



**Elective Orthopaedic Service**

**Stakeholder Meeting**

Medical Education and Training Centre

Kirklands Hospital

Tuesday March 20, 2018

## Contents

Section		Page
1	Background	3
2	Purpose of the Event	4
3	Presentations <ul style="list-style-type: none"><li>• 3.1 Elective Orthopaedic Services – service model</li><li>• 3.2 Question and Answer Session</li></ul>	5
4	Group Work Explained	5
5	Group Work - Session	6
6	Scoring sheet – analysis	8
7	Event recommendation	11
7	What Happens Next?	12
Appendix 1	Briefing Paper for Patients, Carers and Public members	13
Appendix 2	Participants Scoring Sheet	16
Appendix 3	Six Dimensions of Care for Orthopaedic Services	18
Appendix 4	Attendees	20

## 1. BACKGROUND

NHS Lanarkshire Healthcare Strategy, 'Achieving Excellence' published May 2016 describes the vision for orthopaedic services that will see them 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. 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.

Orthopaedic services within NHS Lanarkshire are currently provided on an outpatient, day case surgery and inpatient basis from Lanarkshire's two district general hospitals – University Hospital Hairmyres and University Hospital Wishaw. In addition, a proportion of elective inpatient services are provided at the Golden Jubilee National Hospital (GJNH). However this is in the context of a changing national picture and proposals on how both Trauma (development of the West of Scotland Trauma Network) and Elective orthopaedic care (implementing elective treatment centres) will be provided in the future.

Future planning for trauma and orthopaedic services is taken forward by a programme board which includes both public and staff representatives under the leadership of Colin Sloey, NHS Lanarkshire, Director of Strategic Planning & Performance. An additional core group was established in December, 2017, chaired by Heather Knox, NHS Lanarkshire, Director of Acute services to specifically carry out the planning for the option appraisal.

The NHS Board considered the case for change for orthopaedic services to ensure:

- Improve patient outcomes and reduced 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
- Future pathways of care that meets the changing needs of the Lanarkshire population.

The view of NHS Lanarkshire, which was confirmed by the 2016 report from the Academy of Medical Royal Colleges and Faculties in Scotland, is that maintaining the status quo within Orthopaedics was neither a sustainable option, nor would it address the safety and quality issues raised in the 2013 HIS Rapid Review report.

There was a danger of catastrophic 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. 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.

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 reconfigured from 3 to 2 inpatient sites – Hairmyres and Wishaw General with both sites providing trauma and emergency inpatient care.

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 second phase the orthopaedic service reconfiguration is now underway and will build on and consolidate the improvements achieved in phase one, completing the strategic goal of the separation of Trauma and Elective inpatient Care.

The stakeholder meeting follows 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.

## **2. PURPOSE OF THE EVENT**

Participants<sup>1</sup> were welcomed by Heather Knox, Director of Acute Services. Heather recognised the commitment of all stakeholders who had given their time so far in meetings as part of the ongoing engagement process to support NHS Lanarkshire to develop improvements in the Orthopaedic services. She expressed her thanks to the significant numbers of public representatives present.

Heather described the stakeholder event as an opportunity to:

- Consider whether the best location for planned (elective) orthopaedic surgery is University Hospital Hairmyres or University Hospital Monklands.
- Use a quality framework to describe and evaluate the preferred service model
- Validate the case for change and recommend a preferred service model.

In her introduction Heather shared that like all public sector organisations, NHS Lanarkshire faces significant challenges to ensure the most efficient and effective services are delivered at a time of increasing financial constraint. As a result we need to utilise any and all investment in acute hospitals going forward. Alongside other service changes this will ensure that the increased levels of activity planned around

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<sup>1</sup> See Appendix 4 for list of participants

areas such as Elective Orthopaedics can be implemented to ensure delivery of an improved local configuration of hospital services, is achieved.

NHS Lanarkshire recognises that the current model of care is unsustainable across two sites and, in order to meet the requirements set out in Achieving Excellence Strategy 2016, an option appraisal was required.

### **3. PRESENTATION**

#### **Orthopaedic Services – A New Service Model**

Dr Jane Burns, Medical Director, Acute services gave a presentation that covered the reasons for change that have prompted the review of services, the findings of the review and the emergence of the preferred service model.

