NHS Board: 30 May 2018

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## SUBJECT: ELECTIVE ORTHOPAEDICS OPTION APPRAISAL

#### 1. **PURPOSE**

This paper is coming to the Lanarkshire NHS Board:

The purpose of this paper is to provide the Lanarkshire NHS Board with an update on the Elective Orthopaedic Option Appraisal event held on 20 March, 2018. The stakeholder event was a part of the engagement approach to:

- Consider whether the best location for planned (elective) orthopaedic surgery is University Hospital Hairmyres or University Hospital Monklands.
- Validate the case for change and recommend a preferred service model.
- Use the rigour of an option appraisal approach alongside a quality framework to appraise and then recommend the preferred configuration of services according to need.

## 2. ROUTE TO THE LANARKSHIRE NHS BOARD

This paper has been:

By the following Committee:

• Divisional Management Team; Corporate Management Team.

## 3. SUMMARY OF KEY ISSUES

3.1 The vision is that orthopaedic services will be provided to a high standard comparable to any other UK service. Patients will enjoy a seamless treatment pathway from referral through to rehabilitation, and will spend the right amount of time in hospital.

3.2 The overall strategic direction as identified by the Academy of Medical Royal Colleges (AoMRC) and described in Achieving Excellence, is to provide Trauma and Elective inpatient care on separate sites. These conclusions have been reinforced by the recent publication of the National Clinical Strategy for Scotland. The Academy also noted that there was consensus on this opinion across Emergency Departments, Trauma & Orthopaedics and Care of the Elderly teams across NHS Lanarkshire.

3.3 The service will be fully integrated with other health and social care providers in primary, community and acute. Our workforce model will be sustainable into the future as the needs of the population change.

3.4 There was a danger of service failure due to the difficulties in providing a suitable training environment and recruiting all grades of staff. This created urgency around the change required.

3.5 To achieve our vision, we are committed to agreeing the right configuration of orthopaedic services to:

- Improve patient outcomes and reduce length of stay in hospital.
- Provide long term service stability in terms of medical workforce (all grades)
- Improve training and recruitment of specialist Orthopaedic staff (Medical and Non-Medical)
- Maximise access to elective inpatient and day case treatment (including eliminating cancellations due to surges in trauma)
- Lay the foundations for Wishaw General being Trauma unit within the West of Scotland Trauma Network.
- Provide a link to elective treatment centres
- Develop future pathways of care that meet the changing needs of the Lanarkshire population.

3.6 Due to the complexity of the revised service model, the reconfiguration of the Orthopaedic service was planned over two Phases. NHS Lanarkshire's orthopaedic review focussed on the immediate changes necessary within the service to ensure service sustainability and better outcomes for patients. This was completed in November 2016 and the orthopaedic service provision was reconfigured from 3 to 2 inpatient sites – University Hospital Hairmyres and University Hospital Wishaw, with both sites providing trauma and emergency inpatient care.

3.7 The stakeholder meeting followed on from the NHS Lanarkshire review of its trauma and orthopaedic services carried out in 2015/16 under Lanarkshire health care strategy 'Achieving Excellence' and seeks to engage on the service configuration of elective orthopaedic services.

3.8. It should be noted that the proposed changes to trauma and elective services under Phase 1A are determined based on current configurations and conditions within the acute hospital estate. The long term provision of elective orthopaedic services will be considered as part of the service modelling linked to the Monklands Refurbishment / Replacement Programme Business Case.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	x	LDP	Government policy	
Government directive		Statutory requirement	AHF/local policy	
Urgent operational issue	x	Other		

## 5. CONTRIBUTION TO QUALITY

A key component of the work completed in the development phase for the stakeholder engagement event was the development of a specification across the 6 quality domains as they relate to the provision of an Inpatient Elective Orthopaedic service. See appendix 3 of the stakeholder event report. This was also developed as a key decision making tool to support participants, in particular patients, carers and public representatives to understand the clinical and technical requirements of the service demand and delivery.

