Improving planned orthopaedic surgery for adults in north central London

13 January to 6 April 2020

We are proposing changes to planned surgery for bones, joints and muscles (planned orthopaedic surgery) for adults. This includes hip and knee replacements; and other surgery of hips, knees, shoulders, elbows, feet, ankles and hands.

Any changes could affect residents of Barnet, Camden, Enfield, Haringey and Islington and neighbouring boroughs.

We need your comments and advice.

Closing date for feedback 6 April 2020

A consultation document published by North London Partners in health and care on behalf of Barnet, Camden, Enfield, Haringey and Islington clinical commissioning groups.
Introduction

As a surgeon, who provides this kind of care every day, I know the difference it makes to patients. Damage to bones, joints and muscles can be debilitating for people of all ages - whether it is a result of ageing or trauma - but with the right care at the right time, the results can be life-changing.

Whilst the results of surgery are generally good, by working together as a community of clinicians we can share knowledge and expertise to ensure that every patient in north central London has world-class orthopaedic surgery. In our proposals, we have also committed to giving patients access to the latest developments in orthopaedic care and clinicians, the opportunity to refine their skills, through the best quality education and peer support. All of this will result in a cycle of improvement for everyone.

We have learned from our peers around the country and have included their good practice into our plans. We have also spoken to hundreds of patients about their experiences of our services to ensure that the future is shaped to meet their needs. I believe that our proposed plan for the future is a good one, which offers the best solutions to the challenges the NHS faces today. I hope you will agree.

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Clinical Lead for the review, Clinical Director of the Institute of Sport and Exercise Health and a Consultant Orthopaedic and Trauma Surgeon at University College London Hospitals

North London Partners in health and care was established to tackle some of the big health and care challenges we face in the coming years. We are a partnership of health and care organisations who are working together to find solutions to address these challenges. Our review of orthopaedic services is a good example of this.

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What is planned orthopaedic surgery?

Orthopaedic surgery treats damage to bones, joints, ligaments, tendons, muscles, and nerves (the musculoskeletal system). Patients may be referred to an orthopaedic surgeon for a long-term condition that has developed over many years, such as osteoarthritis or other non-emergency damage. Surgery, such as hip and knee replacements, is the most common orthopaedic surgery offered in the NHS. However, other surgery of hips, knees, shoulders, elbows, feet, ankles, and hands also falls under the heading.

Planned surgery is when patients have an appointment booked in advance. It is planned treatment, following a referral to hospital by a GP and an assessment by specialists. It is sometimes called ‘elective’ or ‘non-emergency’ care.

Our proposals only affect planned orthopaedic surgery for adults

The following orthopaedic services are not affected by our proposals:

- Emergency care
- Children’s orthopaedic care
- Spinal surgery
- Specialist and complicated orthopaedic surgery
- Orthopaedic surgery for patients with complex medical conditions such as haemophilia
-格外的物理治疗服务 for bones, joints and muscles

Introduction

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Consultation questionnaire (insertion)
We are reviewing planned orthopaedic surgery for adults in Barnet, Camden, Enfield, Haringey and Islington and we’d like your views on our proposals.

Two partnerships for orthopaedic surgery have been formed by local NHS Trusts - UCLH and Whittington Health and the North Middlesex University Hospital (North Mid) working with the Royal Free London. These partnerships have been working together to develop the plans about how services could be improved and we are now seeking your views on these ideas. Should these be implemented, these partnerships would deliver the new improved services.

We believe that by organising services in a different way, we would be able to improve care and help more patients. The proposed changes could affect anyone who needs orthopaedic surgery in the future, who lives in our five boroughs or in a neighbouring area and has care in one of the hospitals involved in our proposals. Around 3000 could experience a change to where their surgery would take place in future, when compared to current arrangements.

To inform our decision-making, we’d like feedback from anyone with an interest in these services, including:

- Anyone who is currently having or has had experience of planned orthopaedic surgery
- Anyone who might need these services in future
- Residents of Barnet, Camden, Enfield, Haringey, Islington and neighbouring areas who might use hospital services in north central London
- Staff and professional representative bodies such as trade unions, Local Medical Committees and Royal Colleges
- Community representatives, including the voluntary sector
- Staff and partners in health and social care
- Relevant local authorities

By inviting people to take part in the consultation we want to understand whether:

- We have developed the best possible solution to the current challenges in providing planned orthopaedic surgery for those who need it in north central London
- We are doing all we can to ensure that services are of the best quality
- In developing our proposals, are we doing the right things to ensure everyone who needs care can access it in a timely way
- There are more things we could do to make services responsive and tailor them for those with specific needs
- You have any alternative proposals, and what they are

NHS services are better when patients and healthcare professionals plan them together and in autumn 2018 we shared our reasons for needing to change the services with patients and others with an interest, and asked for their feedback. As a result of these conversations, we have developed the proposals in this document. We’d now like your advice again to ensure that our proposals are right for the future.

This consultation is being run by North London Partners in health and care on behalf of Barnet, Camden, Enfield, Haringey and Islington clinical commissioning groups*

The independent evaluation of responses is being carried by Participate.