Dr Burns went on to describe the current configuration of service provision and how this is proposed to change under the new, preferred service model.

Following Dr Burn's presentation, Kate Bell, Head of Service Change & Transformation facilitating the event on behalf of NHS Lanarkshire lead a question and answer session for all participants. This allowed for any questions to be answered before moving into the groups for the service configuration voting/scoring process.

#### **Question 1:**

How will the changes affect patients who get outpatient services from their local hospital?

**Answer:** Dr Burns confirmed that for all orthopaedic patients, most of the care they receive is as an outpatient which will continue to be delivered at each of the Emergency Departments of Lanarkshire's three university hospitals.

#### **Question 2:**

Should the discussion and the decision from today take the Monklands Refurbishment/Replacement Project into consideration?

**Answer:** The option appraisal process is to deliver services in the here and now and cannot take into consideration developments that will see the outcome delivered in around 8 years. The Option Appraisal will consider whether the best location for planned (elective) orthopaedic surgery is University Hospital Hairmyres or University Hospital Monklands.

### **4. GROUP WORK EXPLAINED**

Kate explained the group work format and introduced the facilitators. She explained that the four groups would take the same approach to decision making and explained the voting process. Each group had a dedicated facilitator and a subject matter expert who could advice on any questions for clarity if required.

We agreed to carry out an Option Appraisal as our change and decision making approach for the event. An Option Appraisal is a robust process that is used when considering a new way to provide services. Option Appraisals allow a wide number of views to be considered and as robust an assessment of options as possible to be created. Option Appraisals look at all the ways in which a service could be provided and the most promising options are then assessed by comparing their benefits, risks and lastly on costs.

As well as the key influencing factors to be used for discussion and voting Kate described the approach to engagement in Lanarkshire as a means to ensure the decision-making process is reasonable, transparent and justifiable. The influencing factors used in the group work session were supported by a description of Quality dimensions as they relate to Elective Orthopaedics Appendix 2). These also represent the NHS Scotland Quality Ambitions based on the Institute of Medicine 'Six Dimensions of Care', which remain a key foundation of the NHS approach to systems-based, healthcare quality improvement.

<b>QUALITY CRITERION/ATTRIBUTES OF A SERVICES DESCRIBED – Appendix 2</b>
Safe
Effective
Patient-centeredness
Efficient
Timely
Equitable

The approach recommended by Kate for this session was voting rather than scoring. The reason for this approach was taken is that the decision making required a decision on which site would be the location for the service, therefore a simple voting process was recommended by Kate as the best approach to this. The scoring/voting rationale and process was shared with patient, carers, public at the pre event briefing meeting. The groups were a mix of all attendees and lead/supported by a dedicated facilitator and a subject matter expert as set out below.

<b>Group</b>	<b>Facilitator</b>	<b>Subject Matter Expert/Programme Board member</b>
Group 1	Kate Bell	Jane Burns
Group 2	Stephen Peebles,	Ans Khan
Group 3	Fiona Cowan	Judith Park
Group 4	Graeme McGibbon	Frances Dodd

**5. GROUP WORK - SESSION**

In each group participants were asked to reflect on; the presentation delivered by Dr Burns (clinical expert), the case for change paper, the information contained within the scoring sheets and also to consider the extent to which each model would deliver against the 6 quality dimensions.

The score sheet was explained in relation to the three levels of essential, important and desirable factors. Feedback from the groups and a written feedback from facilitators told us that there was good discussion and once the process for scoring was explained the groups were happy to proceed. Any questions were taken one at a time with feedback given to clarify any points to enable informed decision making. Most questions initiated helpful discussions and clarity on technicalities with all members of the group participating.

The issues of sufficient funding to implement the change and dedicated orthopaedic level one beds with the consultant body in some groups wanting assurance that this would be part of the "deal" was deferred as a decision on these points was out-with the scope of this process today.

Taking all the issues detailed above into account the groups reached a view that there was sufficient time allowed for the process and lay representatives felt included and supported throughout the event.

