Improving planned orthopaedic inpatient surgery in north west London

Decision-making business case

Proposal developed by
NHS North West London
Acute Provider Collaborative

Supported by
NHS North West London Integrated Care Board

Table of contents

1 Executive summary

1.1 Overview

This decision-making business case (DMBC) sets out the case for bringing together much of the routine, inpatient orthopaedic surgery for the population of north west London in a purpose-designed, centre of excellence at Central Middlesex Hospital (CMH), completely separated from emergency care services. The North West London Integrated Care Board (ICB) is asked to endorse the DMBC and give the go-ahead for the proposal to proceed to the development of a full business case and implementation.

The centre will form a key part of an improved inpatient pathway for adults who need routine, planned orthopaedic procedures, such as a hip or knee replacement, who are otherwise generally well. Outpatient care (including pre-operative assessment and post-operative rehabilitation and follow-up) will continue to be available at a range of north west London hospitals, with responsibility for the end-to-end care of eligible patients remaining under the surgical team of their 'home' orthopaedic hospital. Their 'home' surgical team will travel with them to undertake the surgery, supported by the centre's permanent clinical support team. Day case and complex orthopaedic surgery will also continue in the north west London hospitals where they are provided currently.

The DMBC follows on from a pre-consultation business case (PCBC) published on 27 September 2022 and now reflects and responds to views, concerns and suggestions gathered from a wide range of stakeholders, including through an extensive public consultation involving over 1,959 individuals or organisations. The DMBC also takes into account the formal response to the proposal of the North West London Joint Health Overview and Scrutiny Committee (JHOSC).

The DMBC includes a refreshed integrated impact assessment (IIA) which systematically evaluates the likely impact of the proposal on different groups within the population of north west London, including those with protected characteristics.

Further assurance on the proposal was sought from two external bodies. The London Clinical Senate (LCS), an impartial arm's length advisory body, was supportive of the case for change and the direction of travel. The proposal also underwent assessment against the Mayor of London's six tests to be applied to all proposals for significant service change. The Mayor's review recognised the significant opportunity presented by the proposal to improve patient outcomes, reduce waiting times and tackle the planned care backlog more efficiently. Both reviews included recommendations which have been addressed within the DMBC through a refreshed IIA, more detailed workforce planning and additional analysis.

The DMBC has been developed in line with the NHS England guidance document, *Planning, assuring and delivering service change for patients (version 3, March 2018)* and *Addendum to Planning, assuring and delivering service change for patients, May 2022*.

The DMBC sets out a clear rationale for change in planned orthopaedic surgical care, with updated evidence, including:

- growing demand and increasing waiting times
- population health challenges, including large health inequalities
- underperformance against key quality indicators, wide variations in quality and disruption to planned care caused by surges in unplanned care
- insufficiently joined-up care across primary, community and acute services and care that is not sufficiently focused on the needs of the patient
- unnecessary variations in theatre utilisation and downtime
- staff recruitment and retention challenges.

While independent evaluation of responses to the public consultation showed overall support for the proposed changes to planned orthopaedic inpatient surgery, a number of concerns and suggestions were raised that have been carefully considered in the development of the DMBC. This has resulted in revisions to the proposal set out in the PCBC, primarily in the following five areas.

The five themes and our responses in summary are:

Travel

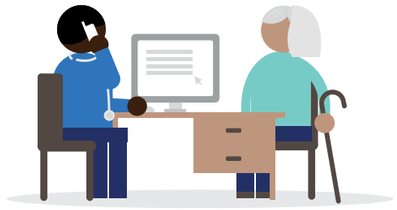
Issues: Journeys to Central Middlesex Hospital may be too complex, long or expensive for some patients.

Responses: We commissioned a detailed review of travel by public transport, helping to inform a three-step travel support solution, including the provision of free travel for patients unable to travel to or from the elective orthopaedic centre for their surgery independently or via an existing patient transport scheme and who would encounter a long, complex and/or costly journey by public transport. We anticipate this transport offer will be for around a third of elective orthopaedic centre patients.

Site location

Issues: There was less support for the elective orthopaedic centre to be located at Central Middlesex Hospital, primarily due to travel concerns. Some people, primarily staff and stakeholders in Hillingdon, would prefer the centre to be located at Mount Vernon Hospital.

Responses: We reviewed our assumptions for the site options appraisal to check the validity of our preferred location. Central Middlesex continues to score highest against clinical criteria, has the shortest median travel time by car and by public transport and meets a higher number of desirable criteria.



Clinical model and patient experience

Issues: With the elective orthopaedic centre focusing on the surgical procedure and 'home' hospitals on the pre- and post-operative care, there is a risk that care is not fully joined-up across hospitals. There are also concerns about lack of connectivity between hospital and community services.

