

Reactive Q&A – NWL elective orthopaedic centre consultation outcome report

Report publication questions

Who was asked to share their views through public consultation?

The public consultation was open to patients, families and carers, staff, members of the public and anyone interested in changes to these services in north west London. We sought to hear from a diverse mix of the population who would be served by the proposed elective orthopaedic centre, particularly those from disadvantaged backgrounds or groups sharing one or more protected characteristics. These included:

- People in the 45+ age group who are already on our waiting lists and their families/carers
- People with more complex health care needs - who may face specific challenges in accessing orthopaedic services and navigating the healthcare system
- Black, Asian and other minority groups
- LGBTQIA+ groups
- Groups likely to incur longer travel times
- Residents living in the most deprived areas as indicated by our Equalities Health Impact Assessment

How did you ensure an inclusive consultation process?

The consultation process and participation figures were reviewed regularly as part of our programme governance to ensure we could be agile and adaptative in our approach. Through a midpoint review of all activities, the consultation team identified groups sharing protected characteristics thus far underrepresented, particularly those from Black, Asian and minority ethnic communities. These groups were reached through community organisations with knowledge of, and connection into, these communities. Groups were invited to participate in a series of in-depth focus groups, either in-person, online or via telephone, with translation services offered if required.

The consultation plan was also adapted to improve participation of the survey from across all the boroughs through direct mailing to patients who have received or were on the waiting list for orthopaedic surgery and by promoting with patients in clinical areas at our hospital sites.

How will you address the various concerns about the proposal raised by consultation participants?

Through early engagement with patients and members of the public in June 2022 on our then-emerging proposal, we started identifying travel and transport, equity of access, patient choice and concerns about the patient pathway, particularly connection into community musculoskeletal services, as among the key areas of concern for members of the public. These were also acknowledged in our pre-consultation business case and corresponding consultation documents and we have since been looking at how we can address these challenges, learning from how other centres have developed solutions.

We welcome the public consultation report, which confirms that a wider section of the population shares these concerns and further work is now underway to consider how they could be addressed, as we consider the consultation feedback in detail and whether or not to proceed with the proposal.

Who will make the final decision on the proposal and how long will it take?

A decision has not yet been made on whether or not to proceed with the proposal. The North West London Joint Health Overview and Scrutiny Committee is expected to provide its feedback following formal consideration of the proposal and the consultation feedback at its 8 March meeting. NHS North West London, the integrated care board for the sector and the

North West London Acute Provider Collaborative are considering the consultation feedback to help inform the development of a 'decision-making business case'. Under the current timetable, the decision-making business case is due to go for decision to the NHS North West London Board meeting on 21 March.

We are also working up plans for ongoing patient and public input – as well as staff input - to support further development and implementation of the proposal, assuming there is a decision to proceed. This will complement the existing roles of lay partners, or patient representatives, within the programme management/governance and we will seek to involve those who have already responded to the consultation and who have said they are interested in being more involved.

The majority of patients, residents and NHS staff in the borough of Hillingdon are opposing the proposal for an elective orthopaedic centre for north west London – does this mean the proposal is going to be withdrawn?

The consultation has allowed us to understand a range of views on the proposal. The report highlights that, overall, participants supported the plan for an elective orthopaedic centre; patients were the most likely to be in favour across all eight boroughs.

There were two main concerns raised by people including those from Hillingdon:

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

We know that, with any change, there may be disadvantages for some people and we are now carefully considering the consultation responses, including those from Hillingdon residents and staff, to work through what we think are the best next steps. As part of this, we are also looking at what plans come be put in place to mitigate the key concerns raised.

The consultation report shows that some staff are not in support of the proposed changes – how will you address these challenges? Will staff be made to move to Central Middlesex?

The clinical model has been led and developed by senior clinicians from across all four acute trusts and the ICB. Much wider and deeper involvement will be essential if there is agreement to take the proposal forward. So far, wider staff groups have been kept informed and have been able to raise concerns or questions with their managers or via a dedicated email nhsnwl.eoc@nhs.net

We are developing 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.

As the proposal currently stands, if a patient is able to have their operation at the elective orthopaedic centre, their end-to-end care would remain under the surgical team based at their 'home' orthopaedic hospital. Their 'home' surgeons would travel with them to undertake the surgery, supported by the centre's permanent clinical team and wider medical support.

