Report to Southampton Health Overview and Scrutiny Panel

Proposed Orthopaedic Transformation

1.0 Purpose

This report summarises the proposal to centralise inpatient orthopaedic trauma operations, and create an Arthroplasty centre of excellence within the North & Mid Hampshire local care system.

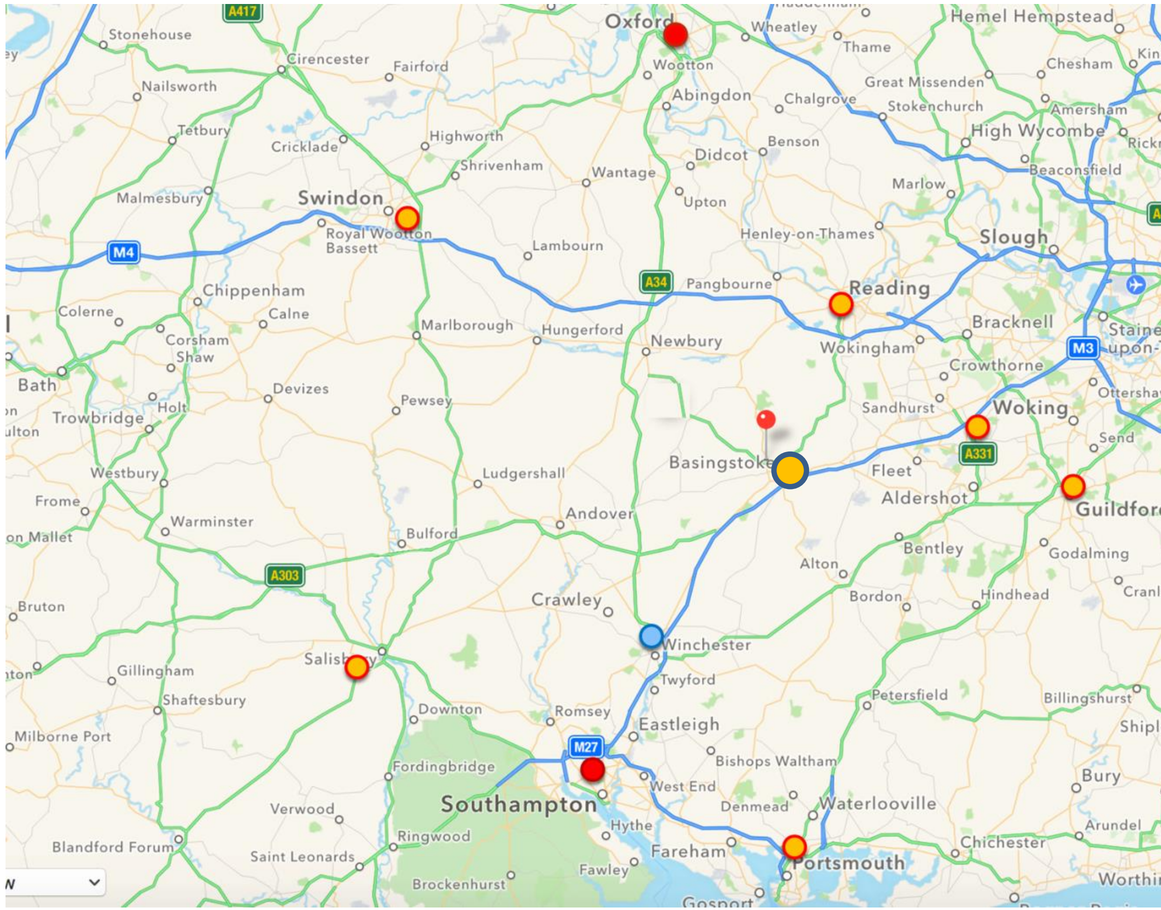
Orthopaedic elective work is planned work on bones and joints. This includes large operations which require a general anaesthetic and a stay in hospital, for example planned hip and knee replacements known as arthroplasty. It also includes smaller operations, which can be done in the day and sometimes with just a local anaesthetic. Examples of this would be carpal tunnel surgery on hands.

Orthopaedic trauma work is unplanned work responding to an emergency. This includes large operations, for example a fractured hip due to a bad fall, as well as more minor trauma such as a broken arm, which may just require plastering.