## Three Quality Ambitions:

Safe	$\square$	Effective	Person Centred	
		1	 1	

#### Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)		
People are able to live well at home or in the community; (Person Centred)		
Everyone has a positive experience of healthcare; (Person Centred)	$\square$	
Staff feel supported and engaged; (Effective)		
Healthcare is safe for every person, every time; (Safe)		
Best use is made of available resources. (Effective)		

#### 6. MEASURES FOR IMPROVEMENT

6.1 The current configuration is not able to optimise all available resources to full effect.

6.2 The event decision making was measured with the use of a voting system that enabled participants to differentiate between University Hospital Monklands or University Hospital Hairmyres

#### 7. FINANCIAL IMPLICATIONS

7.1 There is no additional financial implication to the project in basing elective inpatient services in University Hospital Hairmyres. However, it should be noted the preferred site will require capital work to add a laminar flow system.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

8.1 The NHS Lanarkshire corporate risk management approach will be applied to assessing risks, identifying mitigation controls and managing/tolerating risks within the project going forward.

8.2 The service change will take into consideration the risks associated with moving to a one site configuration.

## 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership 🛛 Effective partnerships	Governance and	
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				accountability	
Use of resources	$\square$	Performance	$\square$	Equality	
		management			
Sustainability	$\square$				

#### 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Equality & Diversity Impact Assessment has been completed

#### 11. CONSULTATION AND ENGAGEMENT

The attached paper covers the Stakeholder Engagement event held on March 20, 2018. The Scottish Health Council were asked to quality assure the option appraisal process. They reported that: "Feedback from patient and public representatives on the option appraisal process was generally positive with most people feeling they had received sufficient information about the purpose and process of engagement. Similarly the majority of respondents felt they had the opportunity to give their views on the benefits criteria/influencing factors and appraise and score options."

The Scottish Health Council recommended that NHS Lanarkshire:

- makes the option appraisal report publicly available (e.g. on NHS Lanarkshire's website);
- addresses and clarifies the points raised by people during the option appraisal session this includes how any decision will link with future developments/ moves in the orthopaedic service redesign; and the difference further considerations make to the preferred model, e.g. finance;
- ensures the preferred option has been equality impact assessed (this may include evidence on patient flows for elective orthopaedics over the past two years) and identifies actions to address potential adverse impacts; and
- communicates with those that responded to the 2016 consultation to inform them of the further steps taken, preferred option and provide opportunity to engage on this and offer feedback

These recommendations will be taken forward as part of the ongoing Trauma and Orthopaedics communication and engagement plan.

This paper is being shared with the Board to inform the further development of service redesign and provide a framework to aid decision making around the reshaping of Trauma and Orthopaedic services in NHS Lanarkshire. These actions will include sharing the outcome of the option appraisal and inviting comments through stakeholder groups, the public website and media release. A further paper will be brought to the Planning, Performance and Resources Committee in June 2018 to update Members on the further engagement being undertaken, and the NHS Board in August 2018 will be invited to consider specific service redesign proposals.

It should be noted that the option appraisal process was undertaken to deliver services in the short term, and must be seen in the context of the development of the business case for the replacement / refurbishment of Monklands Hospital, which will take up to 8 years to conclude.

## 12. ACTIONS FORTHE BOARD

The Board is asked to:

Approve	Endorse	Identify further actions	
Note	Accept the risk identified	Ask for a further	
		report	

Specifically, the Board is asked to:

- Endorse the process;
- Discuss the recommendation of the stakeholder event;
- Consider any factors external to the option appraisal process approach to supporting this decision;
- Note the Scottish Health Council recommendations;
- Note and accept the risk the programme of service redesign represents; and
- Support the on-going development of Elective Inpatient services at University Hospital Hairmyres.

