

Adult Elective Orthopaedic Services: Achieving the best value for patients

1. INTRODUCTION

This paper sets out a proposal to establish a review of adult elective orthopaedic services across North Central London (NCL).

This review will seek to identify opportunities to:

- improve outcomes for patients
- improve quality of services by reducing unwarranted variation
- improve value for money

It is proposed that this review will be clinically led and undertaken as part of the North Central London Sustainability and Transformation Partnership (NCL STP), with final decisions on any proposed changes to be taken by the Joint Commissioning Committee of the NCL Clinical Commissioning Groups.

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

2. 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 best pathways for patients with MSK conditions. These existing projects include work on the primary care elements of the pathways.

There are already many areas of good practice in elective orthopaedics in North Central London – local engagement in prevention and improving MSK pathways, the length of stay in hospital has been falling, complications and revision rates are well within expected levels and the local population benefits from having local access to regional specialised services. The sector has also made progress in reducing the costs to the NHS of expensive implants. There is also good work taking place to increase focus on improving orthopaedic clinical pathways so that patients access the appropriate clinical expertise that they need and that wasted time for patients and clinicians is avoided – for example the Camden Integrated Musculoskeletal Service (CIMS) model has UCLH as the lead provider for Camden CCG and Barnet and Enfield CCGs have in parallel identified the Royal Free London as the proposed lead provider. Other providers work in partnership with these lead provider models of care. Haringey and Islington have identified community outpatient MSK as a priority area as part of their Wellbeing Partnership working in partnership with Whittington Health.

However, it is also recognised that the current system is not fully realising the opportunities available to deliver the best possible care for patients. We have used two nationally available analyses to identify opportunities for improvement:

- *NHS RightCare* - a national NHS England supported programme committed to delivering the best care to patients, making the NHS's money go as far as possible and improving patient outcomes; and

- NHS Improvement's *Getting It Right First Time (GIRFT) Programme* – which aims to help to improve the quality of care within the NHS by reducing unwarranted variations, bringing efficiencies and improving patient

The analysis of historic and current activity and patient outcomes from these programmes has identified significant opportunity for reducing unwarranted variation and improved patient outcomes in relation to the delivery of elective secondary care orthopaedic services. Realising these opportunities for patients also comes with potential for significant corresponding financial benefits to the local NHS, supporting a more sustainable financial landscape for the future. It is recognised these financial benefits fall across commissioner and provider plans and that this project is an enabler to catalyse these quality and financial benefits to the North Central London population.

We currently deliver secondary care orthopaedic interventions for NHS patients from NCL from 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)

Volumes of adult surgical procedures by NHS provider and procedures undertaken at each site are set out in appendix one.

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

This paper therefore proposes the formal establishment of project to review how to deliver the best outcomes for patients and best value in the *secondary and tertiary planned adult elective orthopaedic care setting* - an important component of the overall patient care pathway. This project is a sub set of the wider MSK care pathway work in the STP (including primary care).

3. PROPOSED ADULT ELECTIVE ORTHOPAEDICS SERVICES REVIEW

The purpose of this project is to realise positive patient outcome and improvement opportunities in areas recognised to be detrimental to quality and productivity in orthopaedics. The case for change will build on the opportunities for patients that are considered to be available across the following areas:

- Reducing cancellations, reducing complications and ensuring the best patient outcomes for orthopaedic interventions;
- Reducing unnecessary time spent in hospital before and after orthopaedic surgical interventions;
- Ensuring all care is based on the best evidence with compliance with CCG policies on procedures of limited clinical effectiveness;
- Ensuring services are best placed to have the best workforce and an environment which promotes training and the recruitment and retention of staff;
- Promoting research to ensure a culture of learning and promoting best practice and excellence in patient care;
- Getting best value services through the optimum use of facilities dedicated to expert care in orthopaedics – staff, equipment and facilities geared up to provide the best care.

The objectives will also include the promotion of further engagement of secondary care in supporting prevention and best practice MSK patient care pathways and helping to ensure that the NHS recruits and retains the staff that are needed to provide the highest possible standards of care.