Our vision is to:

- Ensure patients in need of significant trauma care, following an accident, receive the best possible support from our clinical teams so that they make the best possible recovery. Our proposal is to treat these patients within a best practice, 7 days a week, orthopaedic service. Minor trauma, such as a broken arm requiring plastering, would still be treated in Andover, Winchester and Basingstoke
- Create an elective centre of excellence for large operations such as hip and knee replacements. These types of operations are known as arthroplasty and we would like a national exemplar arthroplasty service. Smaller planned operations, such as day surgery, would still happen in Basingstoke and Winchester.

The map below shows the existing trauma centre provision within the local area:



- Level 3 Trauma Centre (Southampton and Oxford)
- Level 2 Trauma Centre (Salisbury, Swindon, Reading, Frimley, Guildford and Basingstoke)

West Hampshire CCG (WHCCG), North Hampshire CCG (NHCCG) and HHFT seek to inform Southampton Health Overview & Scrutiny Panel (HOSP) on the development of these draft proposals. We are engaging with staff, patients and carers, and key stakeholders to further understand the potential impact of proposed changes and develop options that optimise benefits for patients and provide quality healthcare services.

This report has been provided to:

- Outline draft service proposals for Trauma & Orthopaedic services at Hampshire Hospitals and the wider system.
- Describe the approach to engagement to meet and exceed best practice public involvement and ensure that any proposed service change is in the best interests of our patients and communities.
- Provide assurance about the impact on Southampton University Hospital

2.0 Drivers for change

The key drivers for making changes to the existing configuration of Trauma and Orthopaedics services within Hampshire Hospitals and the wider care system are:

(1) Consultant care; There are now a number of consultants that specialise in different types of complex surgery of bones and joints and we want to ensure our patients are treated by the right consultant for their injury 7 days a week. Consolidating this

specialist workforce across less acute hospital sites increases our ability to ensure our patients have access to the best possible trauma care any day of the week.

(2) Frail elderly population in need of care; our population is growing older and with age comes an increased risk from falls and fractures, which are common forms of orthopaedic trauma. Older people can become more frail and less mobile following an injury and often need intensive rehabilitation to prepare them for home and the best place for this rehabilitation is not a busy hospital ward.

(3) “Getting it Right First Time”; A review of Hampshire Hospitals’ trauma and orthopaedics services by Professor Tim Briggs, National Director of Clinical Improvement, highlighted that the number of people who die following hip fracture in Hampshire Hospitals is above the National average. The average mortality following hip fracture at the Hampshire Hospitals was approximately 10% in 2017/8, compared to a National average of 7%.

(4) Waiting times; People waiting for planned operations (such as hip and knee replacement) are waiting longer than we would want, especially during the winter because their operation may be postponed with priority being given to emergency admissions.

Centralisation of trauma and orthopaedic services has been successful in many other Trusts, including Cheltenham and Gloucester, East Kent and the United Lincolnshire Hospitals and is recommended in the NHS Long Term Plan. The principle of centralising some services is already in place for Hampshire for patients in need of cardiology (centralised in Basingstoke) and stroke care (centralised in Winchester).

3.0 Draft Proposals

The NHS Long Term Plan encourages organisations to consider separating urgent and planned care to improve patient outcomes. The transformation of the orthopaedic service is a key part of Hampshire Hospital’s clinical strategy and reflects a commitment to provide services that are high quality and sustainable for the future.

To address the drivers for change HHFT have developed the draft proposal below to reconfigure Trauma and Orthopaedic services. It is recognised that this is a complex project and that there are significant interdependencies in relation to wider services and stakeholders. There is a need to establish data, stakeholder mapping and patient outcomes to further develop options for the future delivery of these services, and these are currently in process.

Winchester Hospital Inpatient Trauma undertaken at alternative Acute Hospital site, predominantly Basingstoke and North Hampshire Hospital, and development of Arthroplasty (joint replacement) Centre at Winchester Hospital. This would include:

- Patients requiring inpatient procedures or treatments relating to trauma or non-elective orthopaedic conditions usually admitted to Winchester Hospital would be re-directed to an alternative Acute Hospital that has the right specialist consultant capability and capacity to meet the needs of these patients. A full review of local capacity and service delivery is underway to ensure our patients receive the right care, in the right place, and the right time.
- Capacity at Winchester Hospital from undertaking less emergency operations would be utilised to create a ‘centre of excellence’ for elective care. The creation of a ‘centre of excellence’ ensures staff are able to consolidate and develop their skills, creating training and sub-specialism opportunities, and would be a great addition for our local population. The existing space, beds and theatre capacity, would be fully utilised to transfer as many elective arthroplasty (joint surgery) procedures as

possible to this centre. This would ensure routine surgery would be able to proceed as planned during winter months, and aims to improve waiting times and patient experience.
- Day case surgery and overnight stay for elective procedures would continue to be provided on both acute sites, and to a lesser degree in Andover, in line with the clinical strategy of “Local where Possible”. Outpatient and pre-operative assessment clinic appointments would also continue to be provided on all sites in line with current services.

