# London Borough of Bromley

**PART ONE - PUBLIC**

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# HEALTH AND WELLBEING BOARD

**Report Title: Our Healthier SE London – Elective Orthopaedic Care Update – Sept 2016**

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## 1. SUMMARY

### Our Healthier SE London – Elective Orthopaedic Care Update – Sept 2016

We have briefed HWBs previously about proposals to consider consolidating elective adult inpatient orthopaedic surgery, creating one or two specialist elective orthopaedic centres, which all consultants in south east London would use to carry out surgery.

In this model most orthopaedic care would not change. Emergency orthopaedic surgery, day case procedures, outpatient and follow-up appointments would continue to be provided from the same sites as today.

A few patients with very complex medical needs may also receive all of their care, including surgery, at their local hospital. Complex spinal surgery would also remain at existing sites, as would children's surgery.

**We are proposing considering two consolidated sites**

The work we have done suggests that two would be the optimum number of elective orthopaedic centres for south east London should we move to this model. Two centres could be the most efficient model given the volume of surgery we are expecting in the future. It would also enable services to be located as conveniently as possible for patients in both the inner and outer boroughs – one site would make this much more difficult.

More than two centres would reduce the potential efficiency and quality improvements (because of lower volumes of surgery at each site). Working across a larger number of sites would make the planning of rotas and timetables for surgeons and other health professionals very difficult.

**Further engagement**

A second meeting of our Planned Care Reference Group (PCRG) was held in March (which includes representatives from voluntary and community groups, including the Save Lewisham Hospital campaign group and Keep Our NHS Public). We shared more detail on the clinical case for change at this meeting, and presented examples of how similar models have been tried and tested in other parts of the country. We also invited the group to give their views on draft options appraisal criteria, which was taken into account when the criteria were finalised.

We have presented these proposals to an independent panel of expert clinicians and patient representatives from across the UK, organised through the London Clinical Senate. The panel reviewed documentation and interviewed more than 40 clinicians and patient representatives.

We also presented the plans to the Joint Health Overview and Scrutiny Committee in February, April and May.

**Potential hosts**

An evaluation panel was established to evaluate site options for the development of elective orthopaedic centres against the criteria developed by clinical and patient groups and signed off by the CCG committee in common (CiC). The CiC asked the panel to undertake a two-stage evaluation against non-financial and financial criteria. The CiC has agreed that the preferred site configuration should, if possible, be determined by non-financial criteria, so long as the preferred option is more cost-effective than the current arrangement of services.

The panel is made up of voting members comprising of clinicians and non-clinicians from all six boroughs in south east London, and non-voting members of the public with an independent clinical expert. The panel scored by consensus.

The panel have met twice – on August 31 and September 20.

The panel examined four possible locations for the elective orthopaedic centres, put forward by NHS Trusts:

- Queen Mary's Hospital
- Orpington Hospital
- Lewisham Hospital
- Guy's Hospital

Following information provided via a joint response from Oxleas NHS Foundation Trust and Dartford and Gravesham NHS Trust, the panel recognised that the Queen Mary's site option does not meet the agreed criteria for an inpatient elective orthopaedic centre, and they will be recommending to the Committee in Common that this site is not taken forward, but instead it is developed in line with the agreed Queen Mary's Hospital strategic direction. The reason for its exclusion is that the Queen Mary's site cannot take the full range of activity for clinical and capacity reasons.

All other site options were evaluated against the non-financial criteria. As we are looking for a two-site solution options were scored as pairs.

- Option 1: Guy’s and Lewisham
- Option 2: Guy’s and Orpington
- Option 3: Orpington and Lewisham

The scores for each option against the non-financial criteria were as follows:

- Option 1: Guy’s and Lewisham 1.15
- Option 2: Guy’s and Orpington 2.15
- Option 3: Orpington and Lewisham 1.08

Options were scored against a -5 to +5 scale with 0 representing the status quo position. If an option has a positive score, therefore it is seen to have advantages over the status quo.

Our expert finance group has made a preliminary assessment against the financial criteria, and all three options appear to be financially viable and more cost-effective than the current configuration. However, there are further questions to be clarified to ensure each option has been assessed consistently. We anticipate this will be resolved in October.

**Next steps**

The CiC will meet on 8 November. We expect that the evaluation panel will complete its work well before then and be submitting a report to the CiC which identifies:

· which options are viable

· which option scored the highest against the evaluation criteria and should be considered, at this stage, the preferred option

· a full financial assessment of each option.

The CiC will then decide whether or not to proceed to public consultation for 14 weeks starting this autumn and running into 2017, to test the options that emerge. The CiC will not make a decision on whether to develop orthopaedic elective centres until after the results of consultation have been considered, likely to be in April 2017.

For the orthopaedic centre proposal to go forward it will have to demonstrate:

· that it does not destabilise any hospital

· that trauma services can be maintained at our A&E departments

· that it is affordable and makes a positive financial contribution.

It is important to note that the Evaluation Panel is not making any recommendation to the CiC at this point. The panel is expected to discuss these matters further once the financial options have been assessed and decide whether to recommend a preferred option. All three options will in any case be discussed by the Committee in Common, alongside additional information that the panel has requested to be made available in the weeks ahead. We are working to the following timescale:

- Sept 2016 – Evaluation of the site configurations
- Nov 2016 – Decision on options made by Committee in Common
- Nov/Dec 2016 – Potential launch of formal public consultation

**Sharing the plans more widely**

We have published more detailed information about the proposals, including a useful Q&A, on the programme website www.ourhealthiersel.nhs.uk, explaining where we have got to so far and inviting people to tell us what they think.

Over the last few months we have been sharing the proposals more widely through a range of communications and engagement activity. Importantly, we have targeted our conversations with those groups most impacted by the proposals to further inform our ideas and help us plan for a full public consultation later in the year.

**Next steps on public engagement**

Our planned care reference group (PCRG) meets again on 29 September. At this meeting we will share the outcome of the evaluation process and take comments from the group which will accompany the evaluation report when its recommendations are considered by the Committee in Common in November. At this meeting we will also discuss our plans for public consultation.

The Joint Health Overview and Scrutiny Committee will meet again on October 11, where we will share the feedback received from the PCRG and evaluation group meetings, discuss the draft consultation document, consultation plan, draft pre consultation business case, as well as provide updates on community based care.

*Programme Director*

## 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

*For update*

## 3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

*The Board is asked to note the report*