Lincolnshire COUNTY COUNCIL Working for a better future		**THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE**	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**15 December 2021**
Subject:	**Lincolnshire Acute Services Review – Orthopaedic Surgery**

Summary:

On 13 October 2021 the Committee agreed its approach to its consideration of the NHS's consultation on the Lincolnshire Acute Services Review. This included consideration of each of the four elements of the review in detail. The first two elements: stroke services and urgent and emergency care were considered on 10 November 2021. The remaining two elements are due to be considered at this meeting, with orthopaedic surgery as one of these.

The Committee also established a working group, which would support the work of the Committee, and give detailed consideration of the consultation materials. As part of its consideration the Committee is requested to consider whether it wishes to highlight any areas, which the working group might explore.

Actions Requested:

(1) To consider the detailed on the Lincolnshire Acute Services Review of Orthopaedic Surgery.

(2) To highlight any areas which the Committee's working group might wish to explore in further detail.

1. Background

On 30 September 2021, the consultation on the Lincolnshire Acute Services Review was launched. On 13 October 2021 the Committee considered an introductory item and agreed its approach to the consultation.

2. Orthopaedic Surgery

Mr Vel Sakthivel, Consultant in Trauma and Orthopaedic Surgeon, United Lincolnshire Hospitals NHS Trust and Pete Burnett, System Strategy and Planning Director, Lincolnshire NHS are due to attend the meeting to present information on this topic. To facilitate the Committee's consideration, pages 22-26 of the consultation document, which relate specifically to Orthopaedic Surgery, are attached as Appendix A to this report. Chapter 9 of the Pre-Consultation Business Case (PCBC) provides further detail and is attached at Appendix B. It should be noted that chapter 9 of the PCBC in turn refers to the following documents, all of which are available at: Pre-Consultation Business Case Appendices:

- Appendix H – Access Impact Analysis by Neighbourhood Team
- Appendix I – Quality Impact Assessments
- Appendix J - Equality Impact Assessment

At the Committee's meeting on 13 October 2021, when an introductory item on the Acute Services Review consultation was considered, more information was requested on whether patients from the East Lindsey area, who had been treated at the proposed centre of excellence at Grantham, would be able to attend follow-up appointments at Louth County Hospital.

3. Consultation and Conclusion

The Committee is invited to consider the presentation on the detailed elements of the Lincolnshire Acute Services Review.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Extract (Pages 22 – 26) from Lincolnshire NHS Public Consultation Document – Relating to Four of Lincolnshire's NHS Services – Orthopaedic Surgery
Appendix B	Chapter 9 of the Pre-Consultation Business Case for the Lincolnshire Acute Services Review

5. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

Orthopaedic surgery

What are we asking you to consider?

We want you to tell us what you think about our preferred change proposal to develop:

- A 'centre of excellence' in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospitals, along with
- A dedicated day case centre at County Hospital Louthfor planned orthopaedic surgery

What are the services and how are they organised (pre COVID-19 temporary changes)?

Orthopaedic surgery relates to planned surgery (e.g. hip and knee replacements) and unplanned surgery (e.g if a patient has been involved in an accident).

Planned surgery can be provided:

- As a 'day case', where the patient is admitted to anddischarged from hospital following their surgery on the same day; or
- As an 'inpatient', where the patient stays in hospitalovernight after their surgery

In August 2018 the orthopaedic surgery service provided by United Hospitals Lincolnshire NHS Trust (ULHT) became part of a national orthopaedic pilot to look at how service quality and patient outcomes couldbe improved.

Prior to the pilot beginning, planned and unplanned orthopaedic surgery was carried out at three hospital sites; Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital. In addition, planned orthopaedic surgery was provided from CountyHospital Louth.

Under the pilot all unplanned orthopaedic surgery is now carried out at Lincoln County Hospital and PilgrimHospital, Boston, and as much planned orthopaedic surgery as possible is carried out at Grantham and District Hospital.

	Before the pilot in August 2018	After the pilot changes in August 2018
Lincoln County Hospital	· Planned surgery · Day case · Inpatient · Unplanned surgery	· Planned surgery · Day case *high risk patients* · Inpatient *high risk patients* · Unplanned surgery
Pilgrim Hospital, Boston	· Planned surgery · Day case · Inpatient · Unplanned surgery	· Planned surgery · Day case *high risk patients** · Inpatient *high risk patients* · Unplanned surgery **some non-high risk patients also seen to manage day to day operational demands*
Grantham and District Hospital	· Planned surgery · Day case · Inpatient · Unplanned surgery	· Planned surgery · Day case *non-high risk patients* · Inpatient *non-high risk patients*
County Hospital Louth	· Planned surgery · Day case · Inpatient	· Planned surgery · Focused on day cases *non-high risk patients*

Please see earlier section for description of temporary changes in response to COVID-19

Lincoln County Hospital and Pilgrim Hospital, Boston continue to provide some planned orthopaedic surgery for high risk patients with multiple health problems, which is comparatively small in volume.