## 6. Scoring sheets – analysis

**Table 1-** – Votes by participant groups regarding recommended site for Elective Orthopaedic services to be at University Hospital Hairmyres

Question	Hairmyres	Patient	Carer	Public Partnership Forum	NHS Clinical Staff	NHS Non Clinical Staff	Local Voluntary
	Total Participants per Discipline	2	2	5	25	2	6
<b>1</b>	Sufficient skilled staff to optimise elective inpatient staff model	2	1	5	24	2	5
<b>2</b>	A Clinical model that optimises an evidence approach to support new ways of working/clinical pathways of care	2	2	5	20	2	5
<b>3</b>	Quality driven services that is team based for effective recruitment and retention of all staff groups	1	2	5	22	2	5
<b>4</b>	A workforce model to offer peer support and ensure compliance with training & development requirements as set by GMC, NES, NMC and other governing bodies.	2	1	5	22	2	4
<b>5</b>	A person centred service and allows sufficient capacity ( theatres, support services - clinical and non-clinical staff) to match demand	2	2	5	23	2	4
<b>6</b>	Minimum impact on other clinical specialties (Disruption and ongoing knock on effects)	2	2	5	24	2	5
<b>7i</b>	Sufficient available of theatres	1	2	5	23	2	6
<b>7ii</b>	Dedicated theatre time	1	2	5	21	2	6
<b>7iii</b>	IRMER Compatible (X-rays in theatre)	1	2	5	20	2	4
<b>7iv</b>	Laminar Flow (clean air theatres)	1	2	5	18	2	6
<b>7v</b>	Integrated / Flexible Day Surgery flow	2	2	5	23	2	5
<b>8i</b>	Sufficient available bed capacity (Level 1 beds/re point 6 above)	1	2	5	21	2	6



<b>8ii</b>	Ability to ring fence beds	0	1	4	21	2	5
<b>9</b>	Opportunity for short term flexible capacity (response to increases in demand)	1	2	5	20	1	5
<b>10</b>	Access to co-dependent services e.g. radiology, labs	2	2	5	18	2	4
<b>1</b>	Opportunity for further service development without the need for relocate	0	2	4	20	2	4
<b>2</b>	Compatible with other NHS Lanarkshire strategic developments under Achieving Excellence e.g. vascular, General Surgery	0	1	4	21	3	4
<b>3</b>	Accessible for staff and public – Car Parking	2	2	4	22	2	2
<b>4</b>	Availability of public transport links	0	2	3	19	3	1
<b>1</b>	Training facility on site	1	2	4	20	4	5
<b>2</b>	Access to local amenities for staff and visitors	1	1	4	20	5	3
<b>Totals</b>		<b>27</b>	<b>39</b>	<b>102</b>	<b>467</b>	<b>50</b>	<b>100</b>

Result: As a sum of all groups the total number of votes for University Hospital Hairmyres to be the site for Elective Orthopaedics in Lanarkshire was 775.

**Table 2** – Votes by participant groups regarding recommended site for Elective Orthopaedic services to be at University Hospital Monklands.

Question	Monklands	Patient	Carer	Public Partnership Forum	NHS Clinical Staff	NHS Non Clinical Staff	Local Voluntary
	Total Participants per Discipline	2	2	5	25	2	6
1	Sufficient skilled staff to optimise elective inpatient staff model	1	2	1	6	0	3
2	A Clinical model that optimises an evidence approach to support new ways of working/clinical pathways of care	2	2	4	16	2	4
3	Quality driven services that is team based for effective recruitment and retention of all staff groups	2	1	3	8	1	3
4	A workforce model to offer peer support and ensure compliance with training & development requirements as set by GMC, NES, NMC and other governing bodies.	2	1	2	12	1	2
5	A person centred service and allows sufficient capacity ( theatres, support services - clinical and non-clinical staff) to match demand	1	1	2	6	1	2
6	Minimum impact on other clinical specialties (Disruption and ongoing knock on effects)	0	1	0	2	0	2
7i	Sufficient available of theatres	1	1	0	4	0	3
7ii	Dedicated theatre time	2	2	1	4	1	2
7iii	IRMER Compatible (X-rays in theatre)	2	2	3	16	2	6
7iv	Laminar Flow (clean air theatres)	2	2	4	17	2	4
7v	Integrated / Flexible Day Surgery flow	1	1	0	4	0	2
8i	Sufficient available bed capacity (Level 1 beds/re point 6 above)	2	2	0	6	1	1
8ii	Ability to ring fence beds	2	2	1	8	1	1
9	Opportunity for short term flexible capacity (response to increases in demand)	2	2	1	11	2	3
10	Access to co-dependent services e.g. radiology, labs	1	2	4	12	1	6

