

FINAL DRAFT v0.7

Proposal to improve planned orthopaedic inpatient surgery in north west London

North West London Joint Health Overview and Scrutiny Committee

8 March 2023

Summary of proposal

Improving planned orthopaedic inpatient surgery in north west London



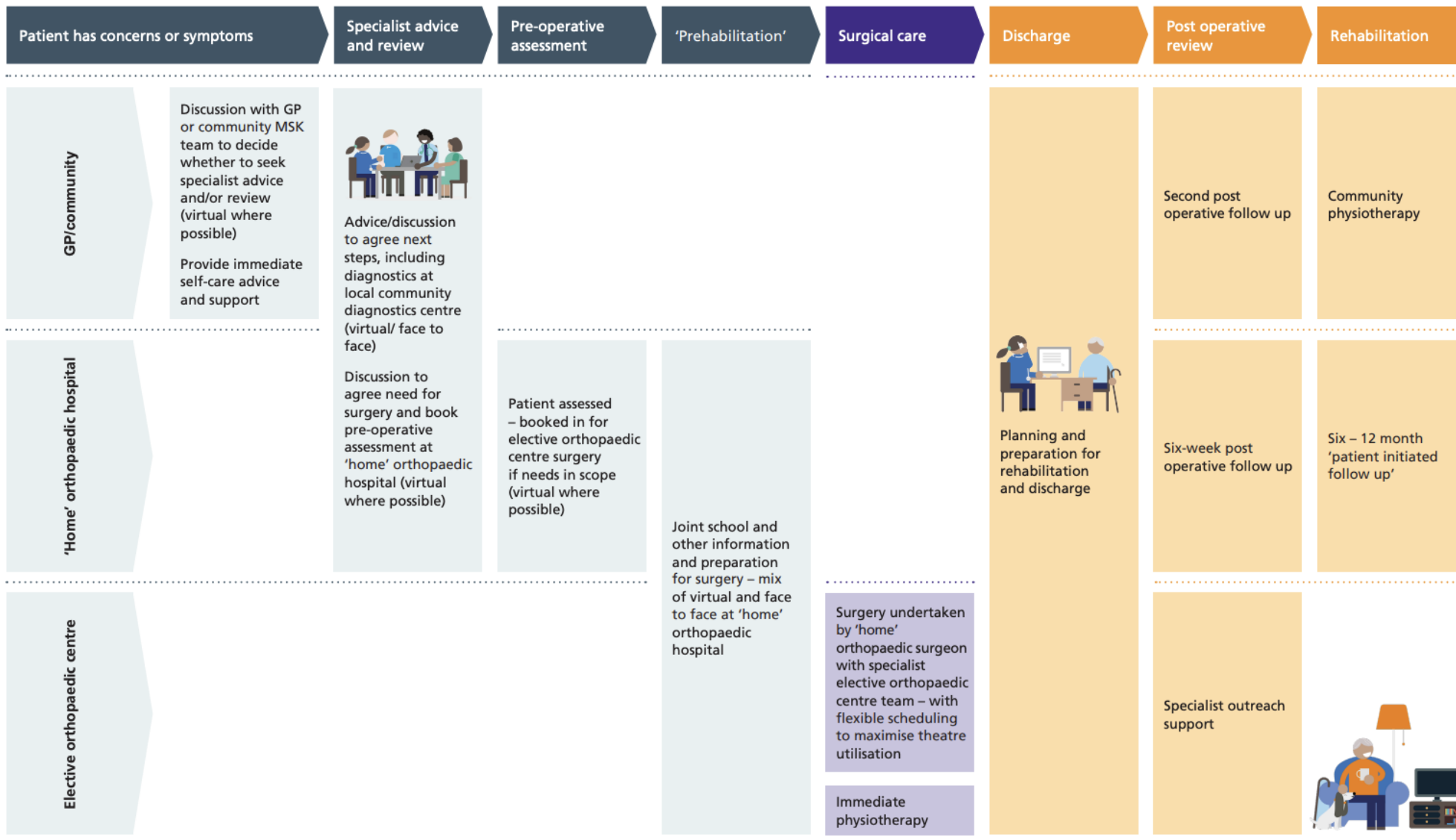
We want to bring together much of the routine, inpatient orthopaedic surgery for the population of north west London in a purpose-designed, centre of excellence at Central Middlesex Hospital, completely separated from emergency care services. It draws on similar models of care working successfully across the NHS.