We are holding a public consultation between 13 January and 6 April 2020 to get feedback on our proposals.

There are several ways in which you can give your views during the consultation. Full details of each of these feedback routes are on pages 32 - 33. In addition to this detailed consultation document, we have produced a summary document, large-type, easy-read and audio versions. You can get these on the website, but if you would like a printed copy sent to you, a braille or audio version, or a translation into another language, please contact the consultation team.

After we have heard people’s views, the North Central London CCG*, the organisation which plans services on behalf of local residents, will decide whether to implement the proposals, update them, or find an alternative solution. This consultation document and other related materials were developed with the support of patients, and local Healthwatch groups.

*On 1 April 2020 the five CCGs of Barnet, Camden, Enfield, Haringey and Islington will merge and become North Central London CCG. Find out more at: www.haringeyccg.nhs.uk/ccg-news/north-central-london-clinical-commissioning-groups-merge-approved-by-england-and-improvement-london/K09Z/
Too many operations are cancelled

In 2018/19 across north central London 530 orthopaedic operations were cancelled – 96% of these were cancelled on the day of surgery. This equates to 10 cancellations a week. The main reason why operations are cancelled is the demands of emergency services which can result in the beds not being available or key staff being called away at short notice.

Demand for planned orthopaedic surgery is expected to rise

The demand for planned orthopaedic surgery, such as hip and knee replacements, is expected to increase by around 9.5% by 2029. Within current arrangements, it would be very challenging for hospitals to cope with this demand, and as a result, waiting lists could increase further.

Why are we suggesting changes to orthopaedic surgery for adults?

Over 1.5 million people live in north central London and this number is expected to rise – as is the demand for planned orthopaedic surgery. Whilst current services are of good quality, we know that patients’ experiences vary and could be better.

Patients’ experiences vary, depending on where they have their surgery

The amount of time a patient spends in hospital varies from hospital to hospital. Infections aren’t very common, but numbers vary in different hospitals. The number of patients who need a follow-up operation (known as ‘revision surgery’) also varies from hospital to hospital.

Waiting times are too long

In January 2019, over 10,500 residents in north central London were waiting for planned orthopaedic surgery.

NHS targets are being missed

The NHS expects 92% of patients to have started treatment within 18 weeks of referral by their GP. However, on average between January 2018 and January 2019 only 79% of patients referred for orthopaedic surgery in north central London started treatment within 18 weeks of being referred by their GP. In some of our hospitals, during the very busy winter months this fell as low as 65%.

Between January 2018 and January 2019, the number of residents waiting for surgery increased by 24% rising by over 2,200 patients.

In January 2019, over 10,500 residents in north central London were waiting for planned orthopaedic surgery.

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Our proposals

The NHS in our area currently pays for patients to be treated at 10 different hospital sites, both NHS and private. This is to ensure there is enough space for everyone who needs planned orthopaedic surgery. We are proposing a new way to organise services in the future, that would change this.

Our proposed service would have:
• A choice of two NHS hospitals with dedicated operating theatres and beds, for patients who need to stay overnight after their operation
• Within each partnership, choice of NHS hospitals for those needing day surgery
• Within each partnership, a choice of NHS hospitals for outpatient appointments
• Improved education classes for patients so they understand their operation and what to do to before surgery to support their recovery afterwards
• Appointments would be with a named surgeon, Apollo speciality centre will stay with patients throughout the operation, regardless of where it takes place
• Rehabilitation support for patients after their surgery
• Access to high dependency or intensive care units for patients who need additional care after their surgery
• Care coordinators to support patients with conditions such as dementia or a learning disability to understand their care and where it might take place
• More complex surgery would continue at the Royal National Orthopaedic Hospital, a super-specialist centre
• Patients with other complex medical conditions, such as haemophilia, will have their surgery at the hospital which specialises in their condition
• Emergency orthopaedic care would continue at all local hospitals with an Accident and Emergency department

We know that patients want to see the same surgeon throughout care.

The new arrangement would ensure that patients always come from the same surgical team, regardless of where their appointment takes place. If a patient has their consultant appointment at one hospital and their operation at a different hospital, their surgeon and the surgical team would follow them to the other hospital to carry out their surgery.

Doctors will continue to work on emergency care at local hospitals, as well as planned surgery, giving them broad experience and improving their skills. This would ensure that there would be no impact to the provision of emergency care at local hospitals.

Our ambition

There are a number of benefits for organising care differently.

Access to consistently high-quality care for all patients across north central London

The capacity to meet current and future demand

Physically separating emergency and planned surgery, to avoid last-minute cancellations

Highly-specialist staff who focus on orthopaedic surgery, and become increasingly skilled at carrying it out

As a result of these proposed changes we would be able to:
• Ensure all patients who need surgery could access the care they need without a long wait
• Organise these services to meet current demand and any predicted future increases
• Physically separate emergency surgery from planned surgery, so that planned surgery would not be cancelled due to unexpected emergency hospital admissions
• Have specialist staff with the right skills in the right place to provide the best care and experience for patients before, during and after their operation
• Provide high-dependency or intensive care facilities for patients who need them
• Learn from other services around the country, so that the care and surgery that local patients receive is based on the best, most up-to-date research and knowledge available
• Have beds allocated for planned orthopaedic operations which would never be used for any other kind of care
• Provide staff with different ways of working, to ensure care is more coordinated across north central London, in and out of hospital
• Offer access to comprehensive training and development opportunities to all staff working in our partnerships including the chance to work in different environments and learn from others
• Ensure that surgery offers patients top quality pre-operative and post-operative education and care; this would be the same no matter where patients receive care in north central London.