Responses: The clinical model has been developed with consideration of the whole patient pathway. We are working closely with the ICB on reprocurement of community musculoskeletal (MSK) services to help ensure speedy access to specialist advice and decision-making and seamless discharge and rehabilitation support. All care, other than the actual surgery, would continue to be provided at a patient's 'home' orthopaedic hospital or, where appropriate, via digital platforms. And we are developing a cadre of 'patient navigators' to provide easy, direct access to information and support about all aspects of the service, including transport.

Workforce model and staff experience

Issues: Some staff seem uncertain about or opposed to the proposal and there is a risk there won't be enough staff for the elective orthopaedic centre and/or continuing orthopaedic services at the other hospitals across north west London.

Responses: While the proposal has been clinically led throughout, we need to do more to involve more staff in detailed planning and implementation. This further input will include shaping the most effective workforce model and recruitment approach. Consultants from each of the 'home' orthopaedic hospitals will travel with their patients to provide the surgery and we will develop opportunities for some other staff to 'rotate' between – spend blocks of time in – the centre and other orthopaedic services to develop experience and build skills across a range of care. As orthopaedic services will continue at each of the 'home' orthopaedic hospitals, we do not expect that anyone will have to move to the centre if they did not wish to do so, although we anticipate that a significant number of staff will want to move. With any approach, we will need to recruit permanent staff – for the centre and/or for services at other hospitals – and so have begun to explore a collective recruitment campaign.

Equity

Issues: There are concerns over the potential for exacerbating or creating inequalities.

Responses: We have put a strong focus on ensuring equity throughout the development of our proposal, including the use of the IIA alongside our consultation feedback to identify key challenges and responses. We know that people from black, Asian and other minority ethnic communities may be less likely to seek orthopaedic surgery than other groups, which the proposal will help tackle through even more detailed waiting list monitoring and improved communications, engagement and support. We will work closely with the ICB on the reprocurement of MSK services to address this across the whole patient pathway. We are putting in place specific approaches to preventing and addressing potential digital exclusion. For patients with more complex needs who are not eligible for the elective orthopaedic centre, the efficiencies we gain from consolidating low complexity care at a centre of excellence will be shared across all four acute trusts for the benefit of all orthopaedic patients. And the additional support we will provide for patients who would have long, complex or expensive journeys to Central Middlesex is being shaped particularly by the needs of patients who would find it difficult to travel by public transport and/or were less likely to have private means of transport.

More broadly, the DMBC details how the proposal – and the clinical model in particular – has evolved in response to feedback from stakeholders and how it is intended to be refined further as it moves forward into implementation. As such, the DMBC is not an implementation plan for the proposal, nor is it intended to provide all of the detail of a full business case (FBC) which is required to secure capital funding. However, it does aim to provide the evidenced rationale for a decision to proceed to the production of an FBC and to signal the additional information that needs to be addressed within that case.

The DMBC includes a refreshed benefits realisation plan that draws on a range of evidence and analysis to set out anticipated, tangible benefits under a range of headings. This includes:

- all orthopaedic surgery patients will have faster and fairer access to surgery
- patients at the elective orthopaedic centre will be much less likely to have their operation postponed due to emergency care pressures
- orthopaedic surgery will be of a more consistently high quality, benefitting from latest best practice and research, provided by clinical teams highly skilled in their procedures
- the elective orthopaedic centre will be extremely efficient, enabling more patients to be treated at a lower cost per operation
- staff will have a greater range of opportunities to develop their skills and experience

Finally, the DMBC includes detail on how the proposal will be taken forward in terms of governance, finances and detailed implementation.

1.2 Background

The four acute NHS trusts in north west London – Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust (LNWH) – worked together increasingly closely throughout the response to COVID-19. This led to the establishment of a formal acute provider collaborative in July 2022.

As we emerged from the COVID-19 pandemic, the collaborative developed a more strategic approach to its planned care recovery, aligned to the strategy of the wider North West London ICB. In addition to restoring capacity and tackling long waits, the collaborative sought to address long-standing needs to improve the quality, equity, efficiency and sustainability of its planned care. The four acute providers aimed to build on a number of 'fast track surgical hubs' they established during the pandemic. Orthopaedics was identified as the first area for further development as a surgical speciality with some of the longest waits and where there are wide variations in the application of best practice and where quality indicators show potential for significant improvement.

To support collaborative and coordinated working across the acute providers, a lead provider model was put in place alongside the development of the initial fast track surgical hubs. LNWH is the lead provider for orthopaedic care and, again drawing on evidenced best practice, the trust led work exploring with partners the potential for a dedicated elective orthopaedic centre for north west London. Exploration of the potential for an elective orthopaedic centre for north west London became more formalised in late 2021 with the setting up of collaborative-wide project teams and oversight mechanisms. The work also benefited from an opportunity to align improvements in planned acute care with a review of the wider MSK pathway being led by the ICB on similar timescales.

