

23 December 2019

By email:

Professor Fares Haddad, Clinical Lead, NCL Adult Elective Orthopaedic Services Review
Will Huxter, Joint Programme SRO, NCL Adult Elective Orthopaedic Services Review
Robert Hurd, Joint Programme SRO, NCL Adult Elective Orthopaedic Services Review

Dear Fares, Robert and Will,

I am writing to confirm that the proposed North Central London (NCL) elective orthopaedics reconfiguration has successfully completed the NHS England assurance process. You may proceed to consultation, subject to your Clinical Commissioning Groups (CCGs) governance and statutory responsibilities.

We have completed assurance based on: information provided to our Finance and Reconfiguration Leads; documentation, including the Pre-Consultation Business Case (PCBC) and London Clinical Senate report; and your presentation to us and subsequent discussion on 13 November.

Thank you to you and your team for attending on 13 November which was the final assurance stage. In your presentation you highlighted the intention to move from 10 sites providing elective orthopaedics to 3, the overall clinical system to be overseen by a Clinical Network. You foresee increased orthopaedic demand including a disproportionate increase in complex cases driven by the aging population and patients' weight. We discussed the patient benefits of achieving a 'critical mass' of patient operations in the main sites. You also stressed the importance of, and opportunity to, improve rehabilitation services, particularly for complex patients. You also described other workforce benefits, including a collateral benefit to trauma services by separating pathways. You foresee improvements to recruitment and retention as the centres of excellence develop. You recognised that if the changes go ahead they will increase travel times for patients and relatives / visitors during their inpatient stay and this has already been raised in pre-consultation engagement. We noted that outpatient and other procedures will continue to be available locally, nevertheless you recognised the impact of travel time increases and committed to mitigate them.

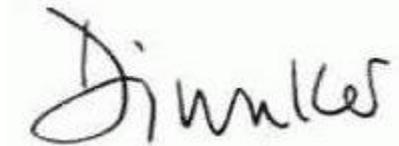
In the subsequent discussion we highlighted the importance of Clinical Board and networking arrangements. You explained the importance of enhancing the current clinical quality arrangements, for example in reviewing 'never events', while not eroding organisations' obligations for safety. You also described learning from similar models elsewhere including SW London which had highlighted the importance of HDU and rehabilitation. Digital will be a crucial enabler of the network arrangements. You explained the opportunities to link records across systems and potential learning from the NE London image sharing pilot. We noted the proposal's focus on low volume surgeons and units and stressed the importance of clinicians, Trusts, commissioners and Clinical Network working together on implementation to deliver the key volume objectives.



Finally, we noted the financial as well as patient quality benefits. The expectation is there will be commissioner savings, for example by reducing readmissions and cancellations and provider savings. There will also be some costs and your financial framework will ensure no organisation is worse off. The panel discussed the financial agreements that had been reached across the STP and noted that an MOU setting out these principles had been signed by all providers and commissioners; these were set out very clearly in the pre-consultation business case. The MOU made explicit the principle that no trust would be financially disadvantaged by the programme and a compensation package will be agreed between the trusts in each of the two partnerships to correct any financial imbalance. The panel noted that the financial modelling would be worked through in detail in the decision-making business case (DMBC) and that this would specifically look to drive down both stranded and implementation costs. The DMBC would include as an appendix detailed financial agreements between each of the two partnerships.

Thank you again for your very helpful presentation. As this programme falls within the NHS England Regional discretion for Regional assurance, I can confirm you may now proceed to consultation, subject to your governance arrangements and the decision of the North Central London Joint Commissioning Committee.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Diwakar', is written over a light grey rectangular background.

Dr Vin Diwakar
Regional Medical Director & CCIO | Medical & Digital Transformation Directorate
NHS England / NHS Improvement (London Region)