These changes are not being proposed to save money or spend less on this kind of care. We believe that by organising services in a different way, we would be able to improve care and help more patients.

“We believe that by organising services in a different way, we would be able to improve care and help more patients.”
This is a general guide – and there are some exceptions to this. Examples of this are surgery for patients with haemophilia, which would remain at the Royal Free Hospital or patients with sickle cell, which would remain at the North Mid. because these hospitals specialise in the care of these conditions.

In response to the feedback we have already received from patients, we have organised care to minimise the number of times that patients need to travel further away from where they would usually receive their hospital care.

Patients would be able to express their preferences to their GP or physiotherapist, before a referral is made so that they could choose the partnership of hospitals that is most convenient for them. The exact locations are shown on the next page.

Two partnerships for orthopaedic surgery have been formed by our local NHS Trusts – with UCLH and Whittington Health working together, and The North Middlesex University Hospital working with the Royal Free London (Barnet Hospital, Chase Farm Hospital and The Royal Free Hospital).

The partnerships would be overseen by a network of health professionals who would ensure that regardless of where a patient receives their care, it is of a consistently high standard.

With the majority of orthopaedic surgery there are two elements to the care patients receive: the care before and after surgery (outpatient appointments) and then the operation itself.

A patient’s choice of hospital for your outpatient appointments would influence where they have their operation, as would whether they need an overnight stay or have your operation and go home on the same day (day surgery). (See page 14 for more information on this).

In most cases, hip and knee replacement surgery needs patients to stay in hospital overnight. For some people this might be two or three days. Shoulder, hand or foot surgery is usually day surgery, and patients can go home the same day.

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Where patients could have their care in the future

In the future, patients will have a choice of the two partnerships for their care. The table opposite shows where patients would go for different elements of their care.

The following orthopaedic services are not affected by our proposals:

- Emergency care
- Children’s orthopaedic care
- Spinal surgery
- Specialist and complicated orthopaedic surgery, which will continue at the Royal National Orthopaedic Hospital in Stanmore
- Orthopaedic surgery for patients with complex medical conditions such as haemophilia
- Local physiotherapy services for bones, joints and muscles

We believe that by all hospitals working together all patients would receive a significant improvement in their care. However, if our proposals were taken forward, some patients would have surgery in a different hospital, when compared with current arrangements:

**Day surgery: Shoulder, hand and foot surgery**
- 360 patients a year who would currently go to UCLH would have their surgery at Whittington Hospital instead.
- 80 patients a year, who would currently have NHS care in a private hospital, would over time, have their surgery at UCLH instead.
- 1020 patients a year, who would currently have NHS care in a private hospital, would over time, have their surgery at Chase Farm Hospital instead.

**Overnight stay: Hip and knee surgery**
- 400 patients who would currently go to North Mid. would have their surgery at Chase Farm Hospital instead.
- 360 patients who would currently go to Whittington Hospital would have their surgery at UCLH instead.
- 560 patients who would currently have NHS care in a private hospital, would over time, have their surgery at Chase Farm Hospital instead.
- 40 patients who currently have NHS care in a private hospital would over time, have their surgery at UCLH instead.
- 225 patients referred to the RNOH for non-specialist care could be suitable for treatment at Chase Farm Hospital instead.
- 75 patients referred to the RNOH for non-specialist care could be suitable for treatment at UCLH instead.

**Change to current arrangements:**

We believe that by all hospitals working together all patients would receive a significant improvement in their care. However, if our proposals were taken forward, some patients would have surgery in a different hospital, when compared with current arrangements:
What does this mean for patients?

Patient choice in the NHS
All NHS patients have a choice about where to go for their care. This is enshrined in the NHS constitution and is in your right. Regardless of our proposals, patients would still be able to choose which hospital they are referred to for orthopaedic surgery – just as they can today. As long as the hospital offers the kind of care that the patient needs, they may choose to have surgery at a hospital in another part of London or another area of the country.

If patients need to be referred for orthopaedic surgery, such as for a hip or knee replacement, their GP would be able to guide them, give them information about what each hospital offers and let them know how long they are likely to wait. Once they have this information they would be able to make an informed choice.

Here is more about patients’ rights to choose: www.nhs.uk/about-the-nhs/your-choice/

How the proposals could affect travel and different communities
in north central London

When the NHS proposes changes to services, we need to make sure we take into account the needs of everyone who uses, or will use these services in future. We spoke to hundreds of local residents and shared these proposals in response to their feedback.

We also sought advice on whether the proposed changes could affect some groups more than others. To do this, we asked independent experts to carry out an Integrated Health Inequalities and Health Equity Impact Assessment and a Travel Analysis on our behalf.