The exploratory work undertaken in 2021 and 2022 culminated in a formal proposal by the acute provider collaborative, supported by the ICB, to develop an elective orthopaedic centre for north west London. In line with legislation, the ICB (as 'commissioner' of the services) and the North West London JHOSC (as the relevant oversight and scrutiny committee), agreed that the proposal reflected a 'substantial material' service change and a legal duty of public involvement was discharged by way of public consultation. A PCBC was approved by the ICB on 27 September 2022 and a public consultation, incorporating feedback from JHOSC and other stakeholders, took place between 19 October 2022 and 20 January 2023.

The North West London JHOSC considered the proposal formally at its meeting on 8 March 2023 and verbally responded.

1.3 Public consultation approach and evaluation

This public consultation sought views on the main proposal to develop an elective orthopaedic centre for north west London and the preferred location for the centre at Central Middlesex Hospital. The consultation period ran from 19 October 2022 until 20 January 2023. The process was led jointly by NHS North West London and the North West London Acute Provider Collaborative.

The consultation was supported by the specialist agency, Verve Communications Ltd, who also undertook an independent evaluation of the responses. Verve produced a comprehensive consultation evaluation report which was published in February 2023.

The proposal was discussed at the North West London JHOSC meeting on 20 July 2022 and draft PCBC documents, consultation delivery plans and related materials were shared with health and adult social care cabinet members and health scrutiny committee chairs for the eight local authorities in north west London. The Collaborative also submitted reports to and attended the following local authority meetings: Health and Adult Social Care Policy and Accountability Committee, London Borough of Hammersmith & Fulham, November 2022; Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee, City of Westminster, December 2022; Health and Social Care Select Committee, London Borough of Hillingdon, January 2023.

A total of 1,959 individuals and organisations participated in the consultation, as follows:

Activities	Number of participants
Open meetings and drop-ins	247
Community outreach meetings	373
Staff events	450+
Focus groups and interviews	70
Questionnaire	807
Responses from the public by email or telephone	5
Organisational responses	7
Total	**1,959**

Written responses were received from the following local authorities: London Borough of Hammersmith & Fulham, Royal Borough of Kensington and Chelsea and the City of Westminster.

Overall, participants supported the plan for an elective orthopaedic centre for routine surgery and understood the main benefit was to reduce waiting times for patients. There were some people who would prefer to have all their treatment at their local hospitals, generally for the sake of convenience.

There were two main concerns raised:

- Travel to and from the proposed elective orthopaedic centre at Central Middlesex Hospital. This was by far the most commonly made comment across all feedback channels.
- Services at home for people after they were discharged from hospital.

Some participants would have preferred the centre to be located at Mount Vernon Hospital. Generally, these were staff at Hillingdon and Mount Vernon hospitals and people who lived near Mount Vernon. A number of concerns relating to equity were raised, including: the potential to worsen inequalities due to travel issues; the increased use of digital channels; and the patients with more complex needs who would not be eligible for care at the elective orthopaedic centre. The impact on staff and existing recruitment and retention challenges were also raised as issues.

As part of the adaptive consultation approach, people were recruited to take part in focus groups and

interviews to boost the representation of groups who, at the mid-point of the consultation, were underrepresented. The underrepresented groups were: elderly patients; disabled patients; black, Asian and minority ethnic patients for whom English is a second language; and patients from deprived areas. The public consultation report summarises feedback from these participants separately as well as incorporating it into the overall summary.

1.4 Responding to feedback

We identified five key feedback themes for response from the consultation plus the updated integrated impact assessment and reports from the London Clinical Senate and the Mayor of London's office.

The five themes are:

- **Travel** – journeys to Central Middlesex Hospital may be too complex, long or expensive for some patients.
- **Site location** – there was less support for the elective orthopaedic centre to be located at Central Middlesex Hospital, primarily due to travel concerns. Some people, primarily staff and stakeholders in Hillingdon, would prefer the centre to be located at Mount Vernon Hospital.
- **Clinical model and patient experience** – with the elective orthopaedic centre focusing on the surgical procedure and 'home' hospitals the pre- and post-operative care, there is a risk that care is not fully joined-up across hospitals. There are also concerns about lack of continuity between hospital and community services.
- **Workforce model and staff experience** – some staff seem uncertain about or opposed to the proposal and there is a risk there won't be enough staff for the elective orthopaedic centre and/or continuing orthopaedic services at the other hospitals across north west London
- **Equity** – there are concerns over the potential for exacerbating or creating inequalities. This is primarily in relation to greater use of digital options that could make it harder for patients who aren't digitally savvy or who don't have easy or affordable access to a private space with Wi-Fi and a suitable mobile device; patients whose conditions are too complex for the elective orthopaedic centre and the risk of them having less priority and so waiting longer; travel issues particularly affecting poorer patients or patients with additional accessibility needs.