Full relocation of all HHFT Hip and Knee Arthroplasty to Winchester Hospital

We are also looking into the opportunities to further expand the centre of excellence at Winchester Hospital to include all major hip and knee procedures. This step change is likely to require additional operating theatre capacity and orthopaedic elective beds. This would require some reconfiguration of other services within HHFT to accommodate this work. Options are being developed to explore these further and would be linked to the wider engagement work underway in relation to these proposals. No concrete decisions have been made at this time so that feedback can be considered in the development of the best options for our patients, carers and staff as well as wider stakeholder groups.

L**ink to Hampshire & IOW STP**

There is a local aspiration to expand services provided in Winchester to incorporate the repatriation of patients currently sent by the NHS to the private sector for treatment as a consequence of the capacity constraints in the system. This is likely to require investment by the wider system in order to develop appropriate outpatient facilities, theatre capacity and beds. Some of this has already been secured following a successful bid to enhance our orthopaedic outpatient services as part of wider STP funding.

4.0 Potential Impact of Service Changes

4.1 Benefits

Improved patient experience and outcomes would be achieved by:

Providing faster access to specialised care delivered in Winchester as a centre of excellence for joint replacement (arthroplasty) which would provide a modernised service and improve both experience and results for patients. It would reduce waiting times for first clinic appointment, reduce waiting times for surgery and reduce the length of stay in hospital following surgery.

Improved onward care that enables elderly patients to age well through the provision of improved specialist care. Dedicated rehabilitation therapy would be available to maximise the opportunities for patients to be discharged back to their normal place of residence by actively mobilising them during the post-operative recovery phase. This would significantly reduce length of stay in hospital and reduce the risk of other complications arising.

Reduced waiting times by protecting and prioritising elective care. The separation of trauma and planned activity would mean patients waiting for planned operations would be much less likely to be postponed, reducing wait times for first clinic appointment, improving referral to treatment times and reducing length of stay in hospital.

Improved outcomes for trauma patients as a result of ensuring our patients are treated by the right specialist consultant for their surgery 7 days a week.

Maintaining patient choice as routine outpatient treatment for minor broken bones would continue in Basingstoke and Winchester Emergency Departments. The majority of patients would be safely discharged home pending a triage phone call, advice from a dedicated senior orthopaedic clinician and/or potential fracture clinic attendance prior to planned surgery if this is required.

4.2 Impact on population

Work is underway to quantify the impact the draft service proposal may have on our local population. This includes;

- A collaborative data analysis between HHFT, CCG and South Coast Ambulance Service (SCAS) to identify; should the Royal Hampshire County Hospital no longer undertake emergency inpatient trauma procedures following the identified need to consolidate our specialist workforce in order to improve outcomes, which site(s) will best meet the needs local people,
- An Equality Impact Assessment to ensure we understand the potential impact of any proposal on people with different protected characteristics and to identify potential mitigating steps to reduce or remove adverse impacts.
- A Quality Impact Assessment to ensure any proposal has a neutral or positive impact on quality.
- Understanding the impact on family and carers; previous service transformation examples have highlighted concerns from the public on travel times and identified this is a key challenge that centralisation of services may bring to visiting family members in hospital. This is acknowledged as one main area of concerns within the proposed service model and we commit to understanding this better and options for minimising any inconvenience to family and carers are being developed.

4.3 Impact on University Hospitals Southampton

A concern has been raised by University Hospitals Southampton NHS FT, that additional trauma patients will be conveyed to Southampton, which is already at capacity for trauma care. The clinical teams across HHFT, UHSFT and SCAS are working together to minimise or eliminate this risk. There are a variety of options.

- SCAS convey all relevant patients to Basingstoke Hospital directly.
- SCAS continue to bring patients to Winchester Hospital and HHFT contract a private ambulance to take the 1-2 patients a day who need inpatient trauma care to Basingstoke from Winchester.
- SCAS convey all relevant patients to the nearest appropriate hospital which will result in 1-2 additional patients being brought to UHS each day. HHFT then repatriate other patients to Winchester in order to provide capacity in Southampton.