These will help us shape the proposals further and help us to have conversations with specific groups during the consultation, who might be affected by the proposed changes. The analyses highlighted that:

• Most equalities groups, the groups set out in the Equalities Act 2010, will experience a significant improvement in the quality of care they receive as a result of the proposals.
• During our consultation, we should make sure we seek the views of patients with disabilities, carers, those living in areas of deprivation, people over 65 and transgender people. This will make sure that any possible disadvantage can be minimised for these groups.
• For all patients needing an overnight stay in hospital, there will be a small increase in journey time for the majority of residents across north central London. For most residents this increase is likely to be 15 minutes at most.
• For patients in Enfield and Haringey choosing the North Mid/Royal Free London partnership for their care in future, we know that these proposed changes will potentially have a greater impact on them than on others.
• For those choosing to have outpatient appointments at the North Mid and surgery requiring an overnight stay at Chase Farm, this could mean a more difficult journey if using public transport. The transport analysis found that this would be a maximum increase of fifteen minutes to journeys times using public transport for these patients.

The report suggests that this may particularly affect:

• those with a disability or a mental health condition, due to the challenges associated with new or different locations;
• some black and minority ethnic communities, and people living in the more deprived parts of Enfield and Haringey, because of the location of existing hospitals and the transport links in the areas where these communities live.

We are keen to explore ways in which these challenges can be addressed during the consultation. There are opportunities in the consultation questionnaire to give views and ideas on this topic and we are actively seeking opportunities to explore ways in which any negative impacts can be minimised.

In developing the proposals, we already know that the impact of these changes for orthopaedic services in north central London will continue to be available at a wider choice of hospitals.

For staff, any travel implications could be countered by more consistent rotaing less travel during the day between sites. The reports set out a number of recommendations and further pieces of analysis that are needed to fully understand the implications of the proposals and address the challenges which have been identified. You can read these reports on our website: www.northlondonpartners.org.uk/orth_consultation

Nisha needs surgery on her hand

This can be done in a day. She usually prefers to go to UCLH and so chooses the UCLH/Whittington Hospital partnership for her care. Her GP explains that under the new arrangements, she would only be able to choose between Chase Farm and Chase Farm instead.

We’ve produced a short animation which tells Nisha and John’s story and what the proposals mean for them and other patients.

Watch it at: www.northlondonpartners.org.uk/orth_consultation

John needs a hip replacement

He will need two nights in hospital. John speaks to his GP and they decide that the most convenient place for him to have his outpatient appointments is North Mid. His GP explains that this means he’ll have all of his outpatient appointments, before and after his operation, and his education class at North Mid, but his operation would take place at Chase Farm. This will mean that John has to travel a little further when he goes to stay at Chase Farm for his operation, but there is virtually no risk that his surgery will be cancelled last-minute.

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Benefits and challenges of our proposals

Benefits

We believe our proposals would improve services in the following ways:

Benefits and challenges of our proposals

- For some patients, these hospitals would be more accessible, due to improved access to parking or public transport – depending on where patients choose to go for their care.
- Fewer operations would be cancelled because planned care would be completely separate from emergency care.
- Everyone who needs surgery would have equal access to services. Patients would have access to a high dependency or intensive care unit if they need additional support following surgery.
- For patients having operations requiring an overnight hospital stay, physiotherapists would be available seven days a week, to support patients in their recovery more quickly.
- Staff would be able to plan how they use their time better, meaning they would spend less of their time waiting for surgery and waiting lists would go down.
- The dedicated operating theatres would enable improved access to the latest technology which would improve the results of surgery.
- Hospitals would be able to learn from each other and share information.
- The new arrangements would be overseen by a network of specialist healthcare professionals. In practice this means:
  - Patients would all receive the same information before their surgery so that they know what to expect and are aware of the benefits and risks of surgery.
  - No matter where patients have their care, it would be to the same consistently high standard.
- The new arrangements would be overseen by a network of specialist healthcare professionals who would ensure a consistent high-quality of care.

Improvements for the NHS

- Hospitals would be able to manage waiting lists better because they would know exactly how many beds would be available. This means patients would spend less time waiting for surgery and waiting lists would go down.
- The dedicated operating theatres would enable improved access to the latest technology which would improve the results of surgery.
- Hospitals would be able to learn from each other and share information.
- The new arrangement would provide flexibility in how staff work together across the area, creating more time and space to meet current and future demands.
- The new arrangements would be overseen by a network of specialist healthcare professionals who would ensure a consistent high-quality of care.

We know that with any change there may be some disadvantages for some people. We think these are:

- Some patients may have to travel further to and from the hospital where they have their operation.
- Visitors may also have to travel further.
- Some staff will have to work in a different hospital to where they usually work, on some days of the week.
- People with additional needs, (such as those with a learning disability, or dementia), could find it confusing to go somewhere different for their surgery.

On pages 17 and 24 of this document we describe the plans we are putting in place to minimise the impact of these challenges. We are also asking for your ideas when you answer the consultation questions or come to one of our events.

Improvements for joined-up care

Our proposals are focused on changes to planned orthopaedic services, however it is recognised that this surgery is one element of the care that patients might receive. In developing these proposals, attention has been given to how they will work with GPs and along side musculoskeletal (MSK) physiotherapy services so that patients receive the right kind of care, when they need it.

