a small number of specialist procedures each year. National evidence and agreed best practice suggest that where surgeons carry out a larger number of procedures, in larger dedicated units, patient safety and the results from surgery are consistently better[3,4].

[1] Source: Carter, Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

[2] Source: Getting it right first time

[3] Source: NHSE draft specification for specialised orthopaedics

5.3 Patient experience

Surgery is cancelled too often and some patients wait too long for their procedure, which affects their experience.

Hospitals are struggling to manage existing numbers of orthopaedic patients. Because of this, waiting times for these services are longer than other NHS specialties. Some trusts are also struggling to treat 90% of patients within 18 weeks of their referral (Table 3) – an important national performance target.

Table 3: South east London orthopaedic patients waiting (as of 31 August 2016):

	Under 18 weeks	Over 18 weeks	Total waiters	% within 18 weeks
Guy's and St.Thomas' NHS Foundation Trust	1932	246	2145	90.1
King's College Hospital NHS Foundation Trust	5499	1400	6932	79.3
Lewisham and Greenwich NHS Trust	3158	683	3841	82.2

** Not all of these patients will necessarily progress to surgery*

Not all orthopaedic hospital beds and operating theatres in south east London are ring-fenced (reserved just for planned surgery) so planned procedures are often disrupted by emergency cases from A&E departments. This often results in cancellations, which have an adverse impact on patient experience as well as on their families and carers.

Feedback from patients, clinicians and members of the public shows us that experience of these services is variable (Fig. 1).

Figure 1: Patient feedback[5]…

"With current services there are frequent delays. Pressures within hospitals to deliver emergency care are responsible for the cancellation of planned operations."

"There is high demand for planned orthopaedics among patients with learning disabilities - cancelled operations are a major issue because these patients come to hospital earlier to prepare, then have to stay in hospital while their surgery is re-scheduled. It is very negative for them, carers and families."

"Cancelled operations have a significant impact on patients' families and carers, so it is not just about the patient. We need to consider this carefully."

"There are more cancellations where hospitals have a co-located A&E – it would be good to resolve this issue so that A&E cannot take beds away from planned services – ring-fenced beds would solve this dilemma."

6. Responding to the case for change

A large amount of research has gone into tackling the challenges faced by orthopaedic services across the NHS and other healthcare bodies. One of the most prominent reports is *Getting It Right First Time*, a national study published in March 2015 by Professor Sir Tim

[4] Source: Public Health England, Surgical Site Infection (SSI) surveillance

[5] SOURCE: Getting it Right First Time

CHART SOURCE DATE: HES, Sept 2014 – Aug 2015

Briggs, orthopaedic surgeon at the Royal National Orthopaedic Hospital (RNOH) and President of the British Orthopaedic Association.

The report considers the current state of England's orthopaedic surgery provision and suggests that changes can be made to improve the patient journey, patient experience and outcomes while working much more efficiently. The report outlines the benefits of separating emergency and planned orthopaedic surgery and creating specialist orthopaedic centres with standardised processes. The report takes the view that this approach has the potential to achieve better care for patients.

The evidence tells us that:

- Hospitals and surgeons that care for larger numbers of patients are likely to produce better than average results
- Hospitals and individual surgeons treating very low numbers of patients are not likely to produce the best outcomes or best value for money

Similar approaches have been successful in England, such as the Royal National Orthopaedic Hospital (RNOH) and the South West London Elective Orthopaedic Centre (Fig. 2).

Figure 2: South West London Elective Orthopaedic Centre

SWLEOC (South West London Elective Orthopaedic Centre) is an NHS treatment centre providing regional elective orthopaedic surgery services (including inpatient, day case and outpatient).

It was established by four south west London acute trusts and it provides high quality, cost efficient, elective orthopaedic services ranked among the best in the world.

Since opening in January 2004, SWLEOC has earned a reputation as a centre of excellence for elective orthopaedic surgery with outstanding outcomes, low complication rates and high patient satisfaction. Performing around 5,200 procedures a year, SWLEOC is recognised as the largest joint replacement centre in the UK and one of the largest in Europe and was rated as outstanding by the Care Quality Commission in November 2015.