We have carefully considered the feedback and have revised our proposals – and plans for implementation – in response.

Travel

Central Middlesex is the most centrally located hospital in north west London but, wherever we place the centre, some patients will face longer journeys. We think the benefits of a single centre of excellence outweigh the inevitable downside of longer travel times for some patients. And we also believe we can significantly minimise the impact on affected patients.

In response to feedback through the consultation, we have undertaken a much deeper analysis of potential journeys and travel times – moving on from considering only median travel times to modelling the complexity and cost of a range of sample journeys. This has demonstrated the need to take account of all of these factors in determining who needs extra support and how we can best provide that extra support.

Our approach incorporated into the DMBC is to create a three-step travel offer for elective orthopaedic centre patients:	
Step 1: **Information** ALL PATIENTS	Provide all patients with the latest information on the range of options for travel to and from Central Middlesex. The information will be provided proactively, fully accessible and available in whatever languages and formats are required.
Step 2: **Facilitation** ALL PATIENTS	Provide all patients with practical support – via a team available by telephone or online – to help understand and book the different travel options and, wherever possible, to access additional support.
Step 3: **Patient transport** ELIGIBLE PATIENTS	For patients who are unable to travel to or from the elective orthopaedic centre for their surgery independently or via an existing patient transport scheme – and who would encounter a long, complex and/or or costly journey by public transport, we would provide transport – a car ambulance or taxi – free of charge. We would like to work with patient and community groups to develop this approach. We currently anticipate that we would extend a transport offer to around a third of elective orthopaedic centre patients, including a small number of patients who currently have a complex journey to their local hospital and may not currently be eligible for support.

Site location

We undertook a detailed site options appraisal to arrive at our preferred location of Central Middlesex. This included consideration of the option of having two elective orthopaedic centres, one at Central Middlesex and one at Mount Vernon (being our two existing orthopaedic surgery sites that do not have A&E departments). Details of the options appraisal are included in the PCBC, which was published alongside the public consultation materials.

We have reviewed our assumptions for the site options appraisal to check the validity of our preferred location. Central Middlesex continues to score highest against clinical criteria, has the shortest median travel time by car and by public transport and meets a higher number of desirable criteria. A two centre approach would not be able to deliver the patient outcome and access improvements through standardisation at the same pace for routine inpatient surgery, which in turn could impede more complex orthopaedic surgery and surgical specialties at 'home' hospitals, including Mount Vernon.