You can read more about this on our website: www.northlondonpartners.org.uk/ortho_consultation

Challenges
The background to our proposals

* How orthopaedic surgery works today
* The evidence upon which our proposals are based
* What local residents told us, and how proposals were shaped in response
* How hospitals worked together
* The impact of our proposals

In 2016/17, north central London hospitals carried out 23,000 planned orthopaedic operations. Around 12,000 of these were more routine orthopaedic operations. This review is only looking at these more routine operations.

The NHS in our area currently pays for patients to be treated at 10 different hospital sites, both NHS and private. Many of these sites undertake all types of planned and emergency care, including day surgery and surgery that needs an overnight stay.

• North Middlesex University Hospital NHS Trust
• Royal Free London NHS Foundation Trust
  – Chase Farm Hospital
  – Royal Free Hospital
• University College London Hospitals NHS Foundation Trust
  – University College London Hospital
  – National Hospital for Neurology and Neurosurgery
• Whittington Health NHS Trust
• Royal National Orthopaedic Hospital NHS Trust
• The Cavell Hospital (BMI Healthcare)
• Highgate Private Hospital (Aspen)
• The Kings Oak Hospital (BMI Healthcare)

Where patients have surgery today

How planned orthopaedic services work today

<table>
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<tr>
<th>OUTPATIENT</th>
<th>DAY SURGERY</th>
<th>OVERNIGHT STAY</th>
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<td>Barnet Hospital</td>
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<td>Private hospitals</td>
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Evidence used in developing our proposals

Evidence in the UK and around the world shows that doing surgery in operating theatres dedicated to orthopaedics, with specialist staff, is likely to result in better quality of care for patients. This evidence also shows that the results of surgery are better for patients when surgeons carry out operations regularly and in greater numbers, allowing them to refine their skills.

Patient in north London

“I’d been in pain for over a year and having to wait even a few more hours is too long, let alone being cancelled.”

Staff nurse in north London

“Having to cancel a patient on the day of their surgery is probably one of the worst bits of my job. It makes me feel like I’ve let the patient down and haven’t done my job properly.”

Review by the London Clinical Senate and other experts

The London Clinical Senate supports development of health services by providing independent, advice from senior health professionals, patients and other bodies.

While proposals were still in development, a senate panel reviewed our suggestions and found that there was a “clear case for change, based on national best practice and consideration of the local issues”. They also made recommendations where our work could be developed. Their recommendations have informed further work.

We also asked for advice from senior staff at SWLEOC (see opposite) and other senior staff running orthopaedic services around the UK.

More information can be found on our website at www.northlondonpartners.org.uk/orth_consultation

Access to services and the quality of those services will continue to be variable with some patients having to wait a long time for surgery.

The NHS is currently experiencing staffing challenges, however our proposals could help to ensure that staff who currently work in orthopaedic services can use their skills more effectively.

Evidence shows us that:
- Care is improved when emergency and planned care are physically separate, and delivered in places designed specifically for the purpose. This also results in less hospital-acquired infections.
- More operations in one place – with clinical staff seeing more patients with similar conditions – leads to in better results for patients.

One current example of this is South West London Elective Orthopaedic Centre

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SWLEOC (South West London Elective Orthopaedic Centre) is a NHS centre providing planned orthopaedic surgery services for patients in south London. This includes inpatient, day cases and outpatient care.

It was established by four south west London acute trusts in January 2004, and has earned a reputation as a centre of excellence for planned orthopaedic surgery, with outstanding results, low complication rates and high patient satisfaction. SWLEOC is recognised as the largest joint replacement centre in the UK and one of the largest in Europe, performing around 5,200 each year. It was rated as outstanding by the Care Quality Commission in November 2015.

For more information, visit www.eoc.nhs.uk

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Further information on the evidence behind our proposals can be found on our website.

This includes:
- A national review of adult elective orthopaedic services in England
- Getting It Right First Time (GRFT 2015).
- Separating emergency and surgical care: recommendations for practice, Royal College of Surgeons (2007)
- Recategorisation of clinical services: what is the evidence?, The King’s Fund (2014)
- International Society of Orthopaedic Centers

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How our proposals were developed

We have worked with patients and residents, doctors and nurses and other health care professionals, like physiotherapists, from across our boroughs, to design and agree the way in which we’d like planned orthopaedic surgery to work in the future.

We talked to a wide range of people and staff to test our reasons for changing. We developed ideas through workshops with the healthcare professionals and patients who currently run and use these services. In these workshops we looked at how services could be improved and heard from other parts of the NHS from across the country about how they run similar services. We also looked at the impact that any changes might have on NHS services that work alongside orthopaedics, such as trauma care and paediatrics. Patients told us about the current way in which services work has impacted on them and their thoughts on how services could be improved.

We are continuing to test and refine our ideas with local people and staff. All of the hospitals involved are in agreement with the proposals in this consultation document and each of the hospitals involved are signed up to them. You can read more about our partners in appendix 1.

The feedback we received has helped to shape the proposals that we have put forward in this document. A full report of what we heard from local people between August and October 2018 can be seen on our website.

