

## Consultation strategy

### North west London elective orthopaedic centre

**This paper sets out the scope of public consultation around developing an elective orthopaedic centre for the patients of north west London. It includes the rationale for targeting priority groups for consultation and a high level programme of activities to reach them.**

## 1 Background

The north west London integrated care system through a collaboration of its four acute provider trusts is building on the concept of fast-track surgical hubs to develop a more strategic, larger-scale approach to improving our provision of 'high volume, low complexity' surgery across the sector, beginning with orthopaedic surgery. The drivers are to improve quality as well as to significantly expand access and shorten waiting times over the next few years. We have been exploring how we might best establish an elective orthopaedic centre (EOC) for north west London alongside maximising our planned surgery capacity overall. We think the best existing location is the Central Middlesex Hospital – it is amongst our best quality estate, it is one of only two sites that do not provide urgent and emergency care services at all and there is good potential to expand and remodel existing facilities.

We have been seeking the views of patients and community groups in helping us to shape formal proposals for the EOC. These early insights indicate that members of the public see the benefit of the proposed approach to tackle the challenge in our waiting lists, while offering constructive suggestions on how to improve bone and joint care, including how to approach changes to how we organise orthopaedic surgery in the most user-focused way possible. We are now keen to explore this further with a larger number of key stakeholders including potentially affected populations, staff and colleagues in primary care through a public consultation process.

## 2 Services and options

Our proposal to reorganise orthopaedic surgery in north west London:

- Around 4,000 patients a year are eligible for 'high volume, low complexity' orthopaedic inpatient surgery across north west London, which is currently offered at Mount Vernon, Northwick Park, Hillingdon, St Mary's Charing Cross, Chelsea & Westminster and West Middlesex and Central Middlesex hospitals. This total volume high quality, systematised surgeries could be provided at the Central Middlesex with two additional laminar flow operating theatres, extended first stage recovery unit and some remodelling of parts of the existing estate.
- All patients would continue to have their pre and post surgery care provided by the orthopaedic team at their local hospital, with surgical teams 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.
- Day case patients would continue to retain a choice of local trust hospitals, so that care may be provided in familiar settings, with no change to expected travel times for these patients. Day case surgery will continue to be offered at Central Middlesex Hospital for local patients.
- A choice of local trust hospitals with access to more specialist high dependency and intensive care units for patients with more complex healthcare needs, such as

patients with comorbidities, or those needing revision surgery or emergency orthopaedic care.

- A choice of local trust hospitals for spinal surgery and children's orthopaedic services.

### 3 Consultation scope

#### 3.1 Objectives

- To ensure the views and knowledge of a diverse range of stakeholders and service users (patients, carers, staff, NHS partners, local authorities and wider stakeholders), - particularly groups most likely to be impacted - helps to influence and inform plans to develop an elective orthopaedic centre in north west London. Key elements include the clinical pathway and workforce model, with a particular focus on addressing health inequalities.
- To test the rationale underpinning proposed changes to how orthopaedic surgery is organised in north west London with service users, building an evidence base to inform decision-making.
- To ensure a fair and transparent process for engagement/consultation, meeting all statutory requirements for health service changes.

#### 3.2 Target groups

The consultation activities will aim to reach and include a diverse mix of the core target population for the elective orthopaedic centre, particularly those identified as at risk of experiencing barriers to access, or poorer health outcomes, as a result of belonging to minoritised groups or sharing one or more protected characteristic. These priority groups have been identified through a combination of carrying out an Equalities and Health Impact Assessment (EHIA), as well as insights gained through a programme of early involvement activities carried out to help shape formal proposals for the EOC.

Equality and diversity monitoring data gathered through the involvement activities also indicates that we need to ensure participation of residents from across all boroughs (Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster), with special focus on increasing representation from Harrow, Hillingdon and Hounslow residents.

#### Priority groups for patient/public consultation:

- 1) **45+ age group who are already on our waiting lists and their families/carers** – This group makes up the majority of the target population for the elective orthopaedic centre. Our involvement activities indicate that we need to focus on increasing participation from patients that will be eligible for HVLC surgery.
- 2) **People with more complex health care needs** – who may face specific challenges in accessing orthopaedic services and navigating the healthcare system, such as:
  - disabled people or people such as those with hearing impairments, learning disabilities or autism
  - specific comorbidities such as hypertension and diabetes
  - people with mental health related issues.