Clinical model and patient experience

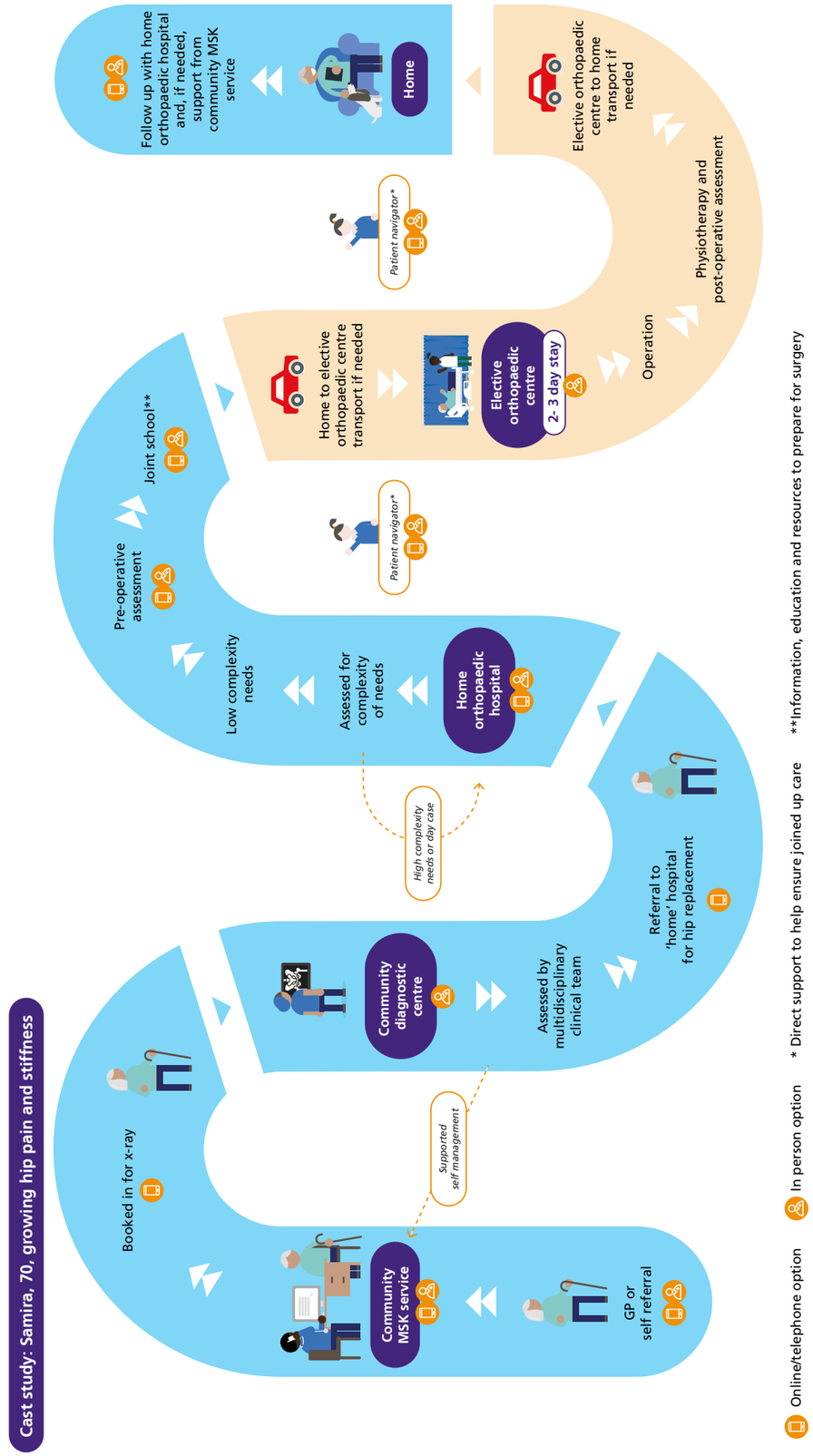
The clinical model has been developed with consideration of the whole patient pathway, including routes into and out of MSK community services as well as within and between hospital services. Fundamentally, patients with low complexity needs who are eligible for the elective orthopaedic centre remain under the care of their 'home' surgical team at all stages in their hospital journey, accessing their pre- and post-operative care locally and travelling with their surgical team to the elective orthopaedic centre only for their procedure. Patients with complex needs – or those eligible for day case surgery – will continue to be offered care at their local orthopaedic hospital, with the benefit that additional capacity will be available there due to the consolidation of low complexity inpatient surgery at the elective orthopaedic centre.

The ICB's parallel procurement of community MSK services is providing additional opportunities to create a more joined-up experience for patients. Patients will be offered a single point of access to the most appropriate community-based treatment and, when specialist advice or care is needed, a consistent and timely onward referral to one of our 'home' orthopaedic hospitals. Post-surgery, the elective orthopaedic centre's discharge hub will act as single point of referral to the eight north west London boroughs for patients who need social care, community rehabilitation or bedded rehabilitation.

There has also been a strong focus on ensuring digital platforms – such as our sector's increasingly popular care information exchange – help to break down site and organisational silos. Digital options will be offered wherever possible. Patient information, including patient letters, will have a consistent approach in terms of content, terms, tone and branding, helping patients to experience our care as a joined-up pathway.

We are also developing a cadre of 'patient navigators' to provide easy, direct access to information and support about all aspects of the service, including transport.

Figure 1 – Case study of how the elective orthopaedic centre will work within an overall improved MSK pathway



Workforce model and staff experience

While the proposal has been led by senior clinicians from across the four acute providers, and we have been expanding engagement with wider staff groups providing orthopaedic care across our hospitals, it's clear we need to do more to involve all staff in detailed planning and implementation if we go ahead. This further input would help us develop the most effective workforce model and recruitment approach.

We are estimating an elective orthopaedic team totalling around 336, with most staff based permanently at the centre. Consultants from each of the 'home' orthopaedic hospitals will travel with their patients to provide the surgery and we will develop opportunities for some other staff to 'rotate' between – spend blocks of time in – the centre and other orthopaedic services to develop experience and build skills across a range of care.

As orthopaedic services will continue at each of the 'home' orthopaedic hospitals, we do not expect that anyone will have to move to the centre if they did not wish to do so, although we anticipate that a significant number of staff will want to move. If we did require specific groups of staff to move, we would consult affected staff formally and TUPE arrangements would be put in place.

With any approach, we will need to recruit permanent staff – for the centre and/or for services at other hospitals – and we have begun to explore a collective recruitment campaign that will emphasise the range of additional opportunities provided by our integrated approach to orthopaedic care.