1	Opportunity for further service development without the need for relocate	2	2	0	5	2	1
2	Compatible with other NHS Lanarkshire strategic developments under Achieving Excellence e.g. vascular, General Surgery	2	1	1	2	0	1
3	Accessible for staff and public – Car Parking	1	2	3	14	2	3
4	Availability of public transport links	2	2		14	2	3
1	Training facility on site	1	2	4	18	4	4
2	Access to local amenities for staff and visitors	1	1	5	13	4	3
		<b>34</b>	<b>36</b>	<b>9</b>	<b>223</b>	<b>31</b>	<b>65</b>

Results: As a sum of all groups the total number of votes for UHM to be the site for Elective Orthopaedics in Lanarkshire was 432.

## 7. Event Recommendation:

Scores by group as follows:

	Group 1	Group 2	Group 3	Group 4	Totals
Hairmyres	212	137	221	211	738
Monklands	67	72	96	161	432

Overall scores as follows:

Options	Scores from voting process – all groups
Location for planned (elective) orthopaedic surgery to be University Hospital Hairmyres.	<b>775</b>
Location for planned (elective) orthopaedic surgery to be University Hospital Monklands.	<b>432</b>

Therefore based on the outcome of the option appraisal event the recommendation regarding the best location for planned (elective) orthopaedic surgery is University Hospital Hairmyres.

## 8. WHAT HAPPENS NEXT?

Heather Knox, Director of Acute Services, advised that the next steps for the Elective Orthopaedic services would involve:

- Reviewing the output from this event; taking on board the comments and feedback and making any amendments necessary to the service model proposal report (Elective Orthopaedic review paper).
- A final draft report will be circulated for final comments to the stakeholders.
- The final version of the report will be submitted for consideration and endorsement by the Planning Performance and Resource Committee 25<sup>th</sup> April, 2018.
- Following endorsement and approval by the PPRC the redesign of services and reconfiguration of elective orthopaedic services will be developed over the summer.

As described above a formal review of trauma and orthopaedic service in Lanarkshire began in 2014 following the publication of the “Rapid Review of Safety and Quality of Care for Acute Adults in Lanarkshire” carried out by Healthcare Improvement Scotland.

The conclusions from that review, and the case for change, were considered by the NHS Lanarkshire Board in July 2016. Further information is available through the consultation website and the NHS Board papers:

[www.nhslanarkshire.org.uk/boards/2016-board-papers/Pages/July.aspx](http://www.nhslanarkshire.org.uk/boards/2016-board-papers/Pages/July.aspx)

The timescales for decision making, in accord with the stipulation of the Cabinet Secretary’s letter of 28th April 2017, are:

Options Appraisal Process signed off by T&O Project Board	22nd Jan '18
Invitations & press release for Options Appraisal Event	9th February '18
Pre-briefing for patient/public participants	12th March '18
Briefing Packs issued to participants	14th March '18
Options Appraisal Scoring	20th March '18
Recommendation considered by the PP&RC	25th April '18

Heather thanked everyone for attending the event and for their contribution to the process so far. She acknowledged the groups’ efforts today and stated this would assist NHS Lanarkshire to refine and enhance the proposed model for the delivery of orthopaedic services. She confirmed that everyone taking part today would receive a copy of the report of the event.

For further information on this report contact:

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### Stakeholder Event - Briefing for Participants (MARCH 12<sup>TH</sup>, 2018)

#### **A. Purpose of this briefing**

NHS Lanarkshire is committed to supporting the staff, public, patients/service users and carers to contribute to the design and delivery of health and care services. This is in line with approach and process set out very clearly by the Scottish Government for Informing, Engaging and Consulting People in Developing Health and Community Care Services<sup>2</sup>, which Health Boards must follow. This information sets out on the process for decision making to be taken at the stakeholder engagement event for Elective Orthopaedic services (20, March, 2018) in NHS Lanarkshire.

