

Committee in Common

17 March 2016

Agenda Item - 4

Planned Care- Orthopaedics

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Summary

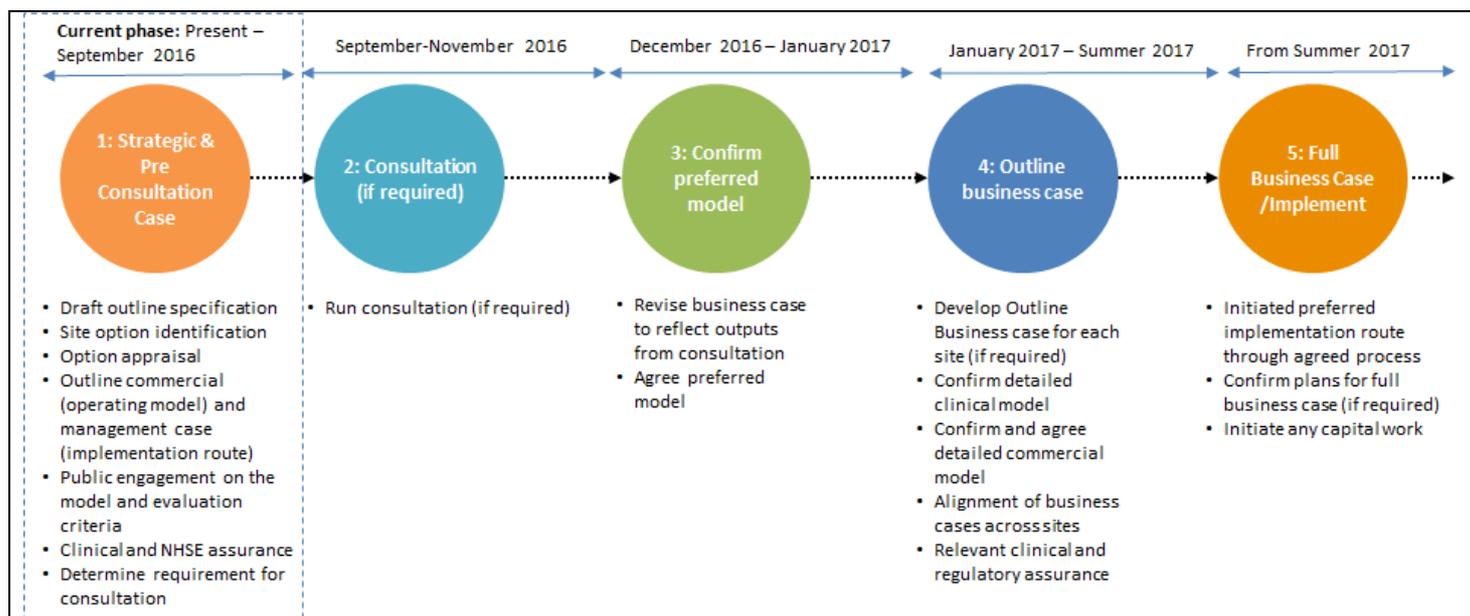
Background

Our Healthier South East London Five year strategy planned care CLG (Clinical Leadership Group) outlined the rationale and ambition for exploring the consolidation of elective orthopaedic services in south east London.

Following a series of workshops at the end of 2015, a report was issued to the executive of the partnership group recommending that work continue to develop the proposal to explore consolidation. An orthopaedic working group was established, comprising of orthopaedic consultants from our providers, managers, the programme team and a patient representative who have continued this work. They have co-developed a clinical specification that defines the requirements and clinical standards that the new model must fulfil for comparison against the status quo.

The aim of this current phase of work is the development of a strategic and pre-consultation business case. This will form the basis for any potential consultation.





The case for change

The evidence of problems with our current elective orthopaedic service is growing. In short:

- Demand for elective orthopaedic surgery is increasing
- In South East London trauma and orthopaedics account for 6% of elective activity and 25% of tariff spend – 10% more than the next specialty.
- Complications following orthopaedic surgery are costly to the patient and the NHS
- Waiting times for EOC are often longer than other specialties and more people wait longer than 18 weeks for their treatment
- Feedback from the public, patients and clinicians that experience and practice was variable across SEL
- Alignment with Getting it Right First Time
- Availability of evidence and good practice in developing alternative models for orthopaedics

The attached case for change explores these issues in detail drawing on national and local evidence.

CiC (Committee in Common) is asked to consider the case for change and agree that there is a need to explore a new model for elective orthopaedic care in SEL (South East London)

A new approach for Elective Orthopaedic Care in SEL

Building on the work of the Clinical Leadership Group a working group of providers and commissioners was established to develop a model to address the case for change. Through this work a consolidated model was seen as a potential solution.