Equity

We have put a strong focus on ensuring equity throughout the development of our proposal – we have used the integrated impact assessment, alongside our consultation feedback to identify key challenges and possible responses. We know that people from black, Asian and other minority ethnic communities may be less likely to seek orthopaedic surgery than other groups which the proposal will help tackle through even more detailed waiting list monitoring and improved communications, engagement and support.

In terms of potential digital exclusion, we want to make the most of digital and other technological advances – which can increase convenience for some patients and avoid potentially painful or complex journeys to hospital – without leaving anyone behind. We are tackling this issue across all of our services and will roll out new responses to support the new clinical model, including tailored communications and face-to-face service options for patients who do not want – or are not able – to use digital platforms. We will also offer interested patients help with building and using their digital skills to support their health and healthcare.

In terms of patients with more complex needs, we have been modelling workforce requirements to ensure the proposed move of routine inpatient surgery to the elective orthopaedic centre will support a greater focus on complex surgery at the other sites. The efficiencies we will gain from consolidating low complexity care at a centre of excellence will be shared across all four acute trusts for the benefit of all orthopaedic patients.

In terms of travel, the additional support we will provide for patients who would have long, complex or expensive journeys to Central Middlesex is being shaped particularly by the needs of patients who would find it difficult to travel by public transport and/or were less likely to have private means of transport.

1.5 Implementation and continued public and patient involvement

Following a formal decision to implement the proposal as revised, we will move into mobilisation phase following completion and approval of the FBC. A gateway approach will be taken, with key review points to ensure the programme is ready to proceed to the next phase.

London North West University Healthcare NHS Trust, which manages Central Middlesex Hospital, will act as the host organisation for the elective orthopaedic centre. The Trust will set up the centre to run as a separate operational division, with its own service line reporting. An elective orthopaedic management board will be established, operating within the Trust's existing governance arrangements.

The acute provider collaborative will also establish a partnership board, operating in shadow until the centre is ready to go live. The partnership board will support implementation, helping to resolve any barriers and risks and, once live, overseeing evaluation of benefits and impacts.

Through our early engagement, which informed the development of our formal proposal, and through the public consultation programme and integrated impact assessment, we have built up lots of insight about what our patients and local communities need and would like to see from their orthopaedic care and from wider MSK services. We are developing plans for how best to build and respond to this insight as we move to implementation and also feeding into plans to improve wider community-based MSK services.

The diverse mix of contacts and relationships we have made over the last 18 months is key to this ongoing engagement, which will include:

- Inviting the 200 plus people who took part in the consultation and who gave us permission to keep them informed – as well as the community organisations who supported us, particularly in reaching individuals who are not so engaged with our services – to take part in involvement activities through a regular email update about the project (and wider MSK service improvements).
- Continuing to include lay partner roles in the governance structure for implementation (including oversight of ongoing involvement plans and patient and community feedback and experience indicators).
- Developing an iterative engagement plan using a variety of methods to expand our understanding of patient and community needs and views to inform the further development and implementation of the elective orthopaedic centre and related care pathways. The iterative plan (plus the insights and responses to those insights) to be overseen as part of the main project governance for implementation and for onward, continuous improvement.

1.6 Updated benefits realisation plan

We have developed a more detailed framework for monitoring achievement of the anticipated benefits of the proposal across the four acute providers and the wider ICB. It includes a revised and expanded set of key performance indicators (KPIs) with clearly designated owners and validated trajectories. This includes benefits under the following seven KPI themes:

- Clinical outcomes and experience
- Patient access
- Productivity (Getting it Right First Time – GIRFT)
- Cost-effectiveness
- Transport
- Patient satisfaction
- Workforce

There will also be detailed monitoring of benefits to ensure that local and national best practice benchmarks are achieved and feedback on cost-effectiveness, transport and patient experience.

1.7 Finance

The financial case shows that implementation of the proposal as set out would improve both productivity and efficiency of orthopaedic surgery services by Year 2.

The revenue benefit to the North West London ICS is £4.0m per year, driven by reduced unit costs through productivity and efficiency, and increased throughput (and positive impact on the waiting list), activity and therefore income. This has marginally reduced from the PCBC analysis by c.£100k due to the costs of enhanced transport arrangements. Subject to endorsement of the DMBC, the APC will draw up an FBC. The FBC will review the financial assumptions, including building towards the GIRFT target of all-day operating, six days a week. Once the APC Board in Common has approved the FBC, it will oversee implementation of the elective orthopaedic centre.

This benefit will be distributed across the four trusts in accordance with their pre-existing levels of 'overspend' against the tariff funding levels, subject to any agreement on reinvestment or service redesign across the acute collaborative.

Capital funding requirement and source are unchanged from the PCBC.