The full report of what we heard from local residents during the planning of our proposals as well as background to how these proposals were developed, can be found at: www.northlondonpartners.org.uk/orth_consultation

People with additional health and social care needs, such as learning difficulties, might need some extra help to understand the different and new places they would go for their care.

We need to carefully consider how the right information about a patient’s health and social care needs is shared to make sure care is well-managed and co-ordinated across different hospitals.

Some people receiving orthopaedic surgery might also have other health conditions that might have an impact on their surgery. This could mean that their surgery comes with additional risks or that they need other specialists to be involved in their care.

Some patients may need to travel further than previously for their surgery or education before surgery. This additional travel could also affect visitors, family and carers.

By moving services around, some people were concerned that their local hospital might lose services or money.

Moving services would result in less choice for patients.

There were concerns about the practicalities of separating emergency and planned orthopaedic surgery, such as how staff might work.

How local residents told us

What local residents told us

We developed a new role of ‘care coordinator’ to support these patients throughout their care.

Hospitals are joining up their digital patient records securely so that information can be shared more easily.

In our proposals, the hospitals that would undertake surgery requiring an overnight stay would also have high dependency or intensive care units. This means anyone with complex medical needs would get the care they need. A small number of patients with very complicated health conditions would be cared for at the most appropriate specialist hospital for their needs.

We are looking carefully at the transport options available to patients who cannot get to hospital independently to see how any inconvenience could be minimised. We have commissioned a travel and transport report to help us understand the potential impact of our proposals.

The money that supports planned orthopaedic surgery would be fairly distributed across all hospitals whether they undertake surgery or not. Hospitals who will deliver planned orthopaedic services in future are supportive of these proposals and do not believe there would be any significant financial impact in making these changes.

Patients who would always have choice of where they have their care – this is part of the NHS constitution.

We asked specialists in emergency care to look carefully at our plans and confirm that these would not undermine emergency care.

How our plans changed

From August – October 2018 we spoke to over 600 patients to help us develop our plans.

Patients also participated in 13 workshops alongside potential service providers, to develop ideas for how the services could work in future.

Patients made up 50% of the panel that evaluated the proposed partnerships.

Rosemary Arnold, patient representative

“As a patient rep, I have found the process fascinating as I had no idea the NHS thought so carefully about change. I have been able to ask questions at every stage and felt that my views were valued - it was a process from a patient’s point of view.”

Helen Andrews, patient representative

“When looking at the options for the future, we ensured that patients’ voices were heard. If it was important that those who find it difficult to use NHS services were considered.”

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Moving services would result in less choice for patients.

There were concerns about the practicalities of separating emergency and planned orthopaedic surgery, such as how staff might work.
Developing our proposals collaboratively

The proposals in this consultation document were developed in an innovative, collaborative way between the providers of health services in north central London.

Drawing on the feedback from clinicians, NHS Trust, local patients, stakeholders, and a number of workshops with all of these groups participating, an agreement about how services should look in future (clinical design principles) were developed and agreed by the JCC in December 2018.

In January 2019 the JCC agreed that because of the interdependencies with other services - particularly emergency care high dependency and three key tests which needed to be met:

• the clinical elements of the proposed future service
• the option must demonstrate a favourable income and expenditure impact for the system after two years of operation
• North Middlesex University Hospital NHS Trust
• North Central London NHS Foundation Trust
• North West London Hospitals NHS Trust
• University College London Hospitals NHS Foundation Trust and Whittington Health NHS Trust.

The trusts who had put together these proposals had looked at all the options available within the criteria, and ruled out a number as not being possible, including: a single centre for north central London; a centre at Whittington Health for planned orthopaedic surgery that required an overnight stay; and centre at the North Mid for planned orthopaedic surgery that required an overnight stay. The Royal National Orthopaedic Hospital chose not to submit a proposal, preferring to focus on supporting local hospitals as a super specialist centre.

In July 2019 a panel of patients and residents, healthcare professionals and commissioners considered the proposals. They decided that the two options were complementary, that both met the criteria and were better than current services. It is this preferred option which forms the basis of this consultation, An analysis of which patients could be affected if the service changed in future. There were asked their views on a draft case for change and heard feedback from them in a future way in which services would be organised and maximise the benefits of our proposals, if implemented. We will monitor:

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What has happened so far and what are the next steps?

These are the phases and timeline for the development of our proposals to change health services for patients who need planned orthopaedic surgery.

1 February 2018

The Joint Commissioning Committee (JCC) of the five CCGs in north central London, agreed that orthopaedic surgery should be reviewed to see if there were opportunities to improve services for local patients.

August to October 2018

We undertook an analysis of which patients could be affected if the service changed in future.

Local patients, residents and other stakeholders were asked their views on a draft case for change and heard feedback from them in a future way in which services would be organised and maximise the benefits of our proposals, if implemented. We will monitor:

• waiting times
• cancellations
• length of stay
• surgical site infection rates
• emergency readmission within 30 days
• revision rates
• national patient reported outcome measures
• Friends and family test results to ensure that the proposed changes have been effective.