- 3) **Black, Asian and other minoritised groups** – people from minoritised ethnic groups (particularly those for whom English is their second language) are more likely to report poorer outcomes. Furthermore, the Covid-19 pandemic has highlighted structural disadvantages faced by these groups. We need to ensure plans for the EOC do not deepen these inequalities.
- 4) **LGBTQIA+ groups** – high incidences of prejudice experienced by people identifying as LGBTQIA+, including negative attitudes from healthcare professionals may prevent individuals from accessing treatment.
- 5) **Groups likely to incur longer travel times** – while the Central Middlesex site has the shortest average travel time by car and the second shortest average travel time by public transport, there is some variation in travel times for residents across the boroughs. We need to ensure we understand views on accessibility from across the sector.
- 6) **Residents living in the most deprived areas** – deprivation can be a barrier in access to healthcare and our EHIA indicates that over a half of the north west London population are more deprived than the national average, with a particular concentration of high deprivation in the middle of the geographical region.

#### **Database of target groups**

We will carry out desk research to updated and expand a database of potential participants/groups created for the first phase of engagement, to include:

- data held by our orthopaedic services – those on waiting lists, or those who have already had procedures and consented to being contacted
- community organisations working with groups we have prioritised for consultation, utilising existing connections within the ICS where possible, or first approach if necessary (emails, phone). This may include:
  - charities, particularly those with a health focus – Age UK etc.
  - civil society organisations – advocacy groups, cultural or faith-based groups

**Staff and healthcare partners** – we will ensure there are involvement opportunities for staff across all four acute trusts, as well as our colleagues in primary care, as key stakeholders in the successful implementation of any service changes.

#### **4 Consultation collateral**

**Core collateral** – will be hosted on the NWL ICS website: <https://www.nwlondonics.nhs.uk> and communications from all four trusts must direct to a dedicated landing page on this site.

- **Full consultation document** – attractively designed document with graphics (approximately 20 pages) using the ICS branding developed for the early involvement activities, and which should include:
  - introductions from the key ICS healthcare players
  - background to the proposal - challenges and opportunities
  - explanation of key terms
  - objectives and transparency around how consultation activities will inform decision making, timelines and mechanisms for reporting back

- details of the proposal itself – clinical rational and evidence base used, what this will mean for all patient cohorts and the aspirational patient pathway
- all feedback mechanisms

We will develop translated and easy-read versions using insights on the commonly spoken languages in NWL.

- **Consultation questionnaire** (quantitative) to accompany consultation document, with further **topic guide** (qualitative) to be used for focus groups/community events.
- **2 x short explainer videos (possibly animated)** – sets out the way that orthopaedic surgery is currently offered in north west London, the challenges with this, including impact of Covid-19, and how we're proposing to improve based on learning from fast track surgical hubs during the pandemic. Create patient personas to make the narrative accessible to viewers.

#### **Additional content**

- Webpage content for all trust sites– adapted from core consultation document
- Printed summary leaflets for distribution
- Posters/display stands for public meetings
- Press ads
- Digital flyers/banners to direct traffic to consultation materials and to promote community events – adapted for multiple channels (newsletters, social media, partner channels)
- Tailored emails
- News stories – external and internal

## **5 Proposed programme of activities**

### **5.1 North West London public meetings**

We will plan and host eight in-person public meetings – one for each borough at easily accessible NHS locations, assuming 40 participants at each meeting (300-350 in total).

- Clinician-led events to include a presentation on the EOC proposals, opportunity for questions and clarifications and feedback mechanism
- Potential clinical experts (*to expand with suggestions from acute trusts*):
  - Dr Ian Bernstein (NSHE London MSK Board Chair)
  - Dr Benjamin Ellis (NWL Rheumatology CRG Chair and senior policy) advisor for Versus Arthritis
  - Dinesh Nathwani (Chairs NWL Orthopaedic CRG and NWL MSK network)
  - Imran Sajid (GP Chair for NWL MSK network)
  - Raymond Anakwe, orthopaedic surgeon & medical director, ICHT
  - Rajarshi Bhattacharya, consultant orthopaedic surgeon ICHT & clinical advisor for the parliament & health ombudsman
  - Include specialist nurses

#### **Option 1 – deliberative methodology**

- Clinicians to deliver presentation within set event timings, followed by breakout sessions facilitated by qualitative researchers, culminating in a plenary
- Will require sign-up

## **Option 2 – drop-in sessions**

- Half-day sessions in NHS locations – participants are free to turn up at their own convenience. Consultation documents available in display format on location and explainer video played on 30 minute loops.
- Clinicians and communications colleagues available on location to answer questions and support members of the public in filling out questionnaire.
- Sign-up not needed

## **5.2 Community focus groups**

We will run a series of at least ten more in-depth and targeted focus groups for audiences scoped-in for consultation.