In addition, throughout the pilot Louth hospital has focused on day case planned orthopaedic surgery.

A summary of orthopaedic surgery provision prior to the pilot changes and after the pilot changes in August 2018 (pre COVID-19) is set out above.

A report of the pilot and outcomes can be found on our website.

What are the challenges and opportunities for orthopaedic surgery?

This section sets out the challenges and opportunities for orthopaedic surgery and what we hope to achieve by making changes.

Challenges (pre pilot)

- A lack of 'protected' planned orthopaedic surgery beds across United Lincolnshire Hospitals NHS Trust(ULHT) meant that the high volumes of medical emergencies experienced all year round resulted in fewer beds being available for planned orthopaedicsurgery
- On average, around 10 patients each month had their planned orthopaedic surgery cancelled on theday of surgery due to a lack of beds. This is a very poor experience for patients and their families
- Failure to consistently meet nationally set referral to treatment time targets – limited separation of planned and unplanned orthopaedic surgery made attainment and sustainment of the target a challenge
- The orthopaedic service had high doctor and nursevacancies
- Over 3,000 patients from Lincolnshire each year received a planned orthopaedic procedure in the private sector (funded by the NHS), much of which took place outside of Lincolnshire. This is because sufficient capacity is not available in the NHS locally.The money that is spent with these private providerscould go towards the delivery of local NHS services

Opportunities

By making changes, we can look to ensure:

- Improvements in the quality of patient care and outcomes evident during the pilot become permanent
- Reductions in the number of patients who have theirplanned orthopaedic surgery cancelled on the day due to lack of beds
- Reductions in the time patients wait for their plannedorthopaedic surgery is reduced, so they are treated quicker
- Best practice for the length of stay for patients in hospital after surgery
- Overall patient experience and satisfaction is improved, including reducing the amount of time spent in hospital after surgery
- More Lincolnshire patients choose to have their orthopaedic surgery in Lincolnshire
- The number of patients going to the private sector for planned orthopaedic surgery, paid for by the localNHS, is reduced
- The need for temporary staff to cover vacancies is reduced
- The orthopaedic service is able to attract and retain talented and substantive staff to build an effective, high quality, successful team

- Orthopaedic services are provided to Lincolnshire's patients in line with national best practice and care standards

The feedback from engagement about orthopaedic surgery and how we have used it

There has been ongoing engagement with the public throughout the Lincolnshire Acute Services Review programme, particularly through the 'Healthy Conversation 2019' engagement exercise.

Some consistent themes in relation to orthopaedicsurgery have been shared by the public and stakeholders throughout our engagement to date:

- Acknowledgement of the problems with the current situation e.g. the number of cancelled operations andthe number of patients travelling out of county for treatment
- The principle of separating planned and unplanned care is considered sensible if it will enable a reductionin the number of cancelled operations and allow staffto become more specialist
- A desire for information about where any planned and unplanned sites would be located, and to better understand how different sites would be utilised in future if services changed
- Concerns about the distances needed to be travelled, with the transport infrastructure and rurality identified as major challenges. The ability forfamily members to visit the patient was also seen asimportant
- The process of being discharged from secondary care, specifically the link between 'bed blocking' and the cancellation of planned operations, and the need to improve 'step down' care and integrate more closely with social care
- Working with existing resources by making use of oursmaller hospitals as diagnostic treatment centres

We have consistently taken into account all of the public and stakeholder feedback throughout our work.

In addition to the feedback received through our engagement exercises, the orthopaedic surgery pilot has sought feedback from its patients.

The overarching theme from the patient experience and feedback is how impressed and happy people arewith the level of care and treatment received from all staff involved. Just prior to the onset of COVID-19, 95% positive feedback was achieved in the NHS Friends and Family Test (a post treatment survey).

What is our proposal for change?

Our proposal for change (which reflects the pilot arrangements) is to establish a 'centre of excellence'in Lincolnshire for planned orthopaedic surgery at Grantham and District Hospital, and a dedicated day case centre at County Hospital Louth. Outpatient clinics would be unaffected.

