# Proposal to develop an elective orthopaedic centre for north west London to reduce waits and improve quality

**Meeting: North West London Joint Health Overview and Scrutiny Committee**

**Date of meeting:**
Wednesday 20 July, 2022

**Subject:**
North west London acute care programme – proposal to develop an elective orthopaedic centre

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## Section 1 – Summary and recommendations

### Summary

As previously reported to the Committee, we have been looking to build on the success of increased collaboration between acute trusts and the use of 'fast track surgical hubs' in helping to maintain high quality planned care during the Covid-19 pandemic. Our focus has been on developing a more strategic and larger scale approach to providing 'high volume, low complexity' surgery, beginning with orthopaedic surgery as a specialty with some of the longest waiting times as we emerge from the pandemic. In particular, we have been exploring the possibility of establishing an elective orthopaedic centre in north west London to improve both quality and efficiency – helping us provide better care to more patients, more quickly.

With support from the previous Committee meeting, we engaged informally with local people across north west London during June to help develop our understanding of the needs and views of our patients and local communities in relation to musculoskeletal care. We have now used the insights gathered from these engagement activities, together with a wide range of other exploratory work, to develop detailed proposals for an elective orthopaedic centre to be created at the Central Middlesex Hospital.

### Recommendations:

Members are requested to approve our plan to now undertake a formal public consultation on our proposal in order to inform our next steps, including working up a full business case for a proposed elective orthopaedic centre. Our proposal for the creation of an elective orthopaedic centre is included in this paper, along with our proposed consultation strategy (appendix 1), a summary of findings from our informal engagement activities (appendix x) and an inequalities and health impact assessment for the proposal (appendix x).

## Main paper

## 1 The case for change

### The challenge

- Staff across all four acute trusts in north west London (Chelsea and Westminster NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust) are committed to offering the very best care to everyone in our communities. However, the pandemic has had a significant impact on waiting times for planned care across the entire NHS, particularly in orthopaedic services, where more than 25 per cent of surgical interventions are undertaken nationally. Orthopaedics is one of six priority specialties in NHS London's elective surgery recovery and transformation programme. There are over 12,000 people currently waiting for orthopaedic care in our hospitals. The proportion of people waiting more than 52 weeks for care has increased by more than a quarter during the pandemic. Even though procedures like hip or knee replacements are not usually considered to be time-critical, we know that waiting for treatment can have a very negative impact on quality of life for patients, making it much harder to go about day-to-today activities, such as getting to work or going to the shops. Conditions may also get worse over time, making them harder to treat and to recover from.

- Though we have generally positive feedback from patients that our staff are caring, kind and helpful, they are much less positive about their experience of navigating the healthcare system. In particular, patients with bone and joint problems have reported frustration with long waiting times between their initial assessment and surgery or while attending their appointments, having to chase up for their follow-up appointments or feeling worried due to re-scheduling or cancellations. Elderly or disabled patients often say travel to appointments is a problem. Patients also highlight communication problems, such as lack of coordination between GPs and hospital services or confusing information. Patients say they want more control over their care and they want us to organise our care so that it is as clear, consistent and straight forward as possible.

- Some of our orthopaedic surgery services are amongst the best in the NHS for key performance indicators. For example, for knee and hip surgery, The Hillingdon Hospitals is in the top quarter of trusts nationally for short length of stay while Imperial College Healthcare is in the top ten per cent for low readmission rates. Chelsea and Westminster is in the top ten per cent for five-year revision rates on knee surgery, while London North West is in the top quarter for revision rates on hip surgery. But aspects of clinical outcomes and experience vary within and across the trusts and there is much more we need to do to ensure we consistently the highest standard of quality across the board.

- We know that some patients also face poorer health outcomes and inequity in access to healthcare more generally. This is the case for elderly and disabled people, as well as for people from more deprived areas or those from Black, Asian and other minority ethnic groups. We want to bring all of our care up to the level of the best for all patients, regardless of where they live or have their operation.

- Without intervention, our waiting lists will continue to grow faster than our capacity to provide care. This will become particularly challenging over the next few years, as we expect that the number of people needing orthopaedic surgery in north west London will increase by almost a fifth by 2030. We also want to make sure we make the most of digital and other technological advances, without leaving anyone behind, while continuing to attract and retain great staff who love their jobs and continue to build their skills and expertise.

**The opportunity**

- One of the ways we were able to maintain planned care during the pandemic was by establishing 'fast track surgical hubs' that focused on specific, routine operations located

in facilities which are relatively separate from urgent and emergency care, meaning services are less likely to be put on hold in response to peaks in unplanned demand.