#### **B. How are we planning to do this? – Option Appraisal (OA)**

Option Appraisal is a decision making tool for use in identifying the different ways in which we can ensure the options proposed follow a rigorous and robust service change process towards achieving the right outcome. OA ensures that decisions taken are based on a clear consideration of the relative merits of all the options and provides a clear justification for the decisions that are recommended. Through OA this is achieved by examining all the important factors before recommending or taking a decision on implementing a new service model or configuration. We are taking an OA approach to the Elective Orthopaedic service change to:

- set out all of the options for change & improvement
- enable informed and transparent decisions;
- provide a consistent approach to decision-making;
- help achieve maximum effectiveness and best value; and
- Provide a clear basis for decision making process.

#### **C. Development Process**

In preparation for the event held 20 March, 2018 a core group of the Project Board was formed and has been meeting since early December, 2017. The case for change builds on the first stage of this work. Information extracted from the case for change has been developed as draft criteria to support the decision making process. The core group then engaged clinical and

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<sup>2</sup> Informing, Engaging and Consulting People in Developing Health and Community Care Services CEL 4 2010

management staff in the development of the essential and desirable attributes. The proposed criteria for voting were confirmed by the chair of the core group on behalf of the Programme Board (08 March, 2018).

We have:

- Agreed the key features/influencing factors according to the Elective Orthopaedics service attached to each of the quality attributes to be used as a guide for participants to score each option accordingly.
- The attributes are based on essential service components and key features relevant to the delivery of the highest quality Elective Orthopaedics services in Lanarkshire. A paper (Case for Change) giving more detail can be found in the information pack.
- The group of key informants have discussed the quality attributes and the criteria as to “what is most important to this service change” in preparation for the event.

#### **D. Scoring/Voting process explained**

This process necessarily assigns values to choices/judgements. These judgements should not be arbitrary or subjective, but should reflect expert and service user/lay representatives' views, and should be supported by objective information.

To achieve meaningful results which decision-makers (NHS Lanarkshire and key partners) can rely on, it is important that all stakeholders are represented and that:

1. the exercise is not left only to the 'experts', but is undertaken by a group of people who represent all of the interested parties, including, for example, those who are directly affected by the project, and those who are responsible for its delivery;
2. the group possesses the relevant knowledge and expertise required to make credible measurements and judgments of how the options will impact upon the attributes;
3. the group is led by an objective person to steer the process, probe opinions, promote consensus and avoid prejudice; and
4. the justification for the group's chosen weights and scores is fully explained

A pre event briefing session was held with representatives of the public partnerships/health & social care forms on Monday 12<sup>th</sup> March facilitated by the head of service change & transformation to cover the approach and discuss and cover the technical elements of the option appraisal approach.

The event will:

- Assess the potential benefits of different options against the information presented
- Assess options objectively using agreed influencing factors/benefits criteria
- Assess what outcomes will be achieved through changing services and investing/reinvesting money
- Focus on the 'ends' as well as the 'means'

This exercise utilising individual participant scores/votes will be used to decide the service configuration options against the agreed criteria and attributes.

### **E. What are you expected to do at the Option Appraisal Meeting?**

**Note - NHS Lanarkshire facilitators will support and guide the group through every step of the process.**

You are required to do the following:

- Read this pack in advance of the event.
- On the 20<sup>th</sup> March, 2018 you will hear a few presentations giving background and detailed information relating to the Elective Orthopaedic services including; the current service and why it needs to change, information about workforce models and requirements; accommodation, capacity and population access. All of which will inform the proposed models for improvement.

### **F. Group work Process**

Each group will be asked to discuss and consider each of the factors in turn and using the individual score cards place an x next to the option that delivers this best.

1. The group work session will ask you to make use of **ALL** of the information in your pack and presented on the day against the stated criteria (Influencing factors) to support the assessment of the right location for the future delivery of the elective orthopaedic service in Lanarkshire.
2. These votes/scores will be collated for each group and for all attendees and written up in a full report of the event.
3. The outcome of the voting process to decide configuration/location will not be shared with participants on the day and will be subject to financial, sensitivity and risk analysis.
4. The report will be circulated within a four week period of the event to all attendees.