It means that:

- patients would have faster and fairer access to the surgery they need and would be much less likely to have their operation postponed due to emergency care pressures
- care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures
- patients would have better outcomes, experience and follow-up
- the centre would be extremely efficient, enabling more patients to be treated at a lower cost per operation.

Capacity created in other hospitals would be able to be used for orthopaedic surgery patients with more complex needs and for other specialties.




Proposed model of care (from consultation document) with inpatient surgery at elective orthopaedic centre





The 'home' orthopaedic hospital refers to whichever of the north west London hospitals currently providing orthopaedic surgery the patient chooses, generally their nearest one.

Current provision of planned orthopaedic surgical care in north west London






-  Inpatient surgery for low complexity needs
-  Inpatient surgery for medium complexity needs
-  Inpatient surgery for high complexity needs



-  Day case surgery
-  Outpatient care

Complexity level is based on the American Society of Anesthesiologists Physical Status Classification system

Proposed provision of planned orthopaedic surgical care in north west London



-  Inpatient surgery for low complexity needs
-  Inpatient surgery for medium complexity needs
-  Inpatient surgery for high complexity needs

-  Day case surgery
-  Outpatient care

Complexity level is based on the American Society of Anesthesiologists Physical Status Classification system

Summary of public consultation and outcome

Introduction and overview



The consultation period ran from 19 October 2022 to 20 January 2023.

The public consultation report was published and distributed on 8 February 2023 – it was independently prepared by Verve Communications Limited.

The report assesses views on:

- The main proposal to develop a single elective orthopaedic centre for north west London
- The preferred location for the centre at Central Middlesex Hospital

The full report contains:

- A summary of the engagement process, the range of engagement channels available and analysis methodology
- A commentary on legal requirements and compliance with statutory guidance
- Level and profile of those participating
- Analysis of views received through questionnaire survey (quantitative)
- Analysis of views received through face-to-face meetings and written contributions (qualitative)



Summary of participation



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

The proposal was discussed at the JHOSC meeting on 20 July 2022 and, from mid-September 2022 onwards, we shared draft pre-consultation business case documents, consultation delivery plans and related materials with health and adult social care cabinet members and health scrutiny committee chairs for the eight local authorities in north west London.

Responses from the following local authorities were received and reproduced in full in the public consultation report:

- London Borough of Hammersmith & Fulham
- Royal Borough of Kensington and Chelsea
- City of Westminster

We 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, 16 November 2022
- Children & Adults, Public Health & Voluntary Sector Policy and Scrutiny Committee, City of Westminster, 5 December 2022
- Health and Social Care Select Committee, London Borough of Hillingdon, 26 January 2023