We are working through what that would mean in practice and how we could maximise benefits for staff in terms of skills, training and development opportunities. As orthopaedic care would continue to be provided at all the hospitals at which it is currently provided, we do not envisage a situation where staff would have to transfer employers. Any significant changes would be subject to a formal staff consultation.

Elective orthopaedic central proposal questions

Why are you only doing this for orthopaedics – what will happen to long waits in other specialties?

The proposal to develop an elective orthopaedic centre for north west London is part of a wider programme of work to address long waits in all specialties, especially in other 'high volume, low complexity' specialties where we have the longest waits. We are continuing to make progress on reducing long waits across our sector. Our proposal would also free up capacity that could be used to support other specialties.

What will happen to other services at Central Middlesex, including St Mark's?

None of the existing services at Central Middlesex would need to be displaced to allow the development of an elective orthopaedic centre – there is plenty of capacity for expansion.

How much will this cost?

We estimate it will cost around £9.4 million to develop the additional theatres and to make estate reconfigurations. This includes an element to take account of inflation and construction risk.

You say this is already funded – how can that be if you have only just completed consulting on a proposed change?

We have earmarked capital funding available to the North West London Acute Provider Collaborative, supported by NHS North West London. This is because it would be a priority for investment to help reduce our waiting times for planned care. If there is a decision not to progress the elective orthopaedic centre proposal, this money would be allocated elsewhere.

How much will you save? What will happen to the savings?

The elective orthopaedic centre approach would enable us to improve quality and efficiency. Drawing on national benchmarks and evidence from existing centres, we calculate that we could provide the same number of surgeries per year as now, for £4m less than the current cost. This would enable us to reinvest this annual saving in more patient care across the acute NHS trusts.

What are the timescales?

We have been prioritising the development of these proposals in order to address the backlog in our waiting lists and improve the quality of orthopaedic care for patients as quickly as possible. While ensuring we have involved and consulted with a wide range of stakeholders, we would like to be able to take a decision on whether or not to proceed to implementation in March 2023. Implementation would require approximately seven to eight months for contracting and construction, with the aim of opening the elective orthopaedic centre in autumn 2023.

Will patients still be able to choose where they have their orthopaedic surgery?

The elective orthopaedic centre would be the main facility for routine inpatient orthopaedic surgery for patients with low complexity needs referred to one of the north west London acute trusts. But the needs of each patient would be considered by their local surgical team and decisions about where best to have surgery made in partnership, taking a range of issues into account, including the patient's personal circumstances and preferences.

Won't this make waiting times for patients in some boroughs worse than now?

This approach is designed to improve quality for the whole population of north west London, and enable us to reduce waits for everyone, though still prioritising by clinical need.

Why aren't you working with community and primary care to create integrated care pathways – the real problem for patients are the routes into and out of hospital care?

We have been coordinating this work with the wider MSK clinical reference group for north west London, particularly with primary and community care colleagues who are also reviewing their pathways currently. We are designing routes into and out of hospital care around the needs of our patients and working on 'end-to-end' care pathways that make sure our care is fully joined up with care provided by GPs and community MSK services as well as with voluntary sector partners.

How will you make sure patients don't get lost in this new system – as they move from one provider to another and back again. Will it be clear who is responsible for the patient and who to go to if anything goes wrong?

We have been building good experience through the pandemic and in recovering elective capacity in how best to support patients who move between hospitals in the sector. We will make sure we draw on that experience – as well as on continued involvement of patients, partners and other stakeholders – to develop our detailed pathways and ways of working. We will also benefit from all four trusts sharing the same electronic patient record system.

Didn't you try this before, with Ravenscourt Park? Why will it work this time?

The Ravenscourt Park approach (developed by the then Hammersmith Hospital NHS Trust) was very different – and existed in a very different environment. In particular, our move to formalise collaboration between our acute hospitals, building on our experiences through the pandemic, will be key to enabling the elective orthopaedic centre to work successfully.

Why haven't you considered the Royal National Orthopaedic Hospital within these proposals – it is located in north west London?

While it is located in north west London, it plays a regional role, rather than a sector one, and it does not offer routine, low complexity orthopaedic surgery.