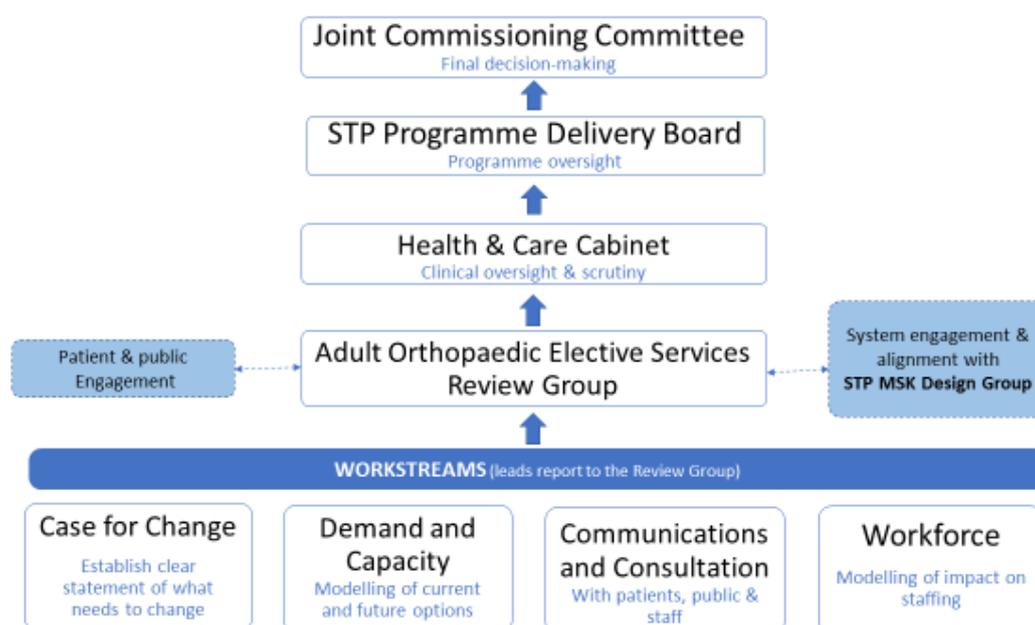
Other important factors which will need to be considered in the review are patient travel time will and financial efficiency.

It is also important that the improvement opportunities in elective orthopaedics are not realised at the expense of unintended consequences on other services. Therefore the project will also consider important interdependencies with other services – such as trauma services; such services are outside of the scope of this project but obviously any impact of recommendations from this project need to evaluate the impact on services outside of the scope of the project.

4. GOVERNANCE

It is proposed the project is undertaken as part of the NCL STP, and that it is led by a new *Adult Elective Orthopaedic Services Review Group* with Rob Hurd (CEO at RNOH) as Project Sponsor and Professor Fares Haddad (UCLH and Chair of the NCL STP MSK Design Group) as Clinical Lead. The review will make recommendations to the CCG’s Joint Commissioning Committee, which will make final decisions on whether to proceed to consult on any proposals for change.

The proposed governance structure for this review is set out below:



The respective roles of the groups would be as follows:

- **Adult Orthopaedic Elective Services Review Group** – to plan and oversee the review including the development the case for change; demand and capacity modelling, communications and engagement; workforce modelling; and the development and evaluation of options (see proposed mandate below). The review group will make recommendations to the Joint Commissioning Committee for decision-making
- **STP MSK Design Group** – to share progress and ensure alignment with the wider STP MSK pathway review programmes
- **STP Health & Care Cabinet** – to provide system clinical oversight and scrutiny and final endorsement of the emerging clinical models to the STP Programme Delivery Board. To help source independent clinical advice if required. To support the members of the review group in leading the amplification and ‘buy-in’ of clinical decisions within their respective organisations.
- **STP Programme Delivery Board** – to review progress of the adult elective orthopaedics review as part of the wider planned care workstream and ensure alignment with other STP programmes
- **Joint Commissioning Committee** – to agree to the establishment of the review, receive recommendations for the Review Group and make final decisions on any service configuration options. The Joint Commissioning Committee has delegated commissioning decision-making powers on acute services on behalf of the five CCGs in NCL

Any impact on Specialised Services commissioned by NHS England Specialised Commissioning will require their separate approval. However, this project is complementary to NHS England’s review of specialised services and moves to place based leadership of specialised service planning.

5. INITIAL PROJECT MANDATE

The proposal is for an initial project mandate covering the following responsibilities:

1) **Establish the Adult Orthopaedic Services Review Group**

In order to be effective all Trusts and CCGs must recognise and agree that the Adult Elective Orthopaedic Services Review Group is the official forum through which all new plans for secondary care orthopaedic services must be developed after which they will be submitted for approval by the Joint Commissioning Committee.

Having appropriate representation on the proposed review group will be very important. Therefore membership of the review group will be drawn from each of the main provider organisations together with CCG and specialist commissioning representation. The role of the members on the review group will include responsibility for ensuring effective communication and engagement with the wider staff group within their organisation. Ensuring effective input from social care will be discussed with Directors of Adult Services.

The appropriate mechanism to ensure patient and public input to the review group to help co-produce from the outset of the programme will be discussed with local HealthWatch leaders and the Joint Overview & Scrutiny Committee.