- These hubs work well for 'high volume, low complexity' surgery, where evidence shows that when surgical teams have more experience of the same, routine operation, there is an improvement in both quality and efficiency – helping us provide better care to more patients, more quickly.

- Building on this concept, we have been developing a more strategic, large-scale approach to improving our provision of 'high volume, low complexity' procedures – primarily knee and hip replacements and elbow, shoulder and feet surgery – in one centre.

- There is a strong evidence-base for elective care centres, especially for the provision of orthopaedic surgery. A well-established example in London is SWLEOC (South West Elective Orthopaedic Centre), which offers inpatient, day cases and some outpatient care and performs over 5,200 procedures a year, including 3,000 joint replacements. Recognised as the largest joint replacement centre in the UK and one of the largest in Europe, it reports lower than average length of stays and good feedback from patients and staff. SWLEOC is recognised as a centre of excellence and was rated outstanding by the Care Quality Commission in 2015. Elsewhere in the country, the elective orthopaedic centre for The Royal Cornwall Hospitals NHS Trust performs particularly well in all but one indicator, including top quartile performance for length of stay and readmission rates.

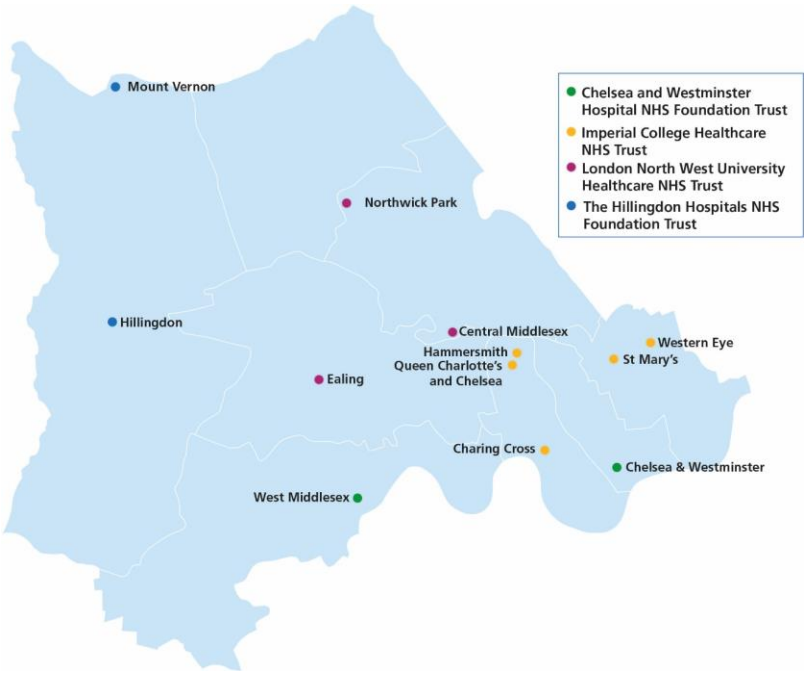
- We have been exploring whether and how we should establish an elective orthopaedic centre for north west London alongside maximising our planned surgery capacity overall. This work is being led by clinicians from across the trusts, drawing on evidence from best practice elsewhere, as part of creating an overall improved model of care for orthopaedics in partnership with colleagues and other stakeholders in primary and community care.

- Following analysis of all of our sites, we have concluded that the Central Middlesex Hospital provides an ideal location for a possible elective orthopaedic centre for our sector:
    - It is a modern and high quality estate which, with some limited expansion and remodelling, could offer facilities tailored to the provision of an elective orthopaedic centre
    - It is one of only two sites in north west London that do not provide urgent and emergency care, so is much less impacted by peaks in urgent and emergency care demand
    - None of the existing services would need to be displaced as there is plenty of room for expansion. This includes St Mark's, the specialist bowel hospital, which operates from the Central Middlesex site.
    - Our travel time analysis looked at the average time to travel to all eight of our hospital sites that currently provide 'routine' orthopaedic surgery and other sites from all parts of our sector (we analysed distances from 'lower layer super output areas' (LSOAs), small geographical areas of approximately the same population size to provide a fairer unit of comparison than boroughs which vary in size). We found that Central Middlesex has the shortest median travel time by car at 22 minutes. By public transport, Central Middlesex has the second shortest median travel time at 45 minutes, second only to St Mary's Hospital. However, although St Mary's is located very centrally with good transport links, it is one of our oldest and pressured estates and in line for complete redevelopment. It is also the major

trauma centre for the sector and, so, is impacted very significantly by peaks in urgent and emergency demand.