You will be invited to complete an evaluation form on the day and a report capturing the outcome of the day will be sent to you after the event.

Outputs from the workshop will be reported to NHS Lanarkshire Board before being shared with the Scottish Government.

**Participants scoring sheet** Please tick one as appropriate **GROUP** [ ]

[ ] Patient [ ] Carer [ ] Member of the public [ ] Public Partnership Forum representative [ ] NHS staff (clinician) [ ] NHS staff (non clinician) [ ] Local Authority staff [ ] Local voluntary organisation/Charity [ ] National voluntary organisation/Charity [ ] Staff Partnership representative

[ ] Other (Please specify).....

Name (Optional).....




Consider each **essential** factor in turn. Place an X in those ‘option’ boxes that you consider can deliver that factor. Repeat this process for each **important** factor and then for each **desirable** factor.

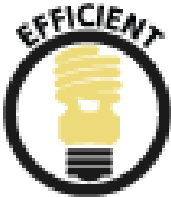


FACTORS TO CONSIDER	Models	
	Hairmyres	Monklands
Essential – The model provides:		
1. Sufficient skilled staff to optimise elective inpatient staff model (e.g. Incumbent staff, transfer of staff)		
2. A Clinical model that optimises an evidence approach to support new ways of working/clinical pathways of care (MDT approach, integration of new roles)		
3. Quality driven services that is team based for effective Recruitment and Retention of all staff groups		
4. A workforce model to offer peer support and ensure compliance with training & development requirements as set by GMC, NES, NMC and other governing bodies.		
5. A person centred service and allows sufficient capacity ( theatres, support services - clinical and non-clinical staff) to match demand		
6. Minimum impact on other clinical specialties (Disruption and ongoing knock on effects)		



<b>Capacity</b>		
Essential - based on least disruptive solution		
7. Theatre Capacity		
i. Sufficient available of theatres		
ii. Dedicated theatre time		
iii. IRMER Compatible (X-rays in theatre)		
iv. Laminar Flow (clean air theatres)		
v. Integrated / Flexible Day Surgery flow		
8. Bed Capacity		
I. Sufficient available bed capacity (Level 1 beds/re point 6 above)		
II. Ability to ring fence beds		
9. Opportunity for short term flexible capacity (response to increases in demand)		
10. Access to co-dependent services e.g. radiology, labs		
<b>Improvement/Access</b>		
Important		
1. Opportunity for further service development without the need for relocate		
2. Compatible with other NHS Lanarkshire strategic developments under Achieving Excellence e.g. vascular, General Surgery – (programme dependent and avoiding the domino effect)		
3. Accessible for staff and public – Car Parking		
4. Availability of public transport links		
Desirable		
1. Training facility on site		
2. Access to local amenities for staff and visitors		

Six Dimensions of Care for Elective Orthopaedic Services

Quality Attributes	Key Features
	<p><i>Reduced Clinical Risk and avoiding harm to patients from care that is intended to help them.</i></p> <p>A <b>safe</b> Elective Orthopaedic service would therefore provide:</p> <ul style="list-style-type: none"> <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>
	<p><i>Providing services based on scientific knowledge and best clinical standards and improved quality of Care and outcomes</i></p> <p>An <b>effective</b> would Elective Orthopaedic service therefore provide:</p> <ul style="list-style-type: none"> <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>
	<p><i>Care is responsive and appropriate to patients needs and patient is included in clinical decisions.</i></p> <p>A <b>patient-centred</b> Elective Orthopaedic service would therefore provide:</p> <ul style="list-style-type: none"> <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> </ul>

	<ul style="list-style-type: none"> <li>• Will improve the experience of patients, families and service users</li> <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>
	<p>Avoidance of waste including energy, supplies, equipment, resources including staff and ensuring a seamless journey through services</p> <p>An <b>efficient</b> Elective Orthopaedic service would therefore provide:</p> <ul style="list-style-type: none"> <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>
<p><b>EQUITABLE</b></p> 	<p>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</p> <p>An <b>equitable</b> Elective Orthopaedic service would therefore provide:</p> <ul style="list-style-type: none"> <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>
<p><b>TIMELY</b></p> 	<p>Reduction of harmful delays for those who give and receive care</p> <p>A <b>timely</b> Elective Orthopaedic service would ensure:</p> <ul style="list-style-type: none"> <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>