Proposed membership of the review group will include:

- Clinical chair – Professor Fares Haddad, UCLH
- Project sponsor – Rob Hurd, Chief Executive, Royal National Orthopaedic Hospital)
- A clinical representative from each provider site (with more than 5% of overall activity)
- Clinical representatives of the CCGs
- A representative of specialised commissioning
- A representative of NHS England
- Patient & Public input (as agreed with HealthWatch)

- 2) **Define the vision and case for change** based on clear, detailed evidence including issues/gaps identified from:
- a) Clinical outcomes indicators
 - b) External review and analysis of activity, demand and capacity
 - c) Financial data and information from both Trusts and Commissioners
 - d) Patient experience data and information
 - e) Local context (e.g. forthcoming opportunities and developments)

This element is a key to success – the system needs to develop a clear and shared vision of what needs to change and why, including a clear understanding of how it can capitalise on current opportunities and overcome constraints.

- 3) **Develop, evaluate and shortlist options for improving services** i.e. the range of credible interventions (evidence based) that could be implemented in order to address the issues/gaps in current service arrangements to deliver improvements in quality, outcomes and value for money.
- 4) **Develop Pre-Consultation Business Case** (if options for change are recommended from phase 3)
- a) Case for Change
 - b) Options Appraisal (Quality, Outcomes, Patient Experience, Finance, Capacity etc.)
 - c) Recommendations on preferred option.

Any proposals 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.

Commissioners would also need to consider when to engage with NHSE for the Strategic Sense Check which takes place once Commissioners conclude they have a sufficiently robust case for change and a set of emerging options, or earlier if the potential implications are far reaching.

The Sense Check will:

- Explore the case for change and the level of consensus for change.
- Ensure a full range of options are being considered, that potential risks are identified and mitigated; and that options are feasible.
- Ensure high level capital cost and revenue affordability implications are being properly considered.
- Show impact on neighbouring commissioners and populations has been considered.
- Ensure assessment against the 'four tests' is ongoing and other best practice checks are being applied proportionally.

6. ENSURING APPROPRIATE ENGAGEMENT

It is recognised that ensuring appropriate engagement with patients and the public, clinicians and other staff is a key factor for success.

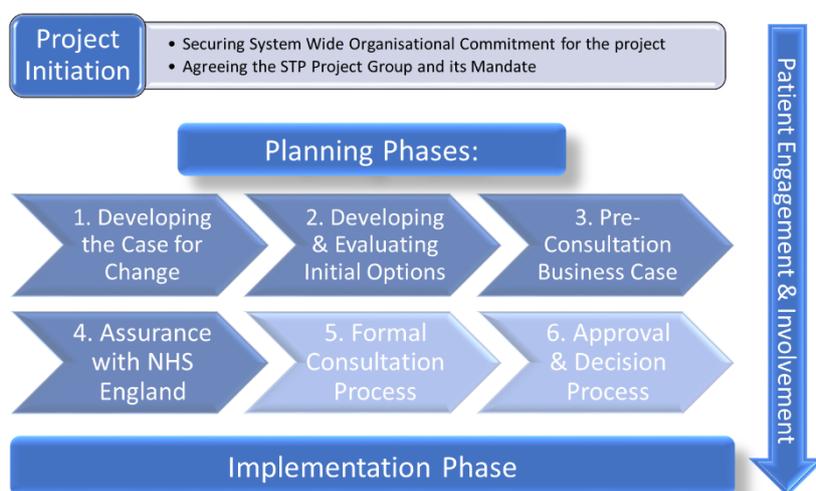
Clinical engagement will be through the clinical leads assigned to the project. Any key decision points will be taken through the STP Health & Care Cabinet and/or using independent clinical review. We will also use the existing STP MSK design group as a key means of engagement to ensure alignment with wider MSK pathway redesign and to 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 very important to the success of the process and early engagement is helpful in ensuring the right direction through co-production from the outset of the programme. A key point is to ensure that at an early stage, the process involves listening to patients to establish what they think is important about their services and what needs to improve before developing options about what to 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 & public involvement with both leaders of the local HealthWatch organisations and the Joint Health Overview & Scrutiny Committee.

7. PROJECT TIMESCALES & PROJECT CAPACITY

Should the project come up with any proposals to change the current pattern of service delivery, based on the engagement exercise and evaluation of ways to improve services, and then the project would need to take into account the formal process that must be followed for any potential service change of this nature. The project would be divided into a number of phases, which are outlined in the diagram below:



This is a complex project with a number of parallel strands. This project proposal covers at high level, those actions required to reach development of a pre-consultation business case. It is anticipated that this will take around 12 months (i.e. by March 2019 if agreement is reached to proceed as recommended by this paper). More detailed timescales and deliverables will be formally agreed specified as the full project plan is worked up, assuming the project is approved.

Project support will be jointly funded through national funding from the Get It Right First Time (GIRFT) programme and the STP programme budget. Recruitment to programme support posts will proceed following approval of the project at the Joint Commissioning Committee.

Individual Trust contributions will be in the form of analytics, clinical input and capital planning around options. Therefore elements of this will be from within existing resources available within Trusts and so contributions from individual organisations will be dependent on their in-house capacity to support these aspects of the project.

Depending on the outcome of this phase of the project, if there is a proposal for change agreed by the Joint Commissioning Committee there will be a further stage of work. This would include final business case development once the preferred option is selected, full public consultation and if approved an implementation plan. This next phase would require agreement of additional resource which is not covered in this proposal.

8. RECOMMENDATIONS

The Joint Commissioning Committee is asked to approve the establishment of the Adult Elective Orthopaedic Services Review Group as set out in this paper.

APPENDIX ONE

Table One - Activity Numbers: Adult Surgical Procedures (all commissioners)

Trust	Primary hip replacement	Revisional hip replacement	Repair of fractured neck of femur	Primary knee replacement	Revisional knee replacement	Primary shoulder replacement	Shoulder sub-acromial decompression	Primary elbow replacement
North Middlesex	110	7	230	188	8	17	80	<5
Royal National Orthopaedic Hospital	348	173	<5	438	102	80	59	16
The Royal Free	180	8	199	199	12	11	58	<5
University College London Hospitals	284	29	154	263	35	19	131	<5
Whittington	158	19	132	136	7	9	92	<5
Trust	Carpal tunnel release	Wrist arthrodesis (fusion)	Dupuytren's fasciotomy	Primary ankle replacement	Ankle arthrodesis (fusion)	Spinal	Other	All
North Middlesex	152	<5	18	<5	<5	119	1987	2923
Royal National Orthopaedic Hospital	35	<5	<5	21	45	1562	1444	10270
The Royal Free	62	<5	126	<5	<5	1010	1606	6254
University College London Hospitals	196	<5	41	<5	<5	1500~	1650	3592
Whittington	156	<5	24	<5	<5	276	1843	2091

Activity by NHS Trust Source and year: HES 2015-16

Note: Royal Free activity includes Royal Free Hospital, Barnet Hospital and Chase Farm Hospital

UCLH includes University College Hospital and National Hospital for Neurology and Neurosciences

Table Two - Activity Numbers: Total day Case and elective admissions 2016/17 (NCL CCGs only)

Royal Free London NHS Foundation Trust	3390
North Middlesex University Hospital NHS Trust	2523
The Whittington Health NHS Trust	1971
University College London Hospitals NHS Foundation Trust	1878
Royal National Orthopaedic Hospital NHS Trust	1024
Highgate Hospital (Aspen)	290
The Cavell Hospital (BMI Healthcare)	259
The Kings Oak Hospital (BMI Healthcare)	223
Other NHS Providers (outside of NCL)	766
Other independent sector providers (outside of NCL)	214
Total	12538

Source: NELCSU

Note: Royal Free activity includes Royal Free Hospital, Barnet Hospital and Chase Farm Hospital

Note: UCLH includes University College Hospital and National Hospital for Neurology and Neurosciences

Table Three- Orthopaedic services by site (NHS Providers only)

Site	Orthopaedic Surgical Sub Specialty	Other MSK Services
Barnet Hospital (part of Royal Free London)	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand (carpel tunnel release) • Foot & Ankle 	<ul style="list-style-type: none"> • Pain management & rehabilitation
Chase Farm Hospital (part of Royal Free London)	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand (carpel tunnel release) • Foot & Ankle 	<ul style="list-style-type: none"> • Pain management & rehabilitation
North Middlesex University Hospital	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand (carpel tunnel) • Foot & Ankle • Spinal (Injections) 	<ul style="list-style-type: none"> • Pain management & rehabilitation
Royal National Orthopaedic Hospital	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand • Foot & Ankle • Spinal (Surgery & Injections) • Peripheral Nerve Injury • Sarcoma (soft tissue and bone tumour) 	<ul style="list-style-type: none"> • London Spinal Cord Injury Centre • National Specialist Rehabilitation Programmes • Specialist Pain Management programmes
Royal Free Hospital (part of Royal Free London)	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand • Foot & Ankle • Spinal (Injections) 	<ul style="list-style-type: none"> • Pain management & rehabilitation
UCLH Including National Hospital for Neurology and Neurosciences	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand • Foot & Ankle • Spinal (Surgery & Injections) 	<ul style="list-style-type: none"> • Pain management & rehabilitation • Specialist sports surgery
Whittington Health	<ul style="list-style-type: none"> • Lower Limb Arthroplasty • Upper Limb • Hand • Foot & Ankle • Spinal (Surgery & Injections) 	<ul style="list-style-type: none"> • Pain management & rehabilitation