Summary qualitative responses

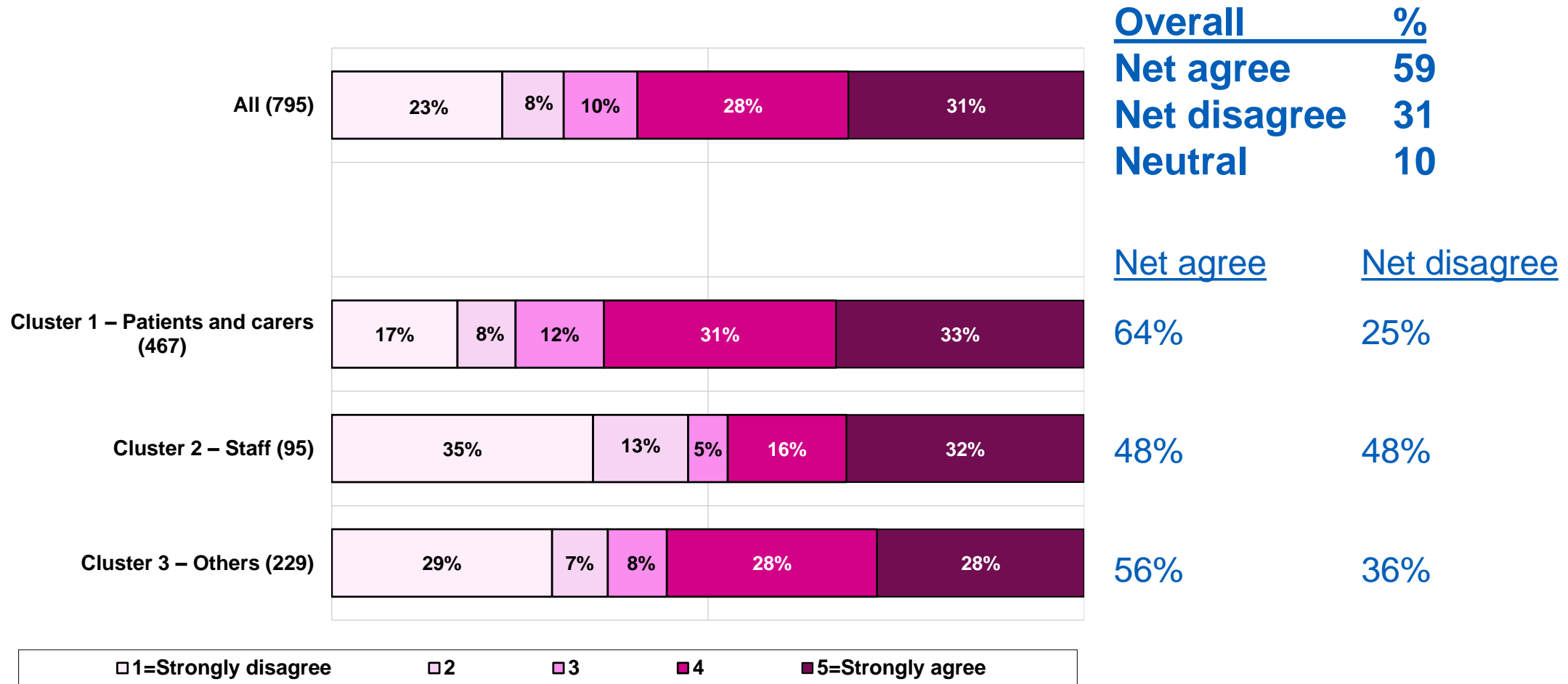


- Overall, participants supported the plan for an elective orthopaedic centre for routine surgery and understood the main benefit was to reduce waiting times for patients.
- There were some people who would prefer to have all their treatment at their local hospitals, generally for the sake of convenience.
- 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 hub to be located at Mount Vernon hospital – generally these were staff at Hillingdon and Mount Vernon hospitals and people who lived near Mount Vernon.
- 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.

Headline quantitative responses



To what extent do you agree with the proposal to develop an elective orthopaedic centre for most routine, inpatient orthopaedic surgery in north west London? [Responses by audience cluster]