The group identified and considered a number of configuration options based on activity and demand. Through working group discussions and drawing on the available evidence the recommendation from the working group is that a two site model would best address the challenges in SEL. The options and rationale for exclusion is summarised below.

At the same time the working group agreed that a new model of service delivery should be based on:

- Consolidation of elective inpatient services from the current nine sites to two sites while

retaining outpatient, day case and trauma services available locally at base hospitals to ensure that patients receive the majority of their care local to their home.

- A higher quality and more efficient planned care pathway
- Exploring the case for consolidating specialist and complex cases
- Creating an orthopaedic network approach for procurement and service design
- A business model which ensure the financial and improved quality benefits of consolidation are available to all providers rather than creating “winners and losers”

These recommendations have been reported to the Clinical Executive Group which accepted that the two site consolidation option should be the comparator to the status quo. Two sites will produce the right level of critical mass while maintaining potentially reasonable travel times.

A detailed specification has been developed and endorsed by the working group. NHS providers are currently using this to identify potential site options for hosting a consolidated service.

CiC is asked to agree the outputs recommended by the working group, including the two site consolidation option being developed as the comparator to the status quo.

In addition CiC is asked to agree that work should continue to develop options through the submission of proposals, evaluation process and pre-consultation business case as described above.

Model	Option	Description	Comment
Multi-site model (As-Is)	0 Multiple sites delivering complex and routine procedures	A continuation of the current model of delivery with a range of complex and routine procedures delivered across multiple sites	This model will be considered alongside alternative options in order to provide a base case
Single site	1 Routine	Routine procedures consolidated onto a single dedicated site. Complex and specialist procedures would take place at patients local hospital	Based on the forecast demand and requirements it is unlikely that a single site in SEL will be able to meet the required capacity. This is on both space and capital expenditure.
	2 Routine & Complex/Specialist	Both complex, specialist and routine procedures delivered on a single dedicated site. Patients would continue to receive outpatient appointments locally.	
	3 Complex/Specialist	Complex and specialist procedures consolidated onto a single site. Routine procedures would take place at a patients local hospital (the complex site may also be the local hospital for some patients and would therefore need to accommodate this activity)	Discounted subject to sign-off /approval through the OHSEL governance process: The working group and Clinical Executive Group recommended to discount a single site option
Two site model	4 Site 1) Routine Site 2) Routine	Routine procedures are consolidated across two sites. Complex procedures continue to be delivered locally.	The working group agreed that this would not be appropriate clinically.
	5 Site 1) Routine, Complex/Specialist Site 2) Routine, Complex/Specialist	Routine, complex and specialist procedures are consolidated across two sites. Only day case procedures are delivered locally.	
	6 Site 1) Routine Site 2) Routine, Complex/Specialist	Procedures are consolidated across two sites. Site 1 would offer routine procedures and site 2 focuses on both complex, specialist and routine procedures. Complex and specialist procedures will only be delivered from a single site in SEL.	Agreed to progress these options to site identification and selection stage
	7 Site 1) Complex/Specialist Site 2) Complex/Specialist	Complex and specialist procedures from SEL are consolidated across 2 sites. Routine procedures will continue to be delivered from local hospitals	Discounted subject to sign-off /approval through the OHSEL governance process : Agreed that this model does not meet the case for change regarding consolidating routine activity
>Two site model	Discounted subject to sign-off /approval through the OHSEL governance process : It was agreed that there will be enough demand for consolidating services across more than 2 sites (See demand and capacity section for detail). This model would be too similar to the as-is and may not fully address the case for change. And, additionally, feedback from the EOC working group was that it would be impractical for clinicians to work across this number of sites.		

Option evaluation and appraisal

Once site options for hosting the service have been identified they will need to be objectively evaluated and appraised. A set of evaluation criteria have been developed which will allow the evaluation group to appraise options. The evaluation group will, in turn, make recommendations to

the CiC.

The CiC is responsible for signing off the evaluation criteria to be implemented by the evaluation group.

The criteria have been established in consultation with a number of groups and stakeholders. They reflect the aims of the strategy and national policy direction. The documents describing the evaluation criteria are presented to CiC as near final drafts. The evaluation group meeting held on the 7th March wanted to consult further with the orthopaedic working group on scoring and weighting and any further feedback will be reported at this meeting.

The CiC is asked to agree the evaluation criteria for use by the evaluation group

Action Required

1. CiC(Committee in Common) is asked to consider the case for change and agree that there is a need to explore a new model for elective orthopaedic care in SEL(South East London)
2. CiC is asked to agree the outputs recommended by the working group, including the two site consolidation option being developed as the comparator to the status quo
3. In addition CiC is asked to agree that work should continue to develop options through the submission of proposals, evaluation process and pre-consultation business case as described above
4. CiC is asked to agree the evaluation criteria for use by the evaluation group

Date Report submitted: 10 March 2016