For more information, visit www.eoc.nhs.uk

In developing our ideas we have taken into account the recommendations from *Getting it Right First Time* and other studies, as well as evidence from what has been successful in other places.

There are two key questions that we have considered in order to come up with proposals for the local NHS which would deliver the best quality outcomes for our patients and also offer the best way for the NHS to spend its money:

- Should we simply expand the services we already have?
- Should we bring all of this surgery together (consolidate) into fewer, high volume units?

"If orthopaedic services, within a certain geographical area and with an appropriate critical mass were brought together, either onto one site or within a network…and worked within agreed quality assurance standards, not only would patient care improve but billions of pounds could be saved."
Professor T. Briggs - *Getting it right first time: Improving the Quality of Orthopaedic Care within the National Health Service in England*

7. Existing hospital improvement plans

The NHS doesn't want to make changes unnecessarily, so it's important that we understand how existing services might tackle the challenges we face by improving what they currently offer.

As part of our planning, we asked each NHS Trust to tell us what steps they could take within their current services to help them treat more patients in the future, but also improve their efficiency and patient experience. Each provider was asked how they would ensure they meet important recommendations outlined in *Getting It Right First Time*, such as:

- Reducing the number of cancelled procedures
- Improving patient experience
- Treating more patients within 18 weeks of their referral
- Reducing the number of patients who experience complications or who have to return for revision surgery
- Reducing infection rates
- Ensuring that all surgeons carry out a sufficient volume of procedures
- Standardising prosthetics and equipment

Each provider has considered what their existing plans could achieve and these are set out in our supporting information. We have considered these plans and even though providers have been able to improve their services in recent years, the question is whether they are able to achieve the significant improvements in waiting times, quality standards, and deliver the financial benefits that have been demonstrated at specialist sites, such as the Royal National Orthopaedic Hospital and the South West London Elective Orthopaedic Centre, when they have not done so in the past.

8. Our opportunity to consolidate orthopaedic services

In 2015/16 there were 6,870 planned inpatient orthopaedic operations carried out on adults at seven south east London hospital sites.

Through discussions with senior doctors, therapists, nurses and other partners we have considered the potential to consolidate procedures like these at fewer sites by establishing highly specialised facilities called 'elective orthopaedic centres'.

Evidence set out in *Getting it Right First Time* and other studies suggests that carrying out orthopaedic surgery at larger units, with ring fenced beds, can improve the patient journey, patient experience and outcomes while making the services more efficient and sustainable. Creating elective orthopaedic centres would separate planned inpatient surgery from emergency surgery, because only surgery planned in advance would be carried out at these facilities.

Surgeons would operate on all but a few very specialist patients at these new units which would each have a dedicated team of health professionals on site, including nursing, anaesthetic staff and therapists. Surgeons would carry out both routine and specialist surgery (excluding spinal procedures) at these centres, in a highly specialised environment supported by this core team.

How many sites would be best for south east London?
The work we have done suggests that **two is the optimum number of elective orthopaedic centres** for south east London. Two centres would each carry out around 4,250 procedures each year by 2021 (around 8,500 in total). This volume of procedures is more likely to achieve the quality and performance benefits demonstrated at other consolidated services than three sites, and is more realistic to develop than one site.

Read more about how we've come to this conclusion in our supporting information.

8.1 Clinical network

Surgeons and clinical teams would work closely together in an orthopaedic clinical network across south east London. This will ensure strong joint working between clinical staff, and would help us to make sure that knowledge and expertise is shared.

Surgeons would continue to be employed by their existing NHS trust and would continue to carry out emergency orthopaedic surgery, outpatient appointments and day case procedures at their base hospital. They would use the elective orthopaedic centres for carrying out planned surgery on adult inpatients.

To ensure surgery is safe and access is equitable, governance for the care provided at elective orthopaedic centres would also be co-ordinated through the network that works with all hospital trusts in south east London.

8.2 The patient journey

People have told us that patient care before and after any surgery should be of consistently high quality across south east London. As part of this network we are proposing a common set of standards for patient care at all stages of treatment which would help us to achieve consistent quality for everyone.

Rapid recovery programmes would ensure patients have a standard and high quality journey during and after surgery which would improve their outcome and minimise the length of time they need to stay in hospital. Through education and teamwork, patients would be better informed and better prepared for their procedure and their recovery.

Changes to out of hospital care are not included in the scope of this consultation, but to support the elective orthopaedic centre we have developed a number of standards that patients can expect both pre and post-surgery.
These include:

- Better access to support and information to help patients look after themselves and reduce the need for surgery
- Improved access for clinicians to shared patient records to help decision making
- Assessing patients physical and mental health needs prior to treatment and ensuring there is a mutually agreed treatment and discharge plan before admission

You can read more about developments in these services on our website in our supporting information.

Figure 3: Potential patient journey
Patient is referred to a specialist following diagnosis by their GP, physiotherapist, or other health professional
An initial outpatient hospital appointment will take place at the local hospital of the specialist (this will be a named consultant). Unless patients choose otherwise, they remain under the care of this consultant throughout their treatment.

The patient undergoes diagnostic tests at the local hospital of the named consultant
A decision to operate will be made by the named consultant with the patient and a treatment and follow-up plan will be agreed.
This will be at an elective orthopaedic centre unless the patient is outside the clinical criteria for an elective centre. If this is the case, the patient will be treated at the hospital most appropriate for their needs.
If the patient does meet the criteria, they **will have a pre-operative assessment** at elective the orthopaedic centre and welcome pack. Patient's mental as well as physical health needs will be considered prior to admission.
Patient will **return to the elective orthopaedic centre for their operation** which will be undertaken by the named consultant
Patient will **stay overnight** at the elective orthopaedic centre following their operation
The patient will be **discharged from the centre** to their own home or to an appropriate alternative setting. Staff at elective orthopaedic centres will ensure discharges happen smoothly and efficiently. A clearly set out and agreed follow-up plan will be communicated to appropriate providers and patients, which enables patients to receive appropriate and timely follow up and on-going care, that also take their mental health needs into consideration.
Post-operative care such as physiotherapy will take place either in the patient's home or at the hospital of the named consultant
Follow up outpatient appointments will be either at the hospital of the named consultant or via telephone or at the centre
Once well enough, the patient will be **discharged to their GP**

KEY: At local hospital
At elective orthopaedic centre

A small number of patients with very complex medical needs that require support of specific specialist services may need to receive all of their care at the site most suitable for their needs.

NB This pathway will be displayed as a graphic to aid understanding

8.3 What wouldn't change

8.3.1 The location of the vast majority of orthopaedic care

185,600 outpatient and follow-up appointments; and 15,400 day case procedures would continue to be provided from the same hospitals as today. Emergency orthopaedic surgery (supporting A&E departments) would also remain at the sites that currently provide this.

8.3.2 You would still be able to choose which hospital you are referred to for orthopaedic care – just as you can today. Following referral to a specialist you would have your outpatient appointments at your choice of local hospital and the same surgeon would oversee your care, even if your operation were to take place at an elective orthopaedic centre.

You would only go to an elective orthopaedic centre if you needed inpatient surgery (**Fig. 3**).

8.3.3 Complex spinal surgery would also remain at existing sites, as would children's surgery.

8.3.4 A&E and trauma services. Throughout our planning it has been a key principle that any changes to elective orthopaedic care does not put at risk emergency orthopaedic surgery or the continuation of our A&E departments in south east London. Other areas that have done this have successfully ensured that support for trauma and emergency is

maintained. We will continue to test for the impact on trauma care during the consultation and intend to involve independent clinical experts from the London clinical senate and trauma network and providers again before any decision is taken.

You can read more about the work we have done on this in our supporting information.

8.3.5 NHS trust stability. Similarly, the future stability of the NHS trusts in south east London is a key test in the viability of our plans. We have looked at this issue very carefully throughout our planning and believe it is possible to introduce orthopaedic centres without destabilising any local hospital.

NHS organisations are increasingly working together on joint ventures in south east London and one of the principles we work to is that the benefits of our collaborative work are shared. We are developing a commercial model for the elective centres that ensures that there are no "winners and losers" financially.

We will continue to test this throughout the consultation. We are planning to commission an independent assessment of the impact this will have on hospital finances, and what potential opportunities there are to mitigate any downsides.