January to April 2020

• Consultation: We will ask local people and stakeholders their views on the proposals that have come out of the pre-consultation and business case stages.

Summer 2020

• The outcome of the consultation and the development of a decision-making business case. The NHS will consider the responses to the consultation and continue with any proposed changes to the proposals or changing the proposals.

Assurance and implementation from autumn 2020 onwards

If permission is granted to implement our proposals, we would begin to put our plans in place.

Future developments

We will continue improving our services in future, and maximise the benefits of our proposals, if implemented. We will monitor:

• Waiting Times
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Chase Farm Hospital (part of the Royal Free London group of hospitals)
The new Chase Farm Hospital was completed in July 2018 and is at the forefront of pioneering new ways of working to deliver better, safer and more efficient care to the local population. The addition of a dedicated orthopaedic operating theatre would make even better use of the investment made by the NHS.

North Middlesex University Hospital NHS Trust
The North Mid has a well-established day-surgery unit and an active A & E department. Our proposals will improve bed capacity at the hospital and therefore minimise cancellations for a range of care that the Trust offers patients.

University College London Hospital
UCLH is in the process of building a new facility on Tottenham Court Road, which will be complete in late autumn 2020. This will contain dedicated facilities for planned orthopaedic surgery, as well as a new proton beam therapy for cancer patients and a centre for the treatment of blood disorders.

Whittington Health
The Whittington’s day treatment centre is a new healthcare facility, providing planned surgery for NHS patients. The centre has four state-of-the-art operating theatres and provides orthopaedic day surgery for patients in north central London. These proposals would widen access to this modern facility.
How to give your views

We want to receive your views from patients, residents, staff and partners as possible to inform our plans during our public consultation – running between 13 January and 6 April 2020.

Taking into account your views, as well as other evidence for service change and value for public money, commissioners will decide whether the proposals should proceed to the next stage of planning. We would like to hear your views on:

• Whether we have developed the best possible solution to the current challenges in providing planned orthopaedic surgery for those who need it in north central London, as described in this document

We are also interested to receive alternative proposals to the solutions we have laid out in this document. There are several ways to join in this consultation and give us your views on the proposals which include completing the consultation questionnaire, attending one of our meetings or drop-ins or writing to us with your own feedback or proposals.

All feedback will be evaluated by Participate Ltd, an independent company who have been engaged to receive and evaluate feedback regardless of how it is submitted.

Please let us know your comments and views on these proposals by completing the consultation questionnaire and returning it in the post using the Freepost address provided.

You can also complete the consultation questions using our online survey at: www.northlondonpartners.org.uk/orth_consultation

If you attend any of the public meetings or drop-in events, your views will also be captured and fed into the evaluation.

We want to receive the views of as many patients, residents, staff and partners as possible to inform our plans.

How will a final decision be made?

This consultation will start on 13 January and finish on 6 April 2020 (subject to volume and content of responses). This consultation period may be extended if it would be helpful to hear more views. The phases of the programme will depend on what decisions are made at several key stages but the following outlines what the timeline may look like.

9 January 2020
Joint Commissioning Committee of the five NCL CCGs to be asked to i) approve the pre-consultation business case and ii) consider the decision to move to a public consultation.

13 January 2020
Public consultation starts (12 weeks)

April/May 2020
Consultation closes

Following consultation, all responses from members of the public and local organisations will be independently evaluated and a draft report produced.

Timescales for post-consultation decision-making, subject to the volume and content of responses received:

May 2020
Stakeholders will have the opportunity to comment on the draft report of the consultation evaluation together with the review of the equalities impact assessment.

June 2020
The evaluation of responses, feedback from stakeholders and impact assessments will be shared with the Joint Health Overview and Scrutiny Committee (JHOSC).

June 2020
A decision-making business case (DMBC) will be developed outlining the recommended decision as a result of the consultation evaluation, impact assessments and feedback from the JHOSC.

June/July 2020
Patients and NCL CCG will have the opportunity to review the evaluation together and discuss any implications.

A decision-making business case (DMBC) will be presented to NCL CCG for decision (TBC).

July to November 2020
Patients and NCL CCG will have the opportunity to comment on the draft report of the consultation evaluation together with the review of the equalities impact assessment.

The evaluation of responses, feedback from stakeholders and impact assessments will be shared with the Joint Health Overview and Scrutiny Committee (JHOSC).

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July to November 2020
Assurance of implementation plans and trust internal governance processes.

After 1 April 2020 there will be a single CCG for north central London. 

Complaints

If you have a complaint relating to the way in which this consultation is being managed please contact the North and East London Commissioning Support Unit (NEL CSU) Patient Experience and Effectiveness Team, which is an NHS organisation who manage the complaints process on our behalf.

They can be contacted on 0203 688 1666 or by email nelcsu.complaints@nhs.net.

NEL CSU will retain personal information for the purpose of this complaint investigation only. In order for us to make improvements to the services we receive, anonymous information about your complaint may be shared as part of our reporting process. Should you have any concerns with this, please contact us on nelcsu.complaints@nhs.net.

Information on how to make a complaint can be made available in other languages, on audio cassette or CD, in large print, Braille and in illustrated format. Interpreters can also be made available in other languages, on audio cassette or CD, in large print, Braille and in illustrated format. Interpreters can also be arranged, including sign interpreters. Please contact us if you need this support: nelcsu.complaints@nhs.net.
Come to a public meeting
We are holding a public meeting in each borough. These meetings are an opportunity to meet with the programme team and other interested residents to find out more about our proposals and give your views.

These events are round-table discussions, giving everyone the opportunity to participate. To attend, you will need to book in advance, so that we can ensure we have adequate space and staff to hear everyone’s views.

Please book your place at:
www.northlondonpartners.org.uk/orth_consultation

Barnet: Monday 2 March, 6:30pm to 8:30pm
Hendon Town Hall, The Burroughs, Hendon, London NW4 4BG

Camden: Tuesday 10 March, 6:30pm to 8:30pm
Council Chamber, Cowcaddens Centre, 218
Eversholt Street, London NW1 1BD

Enfield: Saturday 14 March, 10am to 12 midday*
Green Towers Community Centre, Edmonton Green, London N9 0TE

Haringey: Wednesday 18 March, 6:30pm to 8:30pm
Cypriot Community Centre, Earlham Grove, Wood Green, London N22 5HJ

Islington: Saturday 21 March, 10am to 12 midday
Resource For London, 356 Holloway Road, London N7 6PA

*Events at Camden and Enfield will have a BSL interpreter available.

Interpreters can be booked on request for all other events.

In addition to these events, Trusts, Healthwatch and voluntary sector organisations are also planning and promoting opportunities to participate. Please check our website, which will be updated throughout the consultation period.

www.northlondonpartners.org.uk/orth_consultation

Additional help to respond to these proposals
We can provide support for those who may need some additional help to participate.

• We offer translations and additional support if English is not your first language.
• We also offer versions of this consultation document in audio, large print, Easy-Read or Braille format, on request.

We can offer support to participate if you have a learning disability or difficulty in communicating. You can give your feedback verbally by calling us.

We are working with The Consultation Institute, an independent advisory body, to ensure that our consultation process meets the highest standards.

Ways to take part in the consultation
Complete a printed questionnaire
We are working with The Consultation Institute, an independent advisory body, to ensure that our consultation process meets the highest standards.

Write to us
If you would rather write your feedback down without using our questionnaire, you can write your thoughts down in a letter or email. If you are feeding back on behalf of an organisation, please state the name of the organisation in your correspondence. It is also helpful if you can include your address (or, at a minimum, your postcode) to help us analyse responses fully. Return postal letters to:
FREEPOST NLP ORTH CONSULTATION
or email: NLP_ORTH@participate.uk.com

Give your feedback on the phone
If you would find it easier to speak to someone to give your thoughts you can call Participate UK, our independent partner, who is receiving feedback on behalf of the programme. To do this please call: 0808 1567192

All feedback will be included in the analysis of responses, regardless of how it is given.

Give the programme team to speak to your group
The programme team would be happy to come to speak to your group and receive your feedback.

To arrange this, please contact the team by
calling 0808 1567192 or
emailing NLP_ORTH@participate.uk.com

Please book your place at:
www.northlondonpartners.org.uk/orth_consultation

Complete our questionnaire online
You can also complete the consultation questions using our online survey at:
www.northlondonpartners.org.uk/orth_consultation

This can be completed on a desktop computer or on a mobile device.

Complete a printed questionnaire
Please let us know your comments and views on these proposals by completing the consultation questionnaire and returning it to the post using the Freepost address provided.
Appendix 1
Consultation partners

In developing these proposals, we have worked closely with many local partners. In particular:

The clinical commissioning groups who plan healthcare in each of our five boroughs:
- NHS Barnet CCG
- NHS Camden CCG
- NHS Enfield CCG
- NHS Haringey CCG
- NHS Islington CCG

After 1 April 2020 there will be a single CCG for north central London

The NHS organisations currently delivering orthopaedic surgery:
- North Middlesex University Hospital NHS Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health NHS Trust

The Healthwatch organisations whose role it is to represent the views of local residents:
- Healthwatch Barnet
- Healthwatch Camden
- Healthwatch Enfield
- Healthwatch Haringey
- Healthwatch Islington

Appendix 2
Glossary

CCG
Clinical Commissioning Group

Commissioning
Planning and paying for services on behalf of local people

DMBC
Decision-Making Business Case

EIA
Equities Impact Assessment

Elective Care
Such as surgery that is planned in advance (ie – not an emergency)

GP
General Practitioner

HDU
High Dependency Unit

Inpatient
Healthcare needing an overnight hospital stay

JCC
Joint Commissioning Committee

NHS
National Health Service

NCL
North Central London includes the boroughs of Barnet, Camden, Enfield, Haringey and Islington

Orthopaedics
Surgical care for bones, joints and muscles

Outpatient
Healthcare not requiring an overnight stay in hospital

Planned care
See ‘elective’ care above.

RNOH
Royal National Orthopaedic Hospital (based in Stanmore)

STP
Sustainability and Transformation Partnership

UCLH
University College London Hospital NHS Foundation Trust
Closing date for feedback 6 April 2020