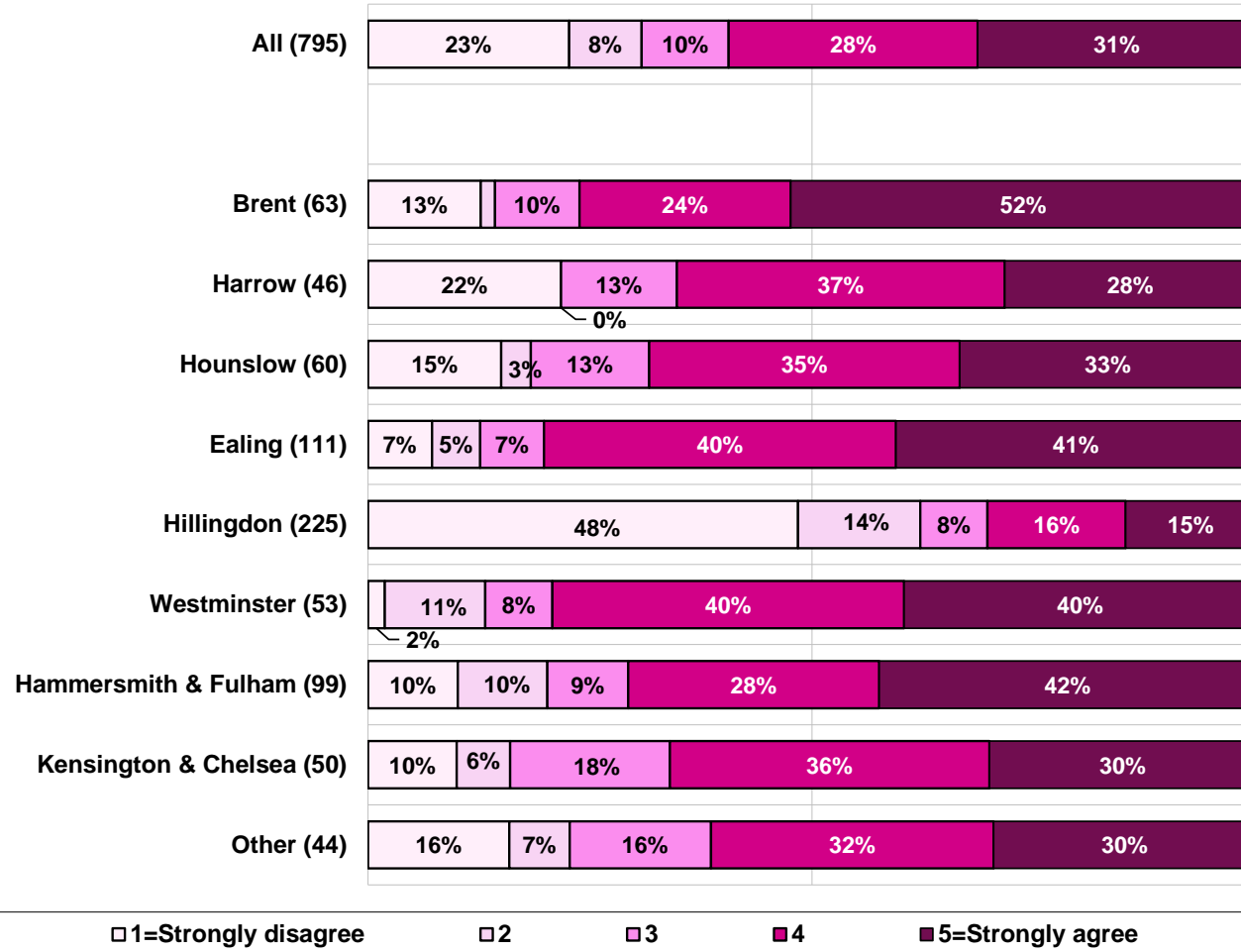
Headline quantitative responses



To what extent do you agree with the proposal to develop an elective orthopaedic centre for most routine, inpatient orthopaedic surgery in north west London? [Responses by borough]

Overall	%
Net agree	59
Net disagree	31
Neutral	10

Net agree	Net disagree
76%	13%
65%	35%
68%	18%
81%	12%
31%	62%
80%	13%
70%	20%
66%	16%
62%	23%