## APPENDIX 4

### List of Participants

#### **Service Users and Public Representative Participants - 20<sup>th</sup> March 2018**

1	Sarah Jane Allan	North Access Panel, Disability Forum
2	Bill Angus	Chair, Clydesdale Health & Social Care Forum & member of South Lanarkshire Health & Social Care Forum
3	Gordon Bennie	Voluntary Action South Lanarkshire (VASLAN)
4	Fiona Boyle	Chair, Rutherglen Health & Social Care Forum & member of South Lanarkshire Health & Social Care Forum
5	Ashley Brady	Support Worker for SJ Allan
6	John Duffy	Vice Chair, Wishaw, Murdostoun & Fortissat Com. Forum & member of North PPF
7	Anne Lindsay	Vice Chair, Clydesdale Health & Social Care Forum & member of South Lanarkshire Health & Social Care Forum
8	John Lindsay	Member, Clydesdale Health & Social Care Forum & Vice Chair of South Lanarkshire Health & Social Care Forum
9	Donald Masterton	Member Cumbernauld Community Council and Chair North PPF
10	Jo McIntyre	South Lanarkshire Carers Network (SLCN)
11	Thomas Moan	Voice of Experience Forum (VoEF)
12	Margaret Moncrieff	Member Hamilton Health & Social Care Forum & Chair South Health & Social Care Forum
13	Ann Muir	Member North PPF
14	Liz Seaton	North Lanarkshire Carers Together (NLCT)
15	Louise Wheeler	Service Change Adviser, Scottish Health Council

#### **NHS Lanarkshire and Local Authority**

16	Calvin Brown	Head of Communications (Presenter)	Kirklands
17	Jane Burns	Divisional Medical Director – Acute	Kirklands
18	Frances Dodd	Director of Nursing	Kirklands
19	Heather Knox	Director of Acute Services (Presenter)	Kirklands
20	Judith Park	Director of Access	Kirklands
21	Reem Al Soufi	Consultant in Emergency Medicine	Hairmyres

22	Susan Friel	Chief of Nursing	Hairmyres
23	Stephen Grant	Orthopaedic Surgeon	Hairmyres
24	John Keaney	Chief of Medical Services	Hairmyres
25	Brian McGurn	Consultant - Geriatrics	Hairmyres
26	Andrew Mitchell	Consultant Anaesthetist Clinical Director	Hairmyres
27	David Murray	ESP Physiotherapist	Hairmyres
28	Andrew Palombo	Clinical Director for Medical Specialties, Emergency Med Cons	Hairmyres
29	Kumar Periasamy	Orthopaedic Surgeon	Hairmyres
30	Cameron Sharkey	Service Manager	Hairmyres
31	Manish Agarwal	Orthopaedic Surgeon	Monklands
32	Diane Bramley	Orthopaedic Surgeon	Monklands
33	Gordon Cowan	Consultant - anaesthetist	Monklands
34	Alison Craig	Consultant - Care of the Elderly	Monklands
35	Atta Eslami	Orthopaedic Surgeon	Monklands
36	Mo Mathew	Orthopaedic Surgeon	Monklands
37	Elaine Morrison	Interim Senior Nurse	Monklands
38	Rory Mackenzie	Chief of Medical Services, Consultant in Anaesthesia and Intensive Care	Monklands
39	Nichola Summers	Deputy Director of Hospital Services	Monklands
40	David Howie	Orthopaedic Surgeon	Wishaw
41	Ans Khan	Associate Medical Director	Wishaw
42	Marion Mark	Director of Hospital Services	Wishaw
43	Nick Miller	Orthopaedic Surgeon	Wishaw
44	Claire Rae	Physiotherapy Lead	Wishaw

## **Event Management, Planning, Facilitation and Support**

45	Kate Bell	Head of Service Change and Transformation	Kirklands
46	Fiona Cowan	Senior Nurse Peri Op Care & QI	Hairmyres
47	Graham McGibbon	Service Manager, Access Directorate	Kirklands
48	Stephen Peebles	Deputy Director of Hospital Services	Wishaw