

SEL Elective Orthopaedic Clinical Network Development



Strategic Planning Group

4th September 2017



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England

Elective Orthopaedic Care – Recap

During 2015/16 a clinical case for change and model of care was developed for elective inpatient orthopaedic services in SEL. The case for change identified that:

- Additional capacity would be required within SEL to meet rising demand over the next 5 years.
- Patient experience is suboptimal with too many cancellations. Trust's struggle to meet existing demand and maintain 18 week performance.
- Quality of care and patient outcomes are compromised as capacity is not ring fenced, which can lead to higher infection and readmission rates.
- There are opportunities to improve quality and reduce cost through networking services.

In 2016 the model put forward to address this case for change was to create two inpatient elective orthopaedic centres that would operate as part of a single clinical network across all providers.

Centralising inpatient elective orthopaedic surgery on to two of the seven existing sites:

- Orthopaedic trauma, day case and outpatient services would continue at existing sites
- There would be no change to GP referral – patients will still be seen at existing sites, only have their inpatient operation at the EOC

Current Elective Orthopaedic Services in SEL



Queen Mary's in Sidcup, provides outpatient and day case surgery for patients in SEL.

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Inpatient Options

The two site configurations put forward by providers and evaluated are:

1. Guy's and Lewisham
2. Guy's and Orpington
3. Orpington and Lewisham

The three site option is comprised of the following sites:

- Guy's
- Lewisham
- Orpington

Elective Orthopaedic Care – Update

In November 2016 the Committee in Common considered proposals to centralise care on two sites, whilst ensuring that any change proposed meets certain safeguards.

Through this process we received strong representation that we should thoroughly test and describe a three site option for delivering orthopaedic care, and we should ask our providers to work collaboratively in describing that model.

During these assessments, it has become clear that it has not been possible at this time for us to reach a consensus within the NHS in south east London on what the best model to adopt would be that met the conditions we had set out.

Elective Orthopaedic Care – Update

The agreed way forward:

1. As a system, we still intend to secure the patient benefits identified through process.
2. CCGs will commission providers against the standards and performance metrics set out in the GiRFT report.
3. Providers will form an Orthopaedic Clinical Network across the three providers in SEL as they have agreed to do for the consolidated model.
4. The network will have a Clinical Lead appointed by the STP.
5. The provider network will work collectively to deliver over three sites the same quality of care and efficiency benefits as described by Professor Tim Briggs in the GiRFT report recommendations. This will be supported by the London Clinical Senate.
6. Commissioners will assess the network's delivery of improvements to patient care compared to the baseline position GiRFT, in 12 to 18 months time.
7. At this assessment point a decision will be made to either:
 - a) Continue with services on three sites meeting GiRFT standards and continuously improving quality of care and efficiency, coordinated by the orthopaedic clinical network.
 - b) Review the need to move to a consolidated model across SEL to deliver the GiRFT quality and efficiency benefits to the whole system.

Forming an Elective Orthopaedic Network - 31st July 2017

Provider medical directors, orthopaedic clinical directors and directors of strategy met to agree the following vision for an elective orthopaedic clinical network in SEL :

Elective Orthopaedic Clinical Network for SEL should enable collaborative working between all providers across the elective orthopaedic pathway with the aim of:

- Improving patient outcomes by ensuring all services in SEL deliver the highest possible standards of care and world class outcomes, whilst ensuring the most cost effective use of resources.
- Identifying, challenging and reducing any unwarranted variations in patient care experienced across services in SEL and creating a culture of continuous improvement.
- Developing services across all providers that align with recognised developments in clinical evidence and are sustainable and fit for the future.
- Using the opportunity of greater scale and collective working to lead the way in the development of clinical research, service design and education across the sector.

The group agreed that a process of engagement with clinical leads, operational leads and commissioners should take place to develop the key set up tasks for the network. A task and finish group comprising of members of this group will be set up for this purpose and meet during September and October

The group will make a recommendation on the setup, recruitment of a clinical lead, membership, resourcing and hosting of the clinical network to the STP Clinical Programme Board at the meeting on the 2nd of November 2017.

Forming an Elective Orthopaedic Network – Outline Session Plan

	Date	Agenda
1.	11th Sept Teleconference	<ul style="list-style-type: none"> • Clinical lead job description and appointment process • Agree membership and ToR for the network
2.	25th Sept Teleconference	<ul style="list-style-type: none"> • Clinical and operational governance models • Project management and data analysis requirements
3.	9th Oct Meeting at Tooley St	<ul style="list-style-type: none"> • Group discussion on formation of clinical network and setting key priorities • Resourcing proposal for clinical lead, project management and data analytics support and hosting arrangements
4.	23rd Oct Teleconference	<ul style="list-style-type: none"> • Agreement of proposal to be put forward to November meeting of Clinical Programme Board