You can read more about the work we have done on this in our supporting information.

Figure 4: Orthopaedic clinician support for consolidation
"Consolidating planned orthopaedic services in south east London is a huge opportunity to improve the quality of patient care and reduce the number of cancelled operations."
Patrick Li - Consultant Orthopaedic Surgeon, King's College Hospital NHS Foundation Trust
"This model offers the opportunity to consolidate complex and routine surgery which will significantly reduce clinical variation and improve outcomes for patients."
Peter Earnshaw - Clinical Director, Guy's and St Thomas' NHS Foundation Trust
"The consolidation of routine and complex elective orthopaedic surgery at two sites across south east London will reduce clinical variation and facilitate the improvement of outcomes for patients."
Sam Gidwani - Clinical Lead, Guy's and St Thomas' NHS Foundation Trust

8.4 How would this address the case for change?
Evidence from established consolidated orthopaedic services, such as the Royal National Orthopaedic Hospital and the South West London Elective Orthopaedic Centre, suggests that creating elective orthopaedic centres would result in a number of important benefits and help us to address the issues described in our case for change:

- **Demand** - Creating elective orthopaedic centres would be a cost-effective way of coping with the increases in demand we are expecting in the future. These centres would only carry out planned adult orthopaedic procedures and surgeons would work in a standardised and efficient way which would increase the number of procedures the NHS can offer.
- **Patient experience** - Elective orthopaedic centres would significantly reduce the number of cancelled operations and patients would spend less time in hospital. Earlier discharge, fewer infections and readmissions would improve patient experience. Patients would also wait less time for surgery.
- **Quality, safety and outcomes** – Dedicated, high-volume elective orthopaedic centres could help the NHS achieve improvements such better infection control, fewer cancellations, fewer unplanned returns for surgery and better admission and discharge planning which is likely to result in better overall outcomes for patients.

Performing surgery in fewer places would ensure more patients receive a similar standard of care.
- **Finance** - Our financial analysis has shown that consolidating orthopaedic services will make them less expensive for the NHS to run in the future, compared to the expansion of the existing configuration of services.

You can read more about these benefits and how the proposals address our case for change on our website in our supporting information.

9. How did we assess the options and what are we recommending?

9.1 We have considered two different approaches to meeting the case for change. These are:

- NHS trusts' existing plans to expand and improve services; and
- Consolidating services into two elective orthopaedic centres as part of a network across south east London.

Having made a comparison between both approaches**, we are recommending consolidating planned adult inpatient orthopaedic surgery at two elective orthopaedic centres**, rather than expanding and improving existing orthopaedic services.

9.2 In this consultation we are asking for your views on three possible options for the location of elective orthopaedic centres in south east London:

	Site A	**Site B**
Option 1	Guy's Hospital	University Hospital Lewisham
Option 2	Guy's Hospital	Orpington Hospital
Option 3	University Hospital Lewisham	Orpington Hospital

This table will be displayed in the form of three maps

We think that all three of these options will give us greater improvements to inpatient orthopaedic care and be more cost effective than the existing plans our hospitals have to meet rising demand and improve care.

9.3 How did we arrive at this recommendation?

We have worked closely with patients, members of the public, orthopaedic clinicians, NHS trust managers and commissioners to develop and agree criteria for evaluating possible options for consolidating elective orthopaedic care.

This included both non-financial criteria and an analysis of the financial impacts of each option. All options were compared and scored against the existing hospital plans to expand and improve services.

9.3.1 The non-financial criteria are outlined below:

Travel and access – Which options mean the least number of people have to travel to a different site than they presently do, and how many would travel further (see 9.4, below).

Deliverability – How easy options would be to implement, how easy it would be to obtain funding to build and how flexible the option would be to if there we need to treat more patients than we expect.

Quality – Which options would deliver the best clinical outcomes for patients in south east London.

Patient Experience – Which options could deliver the best experience for patients and minimises the impact on disadvantaged patient groups.

Research and Education – Which options would give the greatest benefits in terms of developing research and educating clinicians

Workforce – How easy it is to attract, recruit and retain staff

We have also ruled out a number of options and hospital sites that did not meet our minimum criteria; these include sites where it is not clinically appropriate to develop orthopaedic services or where it would not be possible to deliver the agreed model.