1.8 Assurance and advice

The programme has fully applied the NHS England major service change assurance, with patient, public and stakeholder engagement embedded in our approach. Legal advice and guidance has been sought to ensure the programme offers a high level of compliance with legal and other requirements. Independent assurance through NHS England (NHSE) and the Mayor of London's assessment against six tests for service changes has also been completed. Recommendations received through assurance and assessment have been fully considered and are included under the responses to the five themes.

Legal duties

The Programme Board, in conjunction with north west London system partners, has paid careful attention to ensure all of the legal duties have been met. In addition to the formal public consultation, we have met with North West London JHOSCs to seek their views on the consultation, the consultation report and our response. The ICB also commissioned an IIA for inclusion in the PCBC and DMBC to enable it to have regard to the impact of the proposal on equalities and inequalities.

The Secretary of State's four tests plus NHS England's 'bed test'

NHS England, in *Planning and delivering service changes for service users* guidance, published in 2018, and *Addendum to Planning, assuring and delivering service change for patients,* May 2022, outlines good practice on the development of proposals for major service changes and reconfigurations.

Building on this, the Secretary of State outlines that proposed service changes should be able to demonstrate evidence to meet four tests plus NHS England's 'bed test'.

Test 1: **Strong public and service user engagement**	Public and patient engagement has informed the planning process from its earliest stages and will continue into implementation, transition and service delivery. Public consultation has been completed.
Test 2: **Consistency with current and prospective need for service user choice**	Patients will continue to have their choice of care providers both inside and outside of north west London, as per the PCBC and in accordance with the NHS Choice Framework.
Test 3: **A clear clinical evidence base**	The case for change has been independently verified by the London Clinical Senate and engagement with a range of clinicians across the system.
Test 4: **Support for proposals from clinical commissioners**	This case has been developed by the North West London Acute Provider Collaborative in partnership with the North West London ICB.
Test 5: **NHS England's bed test**	This test does not apply, as there are no plans to reduce beds. NHSE has confirmed through their Stage 2 assurance gateway.

The PCBC passed Stage 2 of this process on 6 October 2022, before moving to public consultation. Following public consultation, NHS England has been kept informed of the proposed next steps once all feedback from the consultation has been gathered and analysed. NHS England has confirmed that it will not be undertaking formal assurance of the DMBC following the independent report on the consultation.

ICB assurance

- North West London ICB considered the PCBC on 27 September 2022. In addition to ensuring that the ICB fulfils its legal duties, the ICB raised five specific points that the DMBC includes response to:
  - There has been a comprehensive and robust public consultation.
  - Potential risks to exacerbating inequalities highlighted in the PCBC (including transport and digital exclusion) have been addressed.
  - Benefits in terms of reducing waiting lists and improving quality have been clarified.
  - More detailed workforce planning has been undertaken and that there is support across the clinical body that the proposal is deliverable and that job planning and other issues have been resolved.
  - All the financials are robust and there is confirmation that there will be no additional requests for money from the ICB in order to deliver the business case (revenue or capital).

The financial model underpinning the DMBC was presented to the Finance and Performance Committee (F&PC) on 10 March 2023 for partnership assurance and scrutiny in advance of the North West London APC Board in Common Cabinet meeting on 14 March 2023.

London Clinical Senate

The London Clinical Senate has provided impartial, expert advice as part of the assurance process for NHS England. The London Clinical Senate found that the proposals were grounded in evidence and best practice. They were supportive of the case for change and the direction of travel.

Meeting the Mayor's tests

A letter from the Mayor of London sets out his consideration for the programme against four of his six tests for healthcare transformation and notes he is broadly supportive of the proposed changes. The Mayor of London will complete his assessment of the six tests in advance of North West London ICB's meeting on 21st March 2023. His assessment will be made available to members of the ICB in advance of the meeting and published alongside the DMBC should the ICB endorse the DMBC.

1.9 Governance

Decision-making process

Following the close of the public consultation, the feedback was analysed by Verve Communications Ltd. The consultation evaluation report was published in draft and released to the North West London ICB Board on 27 January 2023. Following completion of the report, it was published online on 8 February 2023.

The findings from the consultation were presented to the North West London JHSOC on 8 March 2023.

This DMBC document was presented in draft to the North West London Acute Provider Collaborative (APC) Board in Common on the 14 March 2023. The final report was presented to the North West London ICB Board on 21 March 2023.

Decision-making recommendations

The North West London Integrated Care Board is asked to:

- **ENDORSE** this DMBC and proceed with the proposed elective orthopaedic centre described in the public consultation and as updated within this DMBC in response to the consultation findings and feedback from external, independent assurance and advice.

- **NOTE** that the DMBC includes:

Travel

a) Proposals to enhance travel arrangements including providing comprehensive information on travel options, help with planning journeys and help to access support for transport.

b) In cases where patients are unable to travel by their own means and who were not eligible for existing support schemes and would have a long, complex or costly journey by public transport, we will provide transport at no charge. We estimate a third of the patients treated at the centre in the future will require transport.