These options are being worked through, and there is a clear commitment from HHFT to ensure that these changes benefit patients and do not place unacceptable additional demand on University Hospitals Southampton.

5.0 Engagement

5.1 Pre-Engagement

Initial pre-engagement has focused on work with key partners and staff. This has been prioritised to help develop a broad overview of what the clinical changes could look like and the implications of those changes. A summary of this pre-engagement is shown below.

Date		Activity
2017	Aug	Transforming Clinical Services (TCS) undertook pre-consultation research with public a broad range of stakeholders that identified a majority support for the principle of acute service centralisation-
2018	July – Sept	Need for change identified / flagged externally by NHS Improvement's national Getting It Right First Time (GIRFT) programme and the National Hip Fracture Database
	Sept – Dec	Internal agreement that change is required and clinical discussions about service change ideas and options
2019	Jan	Clinical strategy, including trauma and orthopaedics, shared with Health and Adult Social Care Select (Overview and Scrutiny). Committee (*HASC*).
	Jan – Mar	Informal, internal discussions
	Mar	Formal project structure launched
	May	CCG / HHFT joint agreement to work together to re-design trauma & orthopaedic services.
	June	HHFT Board agrees, in principle, to proceed with project. HHFT presentation of high level proposals to Local A&E Delivery Board
	July	High level staff consultation to formalise staff input / feedback
	Aug	Review of progress and plans developed for wider and more formal engagement

5.2 Engagement

The Trust and CCGs have now embarked upon an intensive period of stakeholder engagement that targets specific groups to look at progressing an alternative service model for trauma and orthopaedics.

We would like to implement changes to this service provision as soon as possible to support us through the peak period of winter, and we recognise the need to work collaboratively with our stakeholders to identify if this is feasible.

Our priority for the next two months is to undertake engagement with key stakeholders (with particular reference to the ambulance trust, neighbouring acute and community/mental health trusts and HCC teams) supported by patient experience input from Healthwatch, recent and current patients, carers and other local people.

The effectiveness of engagement will determine the level of public consultation required or demonstrate adequate engagement and support has been secured so consultation is not required.

5.3 Engagement principles and objectives

We will be open, honest and responsive in our communications and engagement activities to support the key test of strengthened patient and public involvement.

The objectives of this communication and engagement plan are to:

- plan and manage the engagement process
- use outcomes to guide any formal consultation
- provide a range of opportunities for stakeholders to give their views, ask questions, raise concerns and make comments
- recognise the different needs and current levels of understanding amongst different audiences and develop communications that are consistent, clear and tailored to their needs
- ensure all feedback gathered is fed into the overall service development
- deliver clear, co-ordinated, consistent and timely communications to all audiences relating to engagement and consultation around potential changes to trauma and orthopaedic services
- ensure any short-term, temporary or interim changes to trauma and orthopaedic services are communicated and the opportunity to provide feedback about those changes is clear so they can be incorporated into the final service development and acted on immediately if necessary (e.g. revert back to the current service model)
- manage media interest throughout the engagement period and beyond, in order to maintain the reputation of all organisations involved and ensure the correct messages are being relayed to the public

5.4 Audiences

Communications, engagement and involvement is planned for the following audiences

Audience	Aims
Internal audiences: • Directly affected staff (clinical and non-clinical) • Indirectly affected staff (clinical and non-clinical) • Unaffected / minimally-impacted staff (clinical and non-clinical)	To raise awareness and ensure staff engagement and involvement wherever possible To ensure a consistent understanding of the proposals and the reasons for change To ensure staff know how to get involved and provide feedback about the proposals For staff to be able to provide accurate updates to patients and visitors
Partner and stakeholder organisations (including organisations in neighbouring geographies where relevant)	To ensure the impact on their services is fully understood To enable the service to be developed in a 'whole-system' way To seek support for the final service model To understand / identify any additional key audiences

Audience	**Aims**
Patients and their families / carers	To gain an understanding of the potential implications and benefits for patients and their families / carers based on their previous patient experience
Local people / general public	To inform and engage the public in relation to service change proposals and enable open and honest dialogue which informs Trust and CCG decision-making
Local media	To ensure local media have a sound background understanding of the proposals and rationale to enable balanced reporting with neutral rather than negative reporting

5.5 Engagement timeline

The summary timeline below outlines the planned engagement programme.