9.3.2 Non-financial scoring

All of the three options we have considered offer better quality of care for patients in south east London than existing Trust improvement plans (see section 7).

- Option 2 (Guy's Hospital and Orpington Hospital) offers the most positive benefits to patient experience, quality and other non-financial criteria
- Option 1 (Guy's Hospital and University Hospital Lewisham) and Option 3 (University Hospital Lewisham and Orpington Hospital) offer positive benefits to patient experience and quality

9.3.3 Financial analysis

The financial analysis examined much it would cost to establish the new facilities under each option and how cost effective they would be in the future.

The financial analysis has shown that **all three options would save the NHS money** over a 20-year period, which includes repaying any initial investment required. All options would also achieve cheaper annual running costs by 2021 than existing hospital plans.

Option	Description	Investment required over 5 years	Minimum projected savings by	Payback period compared	Overall costs over 20 years

			2021	**with existing plans**	
	Hospital existing improvement plans	£2.1m	-	-	£823m
1	University Hospital Lewisham and Guy's Hospital	£14.3m	£9.2m	6 years	£722.5m
2	Guy's Hospital and Orpington Hospital	£4.1m	£2.4m	10 years	£809.3m
3	University Hospital Lewisham and Orpington Hospital	£13.3m	£5.1m	7 years	£766.3m

- Option 1 (University Hospital Lewisham and Guy's Hospital) offers the greatest benefit both in terms of reduction in cost by 2020/21 and in terms of overall cost over 20 years. However, this option also has the greatest up-front cost and the highest double running costs.
- Option 2 (Guy's Hospital and Orpington Hospital) offers the least financial benefit of the options. However, it requires the lowest up-front cost.
- Option 3 (University Hospital Lewisham and Orpington Hospital) offers less financial benefit than Option 1 (University Hospital Lewisham and Guy's Hospital) but requires a smaller up-front cost. However, over 20 years Option 3 still offers substantial savings compared to existing Trust improvement plans.

The process of evaluating the options is explained in more detail in our supporting information.

The financial benefits shown here are based on provider submissions that describe how they would each deliver an elective orthopaedic centre, however, we believe a prudent approach has been taken and further efficiencies could be possible. They also include building and staff overhead costs, which probably can be reduced. As we continue to develop our proposals we will work closely with providers to establish further financial benefit.

9.4 Travel and access

People have told us that being able to easily get to hospital for their procedure and then home again afterwards is an important issue. We have given a lot of thought to travel and access in developing these proposals.

Whilst a majority of elective orthopaedic care would still take place at your local hospital (outpatient appointments, follow-ups and day case surgery) patients may need to travel to a different hospital for inpatient surgery.

We analysed where patients currently choose to go, or are referred to, for their inpatient elective orthopaedic care. This showed that:

- 15% of patients currently travel outside of south east London.
- Two thirds of patients who travel to hospitals in south east London do not go to their nearest site.
- Across the options, between 30-50% of patients might have to travel to a different site than the one they currently travel to.

- For almost all patients that would need to travel further by car, the additional journey time is less than 20 minutes for all options.
- For most patients that experience a longer journey on public transport, the additional journey time is less than 30 minutes for all options.

More detail on the travel implications can be found in our supporting information.

As well as the impact of travel on patients we have been looking carefully at the implications of our proposals on potentially disadvantaged groups in the form of an Equalities Analysis. You can read more about this on our website in our supporting information.

Similar elective orthopaedic centres, such as the South West London Elective Orthopaedic Centre, run successful transport services for inpatients and we are looking at what works elsewhere, as well as taking your views, to understand how we could minimise the impact of this.

10. Who we have involved in these proposals

We have been developing our understanding of the issues facing orthopaedic services since 2014, and have taken the views of a wide range of groups throughout the development of these proposals, including:

- Patients and the public
- Doctors, nurses, other healthcare staff and health commissioners
- Representatives from providers (hospitals, GP surgeries etc)
- HealthWatch and other voluntary bodies in the community
- Clinicians and patients through the London Clinical Senate

You can read more about how we've involved different people in our plans on our website in our supporting information.