**Our proposal**

- Around 4,000 patients a year currently have ‘high volume, low complexity’ orthopaedic inpatient surgery at hospitals across north west London: at Mount Vernon, Northwick Park, Hillingdon, St Mary’s, Charing Cross, Chelsea & Westminster and West Middlesex and Central Middlesex hospitals.




*Map of all hospitals in north west London. Ealing, Hammersmith, Queen Charlotte’s and Chelsea and the Western Eye hospitals do not provide routine orthopaedic surgery services.*

Our analysis indicates that this total volume of surgeries could be provided at the Central Middlesex following a systematised ‘high volume, low complexity’ approach. This would involve transferring around 1,100 patients who currently have their surgery at Chelsea and Westminster Hospital, just over 800 patients from The Hillingdon Hospitals and approximately 1,000 patients from Imperial College Healthcare. We have concluded that providing this scale of surgeries in a systematised way would create significant improvements in quality and efficiency, and enable us to use the capacity left behind on the other sites to support other specialties.

To enable this, we need to build two additional laminar flow operating theatres, extend the first stage recovery unit and carry out some remodelling of parts of the existing estate. It would also require new ways of working and new models of staffing and training.

- All patients would continue to have their pre and post surgery care provided by the orthopaedic team at their local hospital, with surgeons moving with their patients to undertake the surgery at the specialist centre, to benefit from its permanent, specialist workforce and its systematised way of working.

- Orthopaedic day case patients would continue to have a choice of hospitals providing routine orthopaedic services, as now. This includes day case surgery at the Central Middlesex Hospital. Staff at other hospitals in the sector will retain the skills and capabilities needed to carry out day procedures.

- Other hospitals in the sector with more specialist high dependency and intensive care units will continued to offer surgery for patients with more complex healthcare needs or more complex surgeries – including patients with multiple comorbidities or those needing revision surgery.

- There would continue to be the same choice as now of hospitals for spinal surgery and children's orthopaedic services.

- We estimate it would cost around £9.4 million to develop the additional theatres and to make estate reconfigurations.

- We are currently in the process of establishing a governance management infrastructure for this new collaborative approach.

**Involvement and consultation**

- We are committed to ensuring staff, patients and wider stakeholders help to shape all aspects of our proposals, particularly reaching those who are most likely to be impacted by proposed changes, or those belonging to marginalised or underrepresented groups. Our involvement approach was influences by an Equalities and Health Impact Assessment and by compiling patient feedback already held by our hospitals. We were able involve over 70 members of the community in early discussions around what good looks like for orthopaedic care in north west London, while testing our thinking on the possibility of a dedicated elective orthopaedic centre.

- Our involvement programme consisted of two virtual clinician-led community events, a series of virtual and in-person focus groups, and telephone interviews, which found:

    - Overall, participants understood the need to reduce waiting times and were supportive of the work to enable this to happen as quickly as possible, even if it meant travelling further to be seen faster.
    - There was good support for a dedicated centre for routine orthopaedic surgery, which was also seen as a way of maximising staff time and developing clinical expertise.
    - Acute care was generally praised and most of the concerns raised were in relation to pathways into secondary care. We are sharing these insights widely with lead clinicians and partners within the north west London healthcare system to inform how the implementation of an elective orthopaedic centre can tackle some of these issues, as well as informing improvement and transformation projects, such as a project currently being scoped to improve and standardise the provision of community musculoskeletal services.
    - Some concerns were raised about ease of travel into the Central Middlesex site, particularly with those with further to travel. We will now explore how we can improve accessibility to the site.

- The overall positive feedback and constructive suggestions made by community members through this early involvement process indicates that our proposals are well positioned to improve bone and joint care for the patients of north west London. We are now looking to explore this further with a wider section of the north west London

population, including those most likely to be impacted by proposed changes, through a formal three-month public consultation to begin by the end of August 2022.

- As outlined in our consultation strategy (appendix 1), our consultation scope and target groups have been determined through our Equalities and Health Impact Assessment (appendix 2) and insights from our early involvement work (appendix 3). This includes:
    - Over 45+ age group as the target population for the centre and their families and carers
    - People with more complex healthcare needs
    - Black, Asian and other minority groups
    - LGBTQIA+ groups
    - People living in the most deprived areas or those likely to incur longer travel times

- Our consultation strategy also outlines a programme of involvement with a wider range of stakeholders, such as staff and our partners in primary and social care. We will be developing these plans in greater detail, alongside consultation materials to share with the JHOSC, our strategic lay forum and other stakeholders ahead of launching a formal consultation. We will also share a pre consultation business case which will be a key part of our NHS approval process.

**List of appendices**

Appendix 1 – Consultation strategy

Appendix 2 – Equalities and Health Impact Assessment

Appendix 3 – Analysis from community involvement programme