

Clinical Evidence Supporting the Case for Change (2019/20)

Policy/best practice document	Evidence supporting change
<p>A national review of adult elective orthopaedic services in England</p> <p>Getting It Right First Time (GIRFT 2015).</p>	<p>Higher volumes of surgical activity lead to better patient outcomes.</p> <p>Clinical advantages of dedicated beds are well documented and include reduced infection rates, shorter length of stay and fewer cancellations.</p>
<p>GIRFT is piloting separating trauma and planned surgery and ring-fencing orthopaedic services in eight national sites.</p>	<p><i>United Lincolnshire Hospitals NHS Trust (April 2018 to December 2018)</i></p> <ul style="list-style-type: none"> • Reduced length of stay from 3.6 to 2.5 days • Reduced cancellation rates (decrease from 32% to 3%) • Reduced infection rates • Reduced waiting times • Increased capacity of emergency beds making A&E more efficient.
	<p><i>Gloucester Hospitals NHS Trust (six-month trial to May 2018)</i></p> <ul style="list-style-type: none"> • Increase in the volume of elective activity (14%) • Reduction in the number of patients cancelled in the week prior and on the day (50%) • Trauma cancellations down from an average of eight per week to three per week • Length of stay reductions for all hip replacement (5.2 to 4.49 days) and all knee replacements (4.7 to 4.4 days) • Number of A&E breaches attributable to trauma and orthopaedics down from average of eight per week to one per week.
	<p><i>East Kent Hospitals University NHS Foundation Trust. (Comparison November to March 2017/18 and November to March 2018/19)</i></p> <ul style="list-style-type: none"> • Increase in productivity (30%)

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	<p><i>Royal Cornwall Hospitals NHS Trust (April 2018 to April 2019)</i></p> <ul style="list-style-type: none"> • Increase in activity (37%) • Reduction in backlog (19%) • Reduction in 52 week waits to zero
<p>Separating emergency and surgical care: recommendations for practice</p> <p>Royal College of Surgeons (2007)</p>	<p>Separating elective care from emergency pressures through the use of dedicated beds, theatres and staff can, if well planned, resourced and managed, reduce cancellations, achieve more predictable workflow, provide excellent training opportunities, increase senior supervision of complex/emergency cases, and therefore improve the quality of care delivered to patients.</p> <p>Hospital-acquired infections could be reduced by providing protected elective wards and avoiding admissions from the emergency department and transfers from within/outside the hospital.</p>
<p>Reconfiguration of clinical services: what is the evidence?</p> <p>The King's Fund (2014)</p>	<p>Separating elective surgical workload could improve efficiency and avoid cancellations However, the efficiency gains could be affected by patient case-mix and demand.</p> <p>Separation may improve the quality of care due to the more predictable workflow and increased senior supervision of complex cases.</p> <p>Patients could be willing to choose a more distant provider to receive higher-quality or faster care.</p>
<p>International Society of Orthopaedic Centers</p>	<p>The International Society of Orthopaedic Centers (ISOC) facilitates the exchange of ideas and best practices among the premier specialty orthopaedic institutions in the world and collaborates on patient care, education, and research-based programs to advance improvements in orthopaedic care on a global scale.</p> <p>The organisation defines a centre of orthopaedic excellence as:</p> <ul style="list-style-type: none"> • A dedicated orthopaedic specialty hospital or a large department within a hospital • Performs more than 5,000 orthopaedic procedures each year • Has an orthopaedic staff of more than 20 surgeons who collectively publish more than five annual articles in peer-reviewed publications

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	<ul style="list-style-type: none"> Conducts and exhibit a commitment to basic and clinical research, and Functions as or within an academic centre (i.e. there must be orthopaedic residents or fellows in training).
<p>Examining new options and opportunities for providers of NHS care.</p> <p>The Dalton Review (2014)</p>	<p>Alternative organisational models help drive improvements in the quality of NHS services the report highlights the importance of execution in turning potential gains into real benefit.</p> <p>There are several joint ventures in place in the NHS with this type of reconfiguration primarily implemented where critical mass enables the effective delivery of clinical standards or performance targets, such as in elective orthopaedics.</p> <p>South West London Elective Orthopaedic Centre is highlighted as a model of good practice. Some of the outstanding features of the elective orthopaedic centre have been enabled by its status as a joint venture, which, crucially, has separated the activity of the centre from that of its member trusts, allowing them to plan care strategically and without disruption from other services. Major benefits of this separation have been the ability to standardise patient care pathways, pool clinical excellence and make sizeable savings on procurement.</p>
<p>NHS Long Term Plan</p> <p>NHS England (2019)</p>	<p>Separating urgent care from planned services could make it easier for hospital trusts to run efficient surgical services. Ring fenced capacity from cold (elective) sites reduce the risk of operations being postponed. Complex urgent care delivered from hot (emergency) sites improve trauma assessment, access to specialist care and ensure patients get the right expertise at the right time.</p>