11. Tell us your views

We want to hear what you think of our proposals which aim to help provide planned orthopaedic services in the best way for patients across south east London.
Please remember that this consultation is not a 'vote'. We will take your responses into account along with a wide range of other information, including the views of staff, professional groups and organisations.

The consultation period will last for **14 weeks** from [DATE] to [DATE]. We have planned a range of activities in your local area which will allow us to hear your views. This includes events in each of the six south east London boroughs.

You can find out full details of when and where these events will be taking place on our website, or by calling our freephone number.

We are working with a team from the University of Kent, who will independently process all the feedback we receive. Only the research team will see your questionnaire. They will produce a report, which will include any comments you make. This report will be considered by local NHS commissioners, who will respond to its contents before a final decision is made.

A final decision will be made by the south east London NHS Committee in Common – a joint forum which includes voting members from the six south east London NHS clinical commissioning groups. This will not happen until after the feedback from the consultation has been considered – likely to be the spring of 2017.

We may be asked to release the comments you provide (excluding your personal details) to other people or organisations, under the Freedom of Information Act (2000), the Data Protection Act (1998) or the Environmental Information Regulations (2004).

Any views from individuals that we share or publish will be anonymised.

Contact us

We welcome the views and ideas of anyone in our community. There are a number of ways to tell us what you think:

- Call us free on xxxxxxxxxxxxxxxxxxx
- Complete and send us the form included with this consultation document
- Visit our website: www.ourhealthiersel.nhs.uk
- Write to us: Our Healthier South East London, PO BOX 64529, London SE1P 5LX or
- Email: ourhealthiersel@nhs.net
- Follow us on Twitter: @ourhealthiersel

Find out more about Our Healthier South East London at www.ourhealthiersel.nhs.uk or follow us @ourhealthiersel

Consultation questions

1.a. How far do you agree or disagree that improvements need to be made to planned adult inpatient orthopaedic surgery in south east London?

strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know

1.b. Please tell us why you say that
Free text (max. 2000 characters)

2.a. How far do you agree or disagree with the proposal to establish two elective orthopaedic centres in south east London?

strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know

IN CONTEXT DROP DOWN A (ON RESPONSE TO 2.a.)

2.b. How important were these factors for you when deciding whether or not you agree with the proposal? (please rate each 1 to 5, where 5 is very important and 1 is not important):

Expected positive impacts
LIST 1 – Positive impacts

	Important				Not important
	5	4	3	2	1
Your operation being less likely to be cancelled					
Having a shorter stay in hospital					
Getting a better overall result from your care					
Having a better experience of care					
All patients receiving a consistent standard of care					
Ensuring the NHS can treat a growing number of patients					
Support closer to home before and after surgery					

Impacts which might be less positive
LIST 2 – Negative impacts

	Important				Not important
	5	4	3	2	1
Some patients travelling further for surgery					
There may be a cost to the NHS in					

making these changes					
Financial impact on NHS trusts					
Impact on A&E services					

2.c. Do you have anything else to say about the proposal to establish two elective orthopaedic centres in south east London?
Free text (max. 2000 words)

3.a. We have set out three possible options for improving elective orthopaedic care in south east London. Which option do you think offers the best solution for patients?

(CHOOSE 1):

Option 1 – creating elective orthopaedic centres at Guy's Hospital and University Hospital Lewisham
Option 2 – creating elective orthopaedic centres at Guy's Hospital and Orpington Hospital
Option 3 – creating elective orthopaedic centres at Orpington Hospital and University Hospital Lewisham
None of these

3.b. Please tell us more…
Free text (max. 2000 characters)

4. Are there any reasons why these proposals might affect you, or the people you care for, more than they affect other people in south east London?
Free text (max. 2000 characters)

5 a. To what extent do you agree with the following statement:

I would be prepared to travel further to receive better care

strongly agree / agree / neither agree nor disagree / disagree / strongly disagree / don't know

5. b. Please tell us why you say that
Free text (max. 2000 characters)

5. c. What travel or access issues do you think we need to consider under these proposals and what could be done to make this easier?
Free text (max 2000 characters)

6. Do you have any other comments about how we have developed our proposals, the proposals themselves or the consultation process?
Free text (max 2000 characters)