Site location

c) Confirmation of Central Middlesex Hospital (CMH) as the location for the elective orthopaedic centre because:

- CMH is the most centrally located hospital in north west London. We believe the benefits of a single centre of excellence outweigh the inevitable downside of longer travel times for some patients.
- CMH, being a site that does not provide emergency care, can provide ring-fenced capacity for planned orthopaedic care.
- The site has the best quality estate in north west London and requires minimal capital investment.

We provided details of the options appraisal in the PCBC which was published alongside the public consultation materials.

Clinical model and patient experience

d) Details of the clinical model and how it has been augmented through greater clarity on pre-operative and post-discharge care so that patients are clear about their entire planned orthopaedic care pathway.

e) Consideration of the whole patient pathway, across MSK community services as well as within and between hospital services.

f) Continued patient engagement and co-production planning during the transitional period to the elective orthopaedic centre opening and beyond.

Workforce model and staff experience

g) A collective recruitment campaign that will emphasise the range of additional opportunities provided by our integrated approach to orthopaedic care.

h) Proposals to expand the role for all staff in the detailed planning and implementation for the elective orthopaedic centre following approval of this DMBC. We will achieve this through:
- a review of all staff involvement activities undertaken to date to ensure that staff are aware and have been informed about the proposal. Extra sessions will be held where necessary. This is being taken forward locally at each of the trusts.
- an ongoing programme of involvement for all staff who work in orthopaedic surgical and related care, so that they can help shape the final proposals and, if it goes ahead, the implementation plan and beyond.

i) An enhanced training programme to ensure the elective orthopaedic centre will have staff ready to operate in accordance with the levels of quality, productivity and efficiency required from day one.

Equity

j) A revised approach to ensure there is no default to digital for patients navigating care pathways. We are tackling this issue across all of our services and will roll out new responses to support the new clinical model, including tailored communications and face-to-face service options for patients who do not want or are not able to use digital platforms.

k) Even more detailed waiting list monitoring and improved communications, engagement and support, given we know that people from black, Asian and other minority ethnic communities may be less likely to seek orthopaedic surgery than other groups.

Financial

l) Confirmation that capital funding is unchanged from the PCBC, and no further capital funding will be sought from the ICB.

m) The revenue benefit to the north west London system has been marginally reduced by c.£100k (£4m from £4.1m) due to the costs of enhanced transport arrangements.

n) The annual cost of delivering the range of planned orthopaedic services within scope for the elective orthopaedic centre will reduce from £31m to £27m.

o) An expanded benefits realisation plan which includes a full suite of productivity and financial metrics to monitor the centre's delivery of best practice theatre productivity and length of stay metrics.

Implementation

p) Plans for London North West University Healthcare NHS Trust to act as host for the elective orthopaedic centre, managing the centre and providing all logistical support for it to operate as a free standing business division with its own service line reporting.

q) An elective orthopaedic centre management board will be in place prior to commencement, operating within the LNWH governance arrangements.

r) An extended benefits realisation plan to monitor achievement of EOC benefits as set out in the pre-consultation business case but with revised and expanded KPI themes and metrics, designated owners and validated trajectories.

- **ENDORSE** the approach to implementation assurance which will be overseen by the NWL APC and delivered by London North West University Healthcare NHS Trust through the establishment of a clinically chaired Partnership Board.

- **NOTE:**
  i) The Public Consultation Report and the Integrated Impact Assessment.
  ii) Subject to endorsement of the decision making business case, the Acute Provider Collaborative will draw up a Final Business Case. The FBC will review the financial assumptions, including building towards the GIRFT target of all-day operating, six days a week. Once the APC Board in Common has approved the FBC, it will oversee implementation of the elective orthopaedic centre.
  iii) The Joint Health Overview and Scrutiny Committee is due to respond formally to the consultation report on 8 March 2023 and we will address this:
    – Within the final DMBC to be submitted to the North West London Integrated Care Board (NWL ICB) on 14 March 2023.
  iv) The NWL ICB's Strategic Commissioning Committee, a sub-committee of the ICB, approved the submission of the DMBC to the ICB subject to inclusion of further measures in the Benefits Realisation Plan. These have been included.
  v) The Mayor of London will complete his assessment of his six tests for major service reconfigurations in London in advance of NWL ICB's meeting on 21 March 2023. His assessment will be made available to members of the ICB in advance of the meeting and published alongside the DMBC should the ICB endorse the DMBC.

Proposal developed by
NHS North West London Acute Provider Collaborative
nwl-acute-provider-collaborative.nhs.uk

Supported by
NHS North West London Integrated Care Board

March 2023