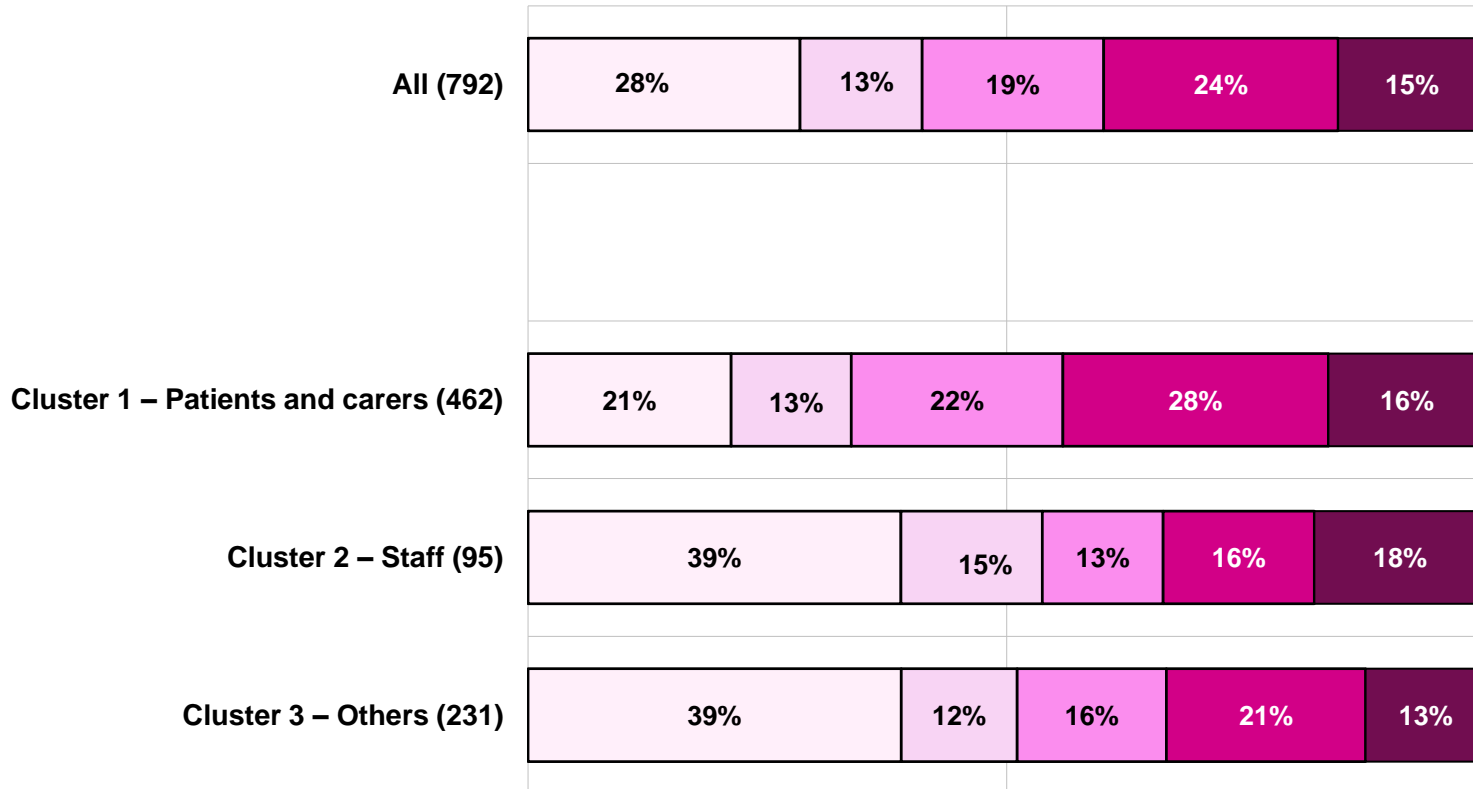


Headline quantitative responses



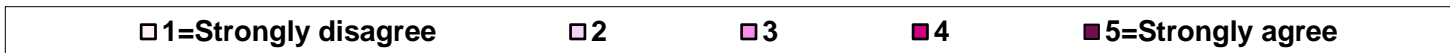
To what extent do you agree with the preferred location of the elective orthopaedic centre at Central Middlesex Hospital?