This would mean Grantham and District Hospital would not provide unplanned orthopaedic surgery.

Lincoln County Hospital and Pilgrim Hospital, Boston would continue to provide unplanned orthopaedic surgery, and some planned orthopaedic surgery for high risk patients with multiple health problems, which is comparatively small in volume.

It is anticipated the change would affect on average:

- Between 3 and 4 patients a day for planned orthopaedic surgery, these patients would receive treatment at either Grantham and District Hospital orLouth hospital; and
- Around 1 patient a day for unplanned orthopaedic surgery, these patients would have previously received care at Grantham and District and would now be treated at a different site

If more planned orthopaedic surgery capacity became available at Grantham and District Hospital and County Hospital, Louth, more patients could be seen at these sites and benefit. This includes seeing more of the patients who receive their planned care in the private sector (much of which takes place outside of Lincolnshire) paid for by the NHS.

A key part of our evaluation of options to tackle the service challenges, was to hold a clinically led health system stakeholder workshop and four workshops withrandomly selected members of the public.

For orthopaedic surgery, where only one solution remained following the shortlisting of options, attendees at these workshops were asked whether theyagreed or disagreed that the changes proposed would help to improve the current situation and meet the challenges identified.

The table below summarises the level of stakeholderand public support for the change proposal.

Support for change proposal to consolidate planned orthopaedic services at Grantham and District Hospital		
Support for change proposal	**Stakeholder**	**Public Workshops**
Agree (strongly/ tend to)	98%	84%
Disagree (strongly/ tend to)	0%	14%
Neither agree nor disagree	2%	2%

Impact Analysis

As we have developed our proposals we have considered the quality and equality impact of the preferred option for orthopaedic surgery.

We have also benefited from the evidence collated through the pilot (pilot evaluation is based on data for the period August 2018 to February 2020).

Through our equality impact assessment we identified three groups of people, two of which are defined by protected characteristics that may be more likely to be impacted, positively or adversely, by this proposal.

These three groups are age, disability and those who are economically disadvantaged.

Our observations from the pilot evaluation and these assessments are set out below. We will continue to review and develop these, including the impact on different groups of people within our population, with independent support, through our public consultation in light of the feedback we receive.

Potential positive impacts

Evaluation of the pilot pre COVID-19 identified:

1. A reduction in waiting times for planned orthopaedic surgery, which means patients were getting treated quicker
2. Cancellations on the day of planned orthopaedic surgery due to a lack of beds reduced:
    - From 10 a month to 3 a month across United Hospital Lincolnshire NHS Trust (ULHT)
    - To 0 at Grantham and District Hospital
3. Length of stay reduced:
    - From 2.9 days to 2.3 days across ULHT
    - From 2.7 days to 1.7 days at Grantham and District Hospital

4. ULHT performed better than many other hospitals in terms of the length of time patients stayed in hospital after their planned surgery

5. An improvement in overall patient experience and satisfaction. In February 2020 a score of 95% was achieved in the 'Friends and Family Test'

6. The number of patients going to the private sector for planned orthopaedic procedures, funded by thelocal NHS, reduced

7. The pilot workforce model successfully removed the need for temporary staff to cover vacancies, and the service is more attractive to junior doctors whichsupports long term service sustainability

Potential adverse impacts

1. Receiving planned orthopaedic surgery at Granthamand District Hospital or County Hospital Louth, wouldmean treatment is received at an alternative hospital site for some patients (3 to 4 a day on average).

   As the pilot has demonstrated, these patients would receive high quality care and outcomes; however it is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.

   - Of those receiving planned orthopaedic surgery atan alternative hospital site it is estimated around 1 a day, on average, will travel more than 75 minutes by car for their surgery, the threshold agreed by the local health system for this type of activity

   - The friends and family of those patients receiving treatment at an alternative hospital, may have to travel further to see them

2. For those patients who were previously admitted to Grantham and District Hospital for unplanned orthopaedic surgery (around 1 a day on average), care would be received at an alternative hospital site

   These patients would receive the specialist input they need at the right time, in the right setting; howeverit is acknowledged that needing to travel further for this care may be seen as an adverse impact by some people.