Timeline 1 – Informal Engagement							
Sept	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**
Engagement & EQIA completed		Review engagement feedback	Implement (changes to service made if required)				Implement final service model
			Review and feedback		Incorporate feedback into long term proposals		
		Local media engagement					

5.6 Engagement Activities

A summary of engagement activity for key stakeholders is outlined below in **Appendix A**. A more detailed, operational action plan to deliver this activity is being developed.

5.7 Engagement / evidence log

Logs of engagement activity and feedback are being kept to enable the CCGs and Trust to keep track of the views of individual stakeholders and ensure all feedback is considered as the service model is finalised.

6 Timeline & Next Steps

The next two months are critical in terms of developing our understanding of the impact of proposed changes, engaging with patients and stakeholders and developing proposals.

The Hampshire Health and Adult Social Care Select Committee considered the proposed changes at its meeting in September and noted the update and current challenges, and determined that the proposed change was in the interest of the service users affected in particular the positive impact on reducing cancellations of planned orthopaedic operations over the winter. On the basis of this the HASC supported the proposal to test the changes over the coming winter and to receive an further update at its March committee.

The Health Overview and Scrutiny Panel is asked to:

- Review and comment on the outlined draft service proposals for Trauma & Orthopaedic services at Hampshire Hospitals and the wider system.
- Review and comment on the approach to engagement to meet and exceed best practice public involvement and ensure that any proposed service change is in the best interests of our patients and communities.

Appendix A – Engagement Activities External stakeholders

Stakeholder	Approach			Key actions	Lead	Timescale for main engagement
	Engage	Active comms	Keep informed			
HCC HASC	√			Regular attendance at HASC meetings supported by dedicated workshop if desired by HASC	CCG and HHFT	Sept 2019 – Mar 2020
Patients, carers & families		√		Review patient experience feedback of current T&O services (from PALS, complaints, 'Through your eyes' events)	HHFT	Sept 2019
				Actively seek views from current patients using the service (incl knee & hip school and fracture clinics) via survey / focus groups		Sept – Oct 2019 (and throughout phase 1 if applicable)
				Health Focus events		Sept – Oct 2019
				Online survey		Nov 2019 – Feb 2020
				Via Healthwatch, websites, social media, local media		Sept – Nov 2019
Local people / general public		√		Health Focus events	HHFT	Nov 2019 – Feb 2020
				Staffed display / drop-in events with presentations	HHFT and CCG	
				Static displays	CCG	
				Online survey	HHFT and CCG	
				Governors' High Street 'stands'	HHFT	
				Via Healthwatch, website, social media, local media, patient and community groups	CCG and HHFT	
Patient / community groups / voluntary sector		√		Letter(s) with offer of face-to-face meeting and/or attendance at their meetings / events.	CCG and HHFT	Oct 2019 – Feb 2020
Local healthwatch		√		Initial 1:1 briefing to discuss how they want to be involved	HHFT	Sept 2019 – Feb

Stakeholder	Approach			Key actions	Lead	Timescale for
				and how they can assist. Request update to their 2015 patient stories reports		2020
Media / Press		√		Initial 1:1 briefing followed by regular updates Consider recording / interview opportunities	HHFT comms team	Sept 2019 – ongoing
MPs		√		Letter(s) and offer of face-to-face meeting	CCG and HHFT	Sept – Dec 2019
Local CCGs	√			Through existing / agreed reporting and engagement systems	CCG	Ongoing
Neighbouring CCGs	tbc			CCG to agree level of engagement desired	CCG	Sept 2019
SCAS (9s, PTS & 111)	√			1:1 discussions and Board to Board if required	HHFT and CCG	Sept 2019 – Mar 2020
Community / mental health trusts	√					
Neighbouring acute hospitals	√					
HCC (reablement, adult services, care management, continuing health care)	√			1:1 discussions	HHFT and CCG	
Deanery	√			1:1 discussions with senior medical representatives		Sept – Nov 2019
NHSI/NHSE		√		Through existing / agreed reporting and engagement systems	HHFT and CCG	Sept 2019 – Mar 2020
STP / ICS		√			HHFT and CCG	
Clinical Senate		√			HHFT and CCG	
Trauma		√			HHFT	

Stakeholder	Approach			Key actions	Lead	Timescale for
Network						
Primary Care Networks			√		HHFT and CCG	
CQC			√		HHFT	Ongoing
Care Homes			√	Through existing communication methods (eg newsletters, websites, social media, attendance at meetings / events)	HHFT and CCG	
Local Authorities			√		HHFT and CCG	
Professional bodies			√		HHFT	