[Responses by audience cluster]



Overall	%
Net agree	39
Net disagree	41
Neutral	19

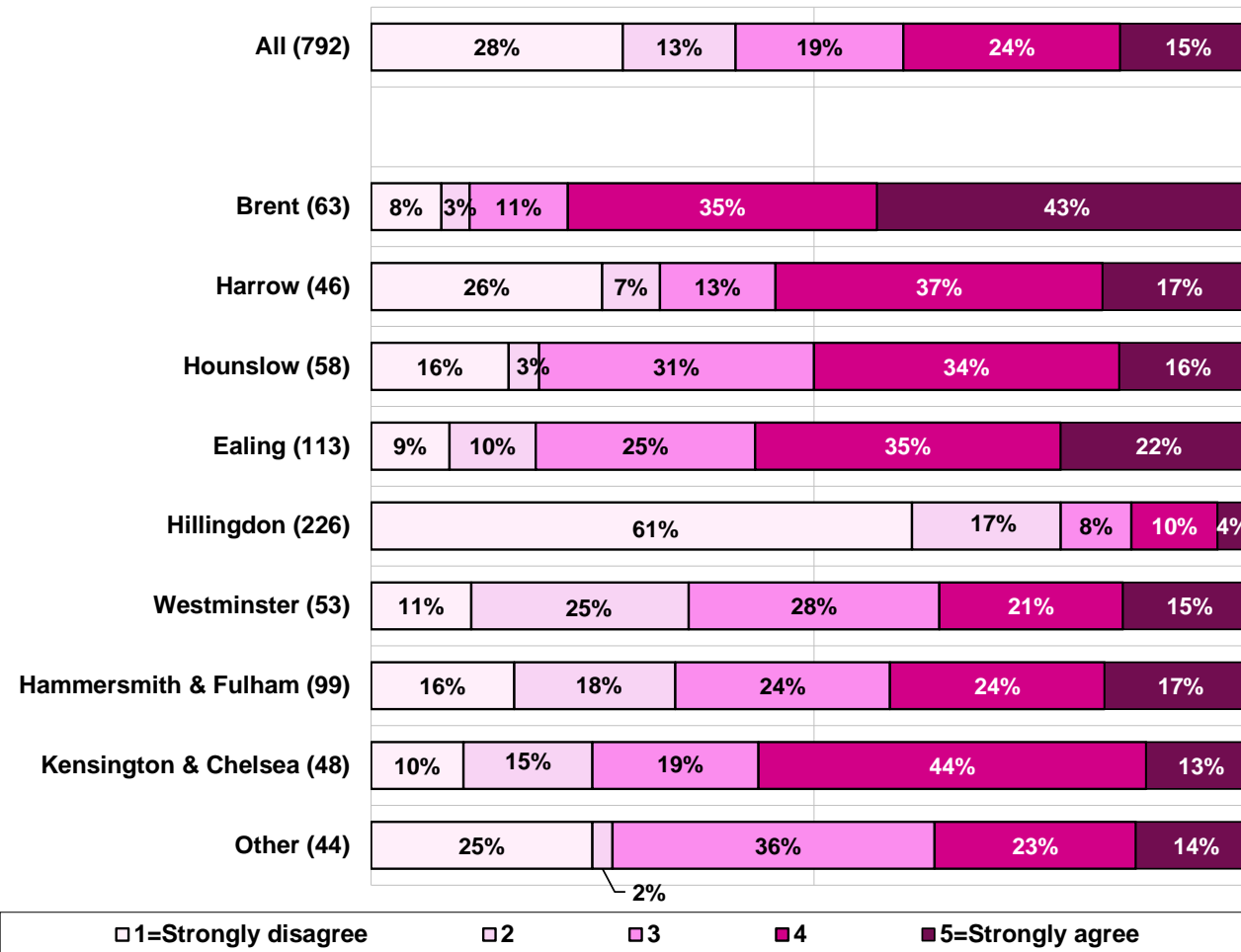
Net agree	Net disagree
44%	34%
34%	54%
34%	51%



Headline quantitative responses

To what extent do you agree with the preferred location of the elective orthopaedic centre at Central Middlesex Hospital?

[Responses by borough]



Overall	%
Net agree	39
Net disagree	41
Neutral	19

Net agree	Net disagree
78%	11%
54%	33%
50%	19%
57%	19%
14%	78%
36%	36%
41%	34%
57%	25%
37%	27%

Feedback themes and our emerging responses

From the consultation plus integrated impact assessment, reports from London Clinical Senate and Nuffield Trust (Mayor of London six tests for service change proposals)

Key themes



1. Travel
2. Site location
3. Clinical model and patient experience
4. Workforce model and staff experience
5. Equity

1. Travel



Key issues

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

Our emerging response

1. 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.
2. However, we've been undertaking a much deeper analysis of potential journeys and travel times – moving on from considering only median travel times by modelling the complexity and cost of a range of sample journeys – and we think we could significantly minimise the impact on affected patients.
3. We would provide comprehensive travel information plus help with journey planning and in accessing existing support schemes for all patients.
4. And, in cases where patients were unable to travel by their own means – weren't eligible for existing support schemes and would have a long, complex or costly journey by public transport – we would provide transport at no charge.
5. We would like to work with patient and community groups to develop this approach if the proposal goes ahead.
6. 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.

2. Site location



Key issue

While the majority of respondents supported Central Middlesex Hospital as the location for the centre, some people would prefer the centre to be located at Mount Vernon Hospital.

Our emerging response

1. 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 pre consultation business case which was published alongside the public consultation materials.
2. We have been reviewing 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 second shortest by public transport and meets a higher number of desirable criteria.
3. 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” sites within north west London including Mount Vernon.

3. Clinical model and patient experience



Key issues

With the surgical operation being carried out at the centre, patients may experience care that is not joined up between the elective orthopaedic centre and 'home' orthopaedic hospitals and/or between hospital and community services.

Our emerging response

1. The clinical model has been developed with consideration of the whole patient pathway, across musculoskeletal (MSK) community services as well as within and between hospital services.
2. There has also been a strong focus on how digital platforms – such as our sector's increasingly popular care information exchange - could help to breakdown site and organisational silos.
3. 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.
4. Patient information, including patient letters, would have a consistent approach in terms of content, terms, tone and branding, helping patients to experience our care as a joined up pathway.
5. We would develop 'patient navigators', providing easy, direct access to information and support about all aspects of the service, including transport.
6. We also have the opportunity of the Integrated Care Board's review and re-procurement of MSK services to help ensure a consistent and joined up offer across the whole care pathway.
7. We would particularly want community improvements to focus on ensuring speedy access to specialist advice and decision-making and seamless discharge and rehabilitation support.

4. Workforce model and staff experience



Key issues

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

Our emerging response

1. 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.
2. This further input would help us develop the most effective workforce model and recruitment approach. We are estimating an elective orthopaedic team totalling around 280, with most staff based permanently at the centre. Consultants from each of the 'home' orthopaedic hospitals would travel with their patients to provide the surgery and we would 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.
3. As orthopaedic services would continue at each of the 'home' orthopaedic hospitals, we do not expect that anyone would have to move to the centre if they did not wish to do so although we anticipate that a significant number of staff would 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.
4. With any approach, we would 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 would emphasise the range of additional opportunities provided by our integrated approach to orthopaedic care.

5. Equity – there is a risk that the proposal would exacerbate existing inequalities or creates new ones



Key issues

1. **Greater use of digital options would make it harder for patients who aren't digitally savvy or who don't have easy or affordable access to a private space with wifi and a suitable mobile device.**
2. **Patients whose conditions are too complex for the elective orthopaedic centre may have less priority and so wait longer.**
3. **Travel issues would particularly affect poorer patients or patients with additional accessibility needs.**

Our emerging response

1. 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.
2. 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.
3. 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 would 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 would also offer interested patients help with building and using their digital skills to support their health and healthcare.
4. 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 would support a greater focus on complex surgery at the other sites. The efficiencies we would gain from consolidating low complexity care at a centre of excellence would be shared across all four acute trusts for the benefit of all orthopaedic patients.
5. Travel: the additional support we would 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.

What happens next?

Next steps



- NHS North West London, the integrated care board for the sector and the North West London Acute Provider Collaborative have been considering the consultation and other feedback to help inform the development of a ‘decision-making business case’.
- The North West London Joint Health Overview and Scrutiny Committee is asked to provide its feedback following formal consideration of the proposal and the consultation and other feedback at its 8 March 2023 meeting.
- Under the current timetable, the decision-making business case is due to go for decision-making to the NHS North West London Board meeting on 21 March 2023.