   - Of those receiving unplanned orthopaedic surgeryat an alternative hospital site it is estimated none will travel more than 60 minutes by car for their surgery, the threshold agreed by the local health system for this type of activity

   - The friends and family of those patients receiving treatment at an alternative hospital, may have to travel further to see them

1 Acute Services Review: Preferred option – Orthopaedics (elective and non-elective)

Note the case for change and proposed model of care described in this chapter are set against the current model of care (i.e. that provided pre-pilot and before the COVID-19 pandemic and subsequent temporary service changes).

9.1 Case for change

9.1.1 Nationally there has been a deterioration in the number of patients (all specialties) seen within the 18-week standard (national target is 92%). Lincolnshire CCG is currently performing better than the national average however it is well below the national target. Between April 2017 and February 2020 Lincolnshire's performance reduced from 89.5% to 82.7%.

9.1.2 At United Lincolnshire Hospitals NHS Trust (ULHT) there is an extensive recovery programme in place to move towards the national 92% target including delivery of additional outpatient clinics over and above core capacity. In addition, the clinical divisions have completed a range of further actions to improve processes within individual speciality areas and increase capacityin order to support the required improvements in the key planned care metrics.

9.1.3 These actions have supported improvements, however given the current configuration of services and limited separation of elective and non-elective services attainment and sustainment of this target will continue to be a challenge.

9.1.4 Historically ULHT has struggled with delivering the optimal mix of capability, capacity and resources across its hospital sites. Services have tended to be delivered across all sites, however the rurality of Lincolnshire means that the distance between the sites and poor transport infrastructure limits opportunities for scale and networked working. Over recent years ULHT has experienced pressure on elective beds from medical emergencies all year round.

9.1.5 Prior to the pilot in orthopaedics, where a 'hotter' and 'colder' site model was trialled, analysis showed that c.30% of planned orthopaedic patients (c.900 patients) had their activity cancelled every year. Around half of these (c.450 patients) had their surgery cancelled on the day. On average, around 10 patients each month had their surgery cancelled on the day due to a lack of beds. Cancellation of surgery at any time leads to poor patient experience and satisfaction, however being cancelled on the day of surgery is extremely distressing for patients and their families.

9.1.6 A mismatch between elective capacity and demand across ULHT means patients are already treated at hospital sites that may not be their closest geographically or are going to the independent sector (over 3,000 per year) to access elective orthopaedic services (still funded by the NHS).

9.1.7 Patients going to the independent sector, in or out of county, for elective orthopaedic surgery also have financial implications for the health system as a whole as funding allocated to the Lincolnshire Clinical Commissioning Group is not being spent on local NHS services.

9.1.8 The new NHS Long Term Plan published on 7 January 2019 fully supports the split of elective and non-elective work onto different sites to drive improvements, and recognises that managing complex, urgent care on a separate hot site allows improved trauma assessment and better access to specialist care, so patients have better access to the right expertise at the right time.

9.1.9 In addition to the current performance and capacity challenges, high nursing and medical vacancies exist across ULHT in the Orthopaedics (elective and non-elective) service (c.15% of nursing posts and c.10% of medical posts vacant).

9.1.10 In light of these challenges, the preferred option for the future provision of orthopaedics across Lincolnshire is to consolidate elective orthopaedics at Grantham Hospital.

9.1.11 It should be noted that the case for change presented here reflects the situation before theOrthopaedic pilot commenced.

9.2 Consolidation of elective orthopaedics at Grantham Hospital

Overview

9.2.1 At the time of the ASR Programme commencing, ULHT offered a 7-day non-elective orthopaedic service at Lincoln, Pilgrim and Grantham Hospitals. Major complex Trauma was only provided at Lincoln and Pilgrim Hospitals with patients presenting at Grantham Hospital with Major Trauma or requiring a high level of Intensive Treatment Unit (ITU) support post-surgery being transferred to Lincoln Hospital.

9.2.2 All three of these ULHT hospital sites also offered elective orthopaedic capacity, with further elective capacity offered at Louth Hospital (owned by Lincolnshire Community Health Service NHS Trust - LCHS). Outpatient clinics were held at Lincoln, Pilgrim, Grantham and Louth Hospitals, with further outpatient lists held at John Coupland Hospital (another LCHS site).

9.2.3 The preferred option identified through the ASR programme options appraisal process was for:

- Grantham to be a centre of excellence for elective and day case surgery;
- Lincoln and Pilgrim to provide some day case surgery and elective care for complex patients with significant co-morbidities and all complex non-elective and trauma services;
- Day case activity to be distributed across the Louth and Grantham sites;
- All fractured Neck of Femurs to be managed at Lincoln and Pilgrim hospitals;
- Evaluation of the pilot to be used to shape the extent of non-complex non-elective orthopaedic activity that continues on the Grantham hospital site; and
- Outpatient clinics remain unchanged across all sites (ULHT and others).