- Aim for 5-7 participants per group as optimum to enable rich discussion
- Mix of geographic and specialist groups – the format would remain flexible in order to reach target groups e.g. through virtual meetings, in-clinic or at existing community group meetings. Offer telephone interviews for people with accessibility issues
- Offer remuneration to compensate for time – cash or vouchers

## **5.3 Cross-borough GP forum**

As part of our strategy to regularly engage with colleagues in primary care, we have been running monthly GP forum events online, with good attendance across all the boroughs. This format has proved popular and convenient and so we will organise and host a dedicated GP forum event during the consultation period. Hospital clinicians will lead the conversation around the proposed changes, delivering the core presentation. This will be followed by a Q&A session, enabling GPs to input into plans and clarify or raise issues affecting their practice or patients.

## **5.3 Staff involvement events**

We are currently socialising the proposals for the EOC with relevant staff across all four trusts, through informal meetings. During the consultation period, we will work with our HR teams to bring staff together for a series of involvement events:

- One for each Trust, with orthopaedic and Trust-level clinical leadership presenting the case for change and opportunities for patients/public
- HR-facilitated segment around possible changes for staff with an opportunity for Q&A and feedback from staff

## **6 Channels for promotion**

### **Owned**

- All trusts and ICS websites
- All trusts and ICS mailing lists
- Emails from NWL musculoskeletal network to their contact lists
- Emails from lay partners (or equivalent) to their contact lists
- Internal channels for staff – bulletins, intranet, emails from directorate/service
- Cascade of print materials in hospitals
- Banners on GP website and cascade of print materials in GP practices

### **Bought**

- Traditional - press ads
- Pay per click social media campaign

**Borrowed**

- Social media – all trusts/ICS/clinical leadership personal accounts
- Partner websites and newsletters e.g. charity partners, research institutions, Compassionate communities funding grantees, Chelsea Football Club Foundation (Imperial College Health partners – include others).
- Banners on GP websites
- Cascade of print materials through community organisations/public spaces – libraries, community centres, housing associations
- Council communications channels – website, social media

**7 Analysis and evaluation**

We will commission an independent qualitative research agency to integrate responses from all sources into a single report, combining quantitative survey responses (assumed 2,000) with notes from events and meetings and formal consultation submission.

To understand the effectiveness of the consultation activities in enabling opportunities for public participation, we will track both reach and participation metrics:

**Reach**

- Traffic to websites
- Social media impressions, partner/influencer followers
- Sign up to events/public meetings
- Average footfall figures for sites of printed material cascade
- Circulation figures of paid media

**Participation**

- Number of completed questionnaires
- Attendees to community events/public meetings
- Number of focus group and interview participants
- Number of attendees at staff and GP engagement events/meetings

At the point of interaction with consultation materials, we will also capture:

- Equality and diversity monitoring data around protected characteristics including the participant's resident borough, to understand the demographics we have reached
- The promotional channels through which participants accessed the consultation materials
- Consent to be kept informed and contacted about this and further NHS developments

A full report on the outcome of the consultation will be published through all owned channels, once a decision has been made, and will be supported by further communications and involvement plans as required.

## 7 Indicative consultation timeline

Activity	Consultation weeks												
	Pre	1	2	3	4	5	6	7	8	9	10	11	12
Prepare all consultation documents	■												
Prepare all promotional materials for design and print	■												
Align partners to support with promotion	■												
Launch - publish consultation documents on host website		■											
Publish supporting content on own and partner sites to promote launch		■											
Research and approach organisations for print material cascade		■											
Distribution of all printed materials		■	■	■	■								
Promote sign-ups to community events			■	■	■								
Start recruiting to focus groups		■	■	■	■								
Host borough-specific public meetings						■	■	■	■	■	■	■	■
Run flexible format focus groups			■	■	■	■	■	■	■	■	■	■	■
Promote consultation documents through mix of owned, bought and borrowed			■	■	■	■	■	■	■	■	■	■	■