#### 13. DOCUMENTS FOR INFORMATION

- Achieving Excellence
- Phase 1 and Phase 1a Case for Change and associated documents
- Project Initiation Document

#### 14. FURTHER INFORMATION

For further information about any aspect of this paper, please contact-

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# Appendix 1 Six Dimensions of Care for Elective Orthopaedic Services

Quality Attributes	Key Features
SAFE SAFE	<ul> <li>Reduced Clinical Risk and avoiding harm to patients from care that is intended to help them.</li> <li>A safe Elective Orthopaedic service would therefore provide: <ul> <li>The right mix of workforce, medical and non-medical</li> <li>A multi-disciplinary team approach to service delivery – right expertise and steaming, right person/first time</li> <li>Clinical environment (Laminar Flow) and equipment (imaging equipment) that meets standards (British orthopaedic association) and national clinical quality indicators.</li> <li>Appropriate clinical pathways for efficient rehabilitation and review process for safe and improved patient outcomes</li> </ul> </li> <li>Providing services based on scientific knowledge and best clinical standards and improved quality of Care and outcomes</li> <li>An effective would Elective Orthopaedic service therefore provide: <ul> <li>Sufficient staff working together in teams to ensure a responsive and flexible service</li> <li>The range of staff with the right skills available to meet all expected urgent clinical conditions</li> <li>A 'fit for purpose' clinical environment to deliver evidence based care</li> <li>Training opportunities are available for the multi-skilled workforce</li> <li>Access to assessment/medication/urgent treatment (where indicated)</li> <li>Structures and mechanisms in place to utilise and deploy staff and resources effectively.</li> <li>Improved linkage with integrated health and social care teams.</li> <li>Greater opportunities for Peer Support within the workplace</li> <li>A sustainable and deliverable model</li> </ul> </li> </ul>
Person Centred Care	<ul> <li>Care is responsive and appropriate to patients needs and patient is included in clinical decisions.</li> <li>A patient-centred Elective Orthopaedic service would therefore provide: <ul> <li>People are treated in a centre of excellence with the right staff, with expertise and supports</li> <li>Outpatients remain available at each of the local hospitals</li> <li>Support provided through availability of transport where clinical need is established</li> <li>Care is delivered within the timeframe as per waiting times standards</li> <li>Will improve the experience of patients, families and service users</li> </ul> </li> </ul>

	<ul> <li>Patients are seen by the right person in the right place within the right timeframe</li> <li>Patients are listen to and treated with respect and dignity</li> </ul>
EFFICIENT	<ul> <li>Avoidance of waste including energy, supplies, equipment, resources including staff and ensuring a seamless journey through services</li> <li>An efficient Elective Orthopaedic service would therefore provide: <ul> <li>A service configured to meet evidence based demand</li> <li>Better utilisation of theatres and staff. (increased access)</li> <li>The available workforce has a range of knowledge and skills responsive to the urgent care needs of all patient groups</li> <li>Efficient deployment of skills and knowledge</li> <li>Informed deployment of the workforce and resources to allow faster access to assessment, care and treatment</li> <li>The service is well resourced, financially viable and deliverable</li> </ul> </li> </ul>
	<ul> <li>Providing care that does not vary in quality because of geography, location or socio-economic status. All patients have access to a range of service provision An equitable Elective Orthopaedic service would therefore provide: <ul> <li>Equitable access to the centre of excellence for elective orthopaedic services for all of Lanarkshire patients</li> <li>Access to a workforce who are suitably trained to meet the needs of planed care, can reduce any risk of harm and manage the care and treatment effectively</li> <li>Access to interpretation services</li> <li>Equitable application of clinical criteria to access transport to support attendance.</li> </ul> </li> </ul>
	<ul> <li>Reduction of harmful delays for those who give and receive care <ul> <li>A timely Elective Orthopaedic service would ensure:</li> <li>Sufficient workforce available to ensure timely access to the right person first time</li> <li>Sufficient infrastructure in place to provide a comprehensive orthopaedic service</li> <li>Pursue 'best in class' (benchmarked nationally) performance to deliver reduction inpatient length of stay</li> </ul> </li> </ul>