

# ADULT ELECTIVE ORTHOPAEDIC SERVICES: ACHIEVING THE BEST VALUE FOR PATIENTS

## BULLETIN 1 – February 2018

Welcome to this first bulletin on the adult elective orthopaedics services review in North Central London. Please send this on to anyone you think might be interested.

We plan to send out regular updates over the next year as the review progresses.

### KEY POINTS

- We are launching a review of adult elective orthopaedic services across North Central London (NCL)
- While there are many examples of good practice within our current service offer, the care is fragmented with adult elective orthopaedic services available on twelve different sites within NCL
- there may be opportunities to improve the quality of care and achieve better outcomes and value for patients – the review will consider potential options for change
- the review will be clinically led and will be initiated as part of the North Central London Sustainability and Transformation Partnership (NCL STP)
- there will be patient, public and staff involvement at all stages of the review
- we expect the first part of the review to be completed by March 2019

### INTRODUCTION

Following agreement at the North Central London (NCL) Clinical Commissioning Committee meeting on 1 February 2018, we are launching a review of adult elective orthopaedic services across NCL.

This review will be clinically led and part of the North Central London Sustainability and Transformation Partnership (NCL STP), with decisions on any options on potential service changes to be taken by the Joint Commissioning Committee of the NCL Clinical Commissioning Groups.

It is anticipated that the first phase of the review will be completed by March 2019.

### BACKGROUND

Realising the opportunities for improving Musculoskeletal (MSK) patient care pathways is an agreed priority of the North Central London Sustainability and Transformation Partnership (NCL STP).

Under the STP planned care workstream we have established an STP MSK Design Group to bring together the projects already established in local CCGs to promote

prevention and appropriate pathways for patients with MSK conditions. These existing projects include work on the primary care elements of the pathways.

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## **CURRENT ADULT ELECTIVE ORTHOPAEDIC SERVICES**

There are already many areas of good practice in elective orthopaedics in North Central London. Through local engagement in prevention and improving MSK pathways, the length of stay in hospital has been reducing, complications and revision rates are within expected levels and local people benefit from having local access to regional specialised services.

The sector has made progress in reducing the cost to the NHS of expensive implants. There is also good work taking place on improving orthopaedic clinical pathways so patients access the right clinical expertise and time for patients and clinicians is not wasted.

An example is the Camden Integrated Musculoskeletal Service (CIMS) model. UCLH is the lead provider for Camden CCG and in parallel the Royal Free London is the proposed lead provider for Barnet and Enfield CCGs. Other sites work in partnership with these lead provider models of care. Haringey and Islington CCGs have identified community outpatient MSK as a priority area as part of their Wellbeing Partnership working with Whittington Health.

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## **OPPORTUNITIES FOR IMPROVEMENT**

However, the current system is not fully realising the potential to deliver the best possible care for patients.

We currently deliver secondary care orthopaedic interventions for NHS patients from NCL on twelve separate NHS and independent sector sites within NCL (plus other NHS and independent sector sites outside of NCL):

- Royal National Orthopaedic Hospital
- UCLH - University College Hospital
- UCLH - National Hospital for Neurology and Neurosciences, Queens Square
- Whittington Hospital
- North Middlesex University Hospital
- Royal Free London – Royal Free Hospital
- Royal Free London - Barnet Hospital
- Royal Free London - Chase Farm Hospital
- Royal Free London - Hadley Wood
- Highgate Private Hospital (Aspen)
- The Cavell Hospital (BMI Healthcare)
- The Kings Oak Hospital (BMI Healthcare)

Clinical leaders in orthopaedics both locally and nationally believe there is evidence that the best clinical outcomes for patients, patient care quality and efficiency benefits are optimised through ring-fenced orthopaedic elective care consolidated in critical mass and co-located with appropriate clinical support services and infrastructure. This allows replication of standardised best practice pathways of care responsive to individual patient needs. It also promotes the best workforce training and research and learning environment for recruitment and retention of staff.

The NCL STP Health & Care Cabinet, which includes clinical leaders from all providers and CCGs in NCL, have therefore concluded that there may be opportunities to achieve quality of care improvements for patients by reducing the fragmentation of secondary care that currently exists for the North Central London population.

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## THE REVIEW

The first phase of this Project will:

- *Establish the Adult Orthopaedic Services Review Group – with representatives from trusts, CCGs and patients*
- *Define the vision and case for change based on clear, detailed evidence including issues/gaps*
- *Develop, evaluate and shortlist options for improving services*
- *Develop Pre-Consultation Business Case (if options for change are recommended)*

Any proposal for change of service configuration which evolve from this project would need to meet the four tests of service reconfiguration as set out by NHS England in the document "Planning, assuring and delivering Service Change for Patients". There must be clear and early confidence that a proposal satisfies the four tests and is affordable in capital and revenue terms.

The government's four tests of service reconfiguration are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from commissioners.

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## ENGAGEMENT

Ensuring appropriate engagement, in accordance with NHS guidance and aligned with the Gunning Principles of involving patients and the public, clinicians and other staff is critical success factor.

Clinical engagement will be led by clinicians assigned to the project. Key decision points will be progressed through the STP Health & Care Cabinet and/or using independent clinical review. We will also use the existing STP MSK design group as a critical point of engagement to ensure alignment with wider MSK pathway redesign. This will bring together joint working on the different local CCG work on MSK pathways as well as the secondary care aspects being covered by this project.

Patient and public involvement is a critical success factor and early engagement with patients and local people will be helpful in ensuring the review takes a clear direction through co-production from the start of the programme. A key point is to ensure at an early stage, the process involves listening to patients to establish what they consider important about the services, and what could be improved, before developing options about what might change. Where possible we will use existing patient and public engagement mechanisms which have been put in place as part of the wider local MSK redesign work.

We will discuss the appropriate approach to patient and public involvement with local HealthWatch organisations and the Joint Health Overview and Scrutiny Committee.

We will engage fully with Staff and trade unions through this phase of the review, and if any changes are recommended a full staff consultation process will follow.

Regular information bulletins will be available for staff, patients and the public through the course of the review.

Should you have any questions or want to find out more about the review, please email the Review Team at [nclstp.orthopaedics@nhs.net](mailto:nclstp.orthopaedics@nhs.net)