9.2.4 The model was designed through a number of clinically led workshops directed by the clinical leads for orthopaedics at ULHT with contributions, support and advice from Professor Briggs, and input from local acute, primary and community based health professionals. When this model was presented to the East Midlands Clinical Senate as part of the options appraisal process the panel recommended that the Lincolnshire STP proceeded with it.

9.2.5 In parallel with the ASR programme progressing, ULHT volunteered to be involved with the national Getting It Right First Time (GIRFT) programme and to be one of a small number of trusts across England to pilot a 'hotter' (emergency/unplanned non-elective care) and 'colder' (elective/planned care) site plan for orthopaedic services.

9.2.6 The orthopaedic pilot commenced on Monday 20 August 2018 with the following arrangements:

- All appropriate elective orthopaedic cases to be undertaken at Grantham Hospital with dedicated ring fenced beds on site;
- Lincoln and Pilgrim* to provide some day case surgery and elective care for complex patients with significant co-morbidities and all complex non-elective and trauma services (* Pilgrim continue to provide surgery for some non-high risk day case patients to manage day to day operational demands);
- Louth Hospital to be a dedicated day case centre for orthopaedics;
- All fractured Neck of Femurs to be managed at Lincoln and Pilgrim hospitals;
- Trauma to remain at Grantham Hospital for the duration of the trial to inform decisions on future approach; and
- Outpatient clinics remained unchanged across all sites (ULHT and others).

9.2.7 These arrangements aligned to the preferred option identified through the ASR programme options appraisal process.

9.2.8 However, it should be noted that the preferred ASR option was based on additional theatre and bed capacity being provided on the Grantham site to enable the full activity shift (which also reflected changes in other services, particularly General Surgery), whereas the pilot utilised existing capacity.

9.2.9 The local health system has therefore found itself in the position of being able to pilot key elements of the preferred option for the future provision of orthopaedic services across Lincolnshire identified through the ASR programme and refine as appropriate.

9.2.10 At the end of February 2020 the evaluation of the orthopaedics pilot showed very positive results. The experience of the pilot has reaffirmed the preferred option for the future provisionof orthopaedic services identified through the ASR options appraisal (to consolidated elective orthopaedic services at Grantham Hospital) and allowed it to be refined.

9.2.11 As well as refining the ASR proposal in terms of non-elective activity provided at the Grantham Hospital (no unplanned surgery provided), the pilot has also refined the proposals in terms of Louth becoming a dedicated day case centre for orthopaedics, i.e. does not provide orthopaedic elective inpatient activity.

9.2.12 It is now proposed this service change is taken forward in two phases:

- Phase 1 – making the pilot, which utilised the existing theatre and bed capacity on the Grantham Hospital site, a permanent change. The focus of this PCBC.
- Phase 2 – creating additional capacity on the Grantham Hospital site to allow for the full shift of orthopaedic day case and elective activity currently seen at ULHT's sites planned under the proposal and support further repatriation of patients going to the independent sector for orthopaedic surgery

Quality

9.2.13 Since the start of the orthopaedic trial in August 2018 the ward at Grantham Hospital which looks after the elective orthopaedic patients has always received extremely positive feedback.In January and February 2020 a score of 95% was achieved in the Friends and Family Test, against a target of 90%.

9.2.14 The overwhelming theme from the patient experience feedback was how impressed and happy patients were with the level of care and treatment received from all staff involved.

An excellent experience, cannot fault my treatment and procedures. The team are amazing, so friendly, informative, caring. Nothing is too much trouble for them. My stay has been really 'enjoyable'.

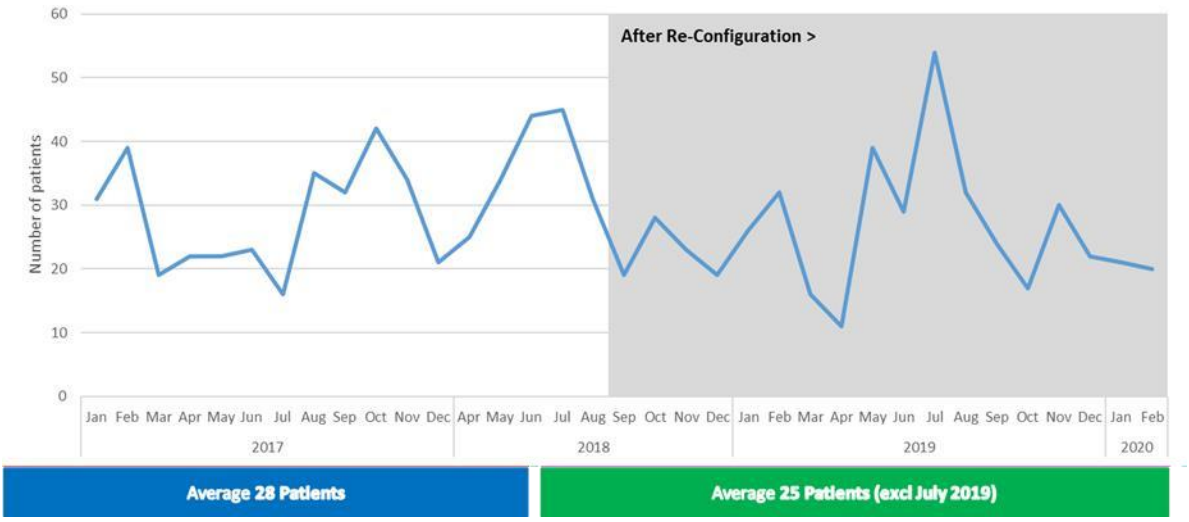
My experience since referral has been excellent. Fast tracked from consultation on 28/11/18 to surgery on 18/01/2019. Amazing, surprised and happy. Again my whole experience from check in at 07.30 (a little early for surgery at 2pm) to surgery, then overnight on Ward 2 was fantastic and little unexpected. All staff were very caring, professional. 100%, 10/10++

Wow certainly 'Enhanced Recovery'. Impressed lovely staff very friendly. Ward soclean and nothing any trouble. Comfortable stay. Well done everyone

9.2.15 Since the pilot started the department has not regularly sought the views of the staff in the formof a questionnaire. Verbal feedback from the staff is extremely positive, however it's recognisedstaff satisfaction feedback needs to be regularly collected and quantified.

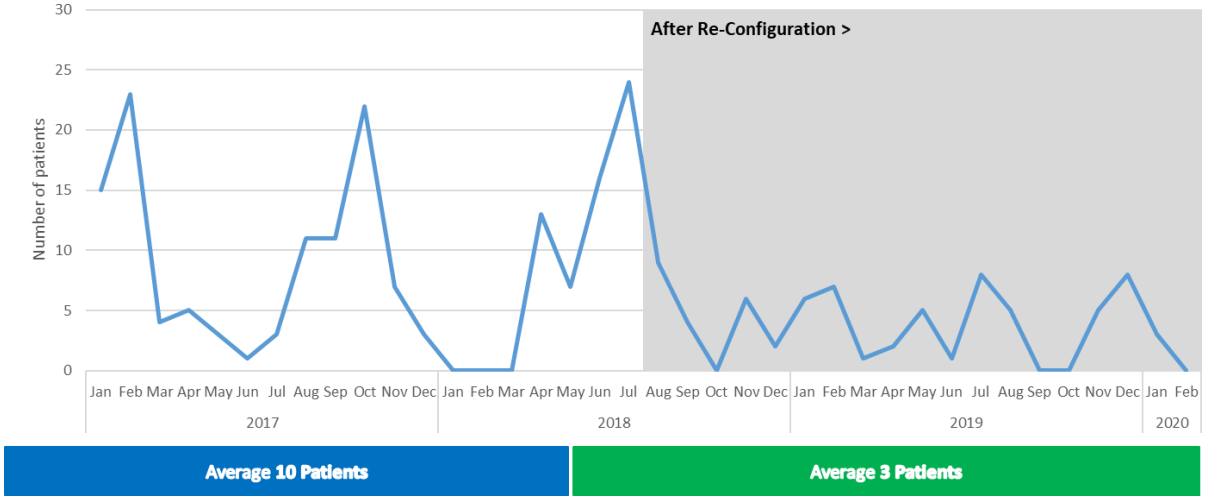
9.2.16 Before the pilot commenced, between January 2017 and July 2018 the average number of elective orthopaedic patients who had their surgery cancelled on the day each month was 28. With numbers above 40 in some months. Since the orthopaedic project commenced the Trust wide cancellation rate on the day for non-clinical reasons has reduced to an average of 25 patients (July 2019 data was excluded from the average figure due to the abnormally extreme adverse weather conditions).

Figure 126 – ULHT wide hospital initiated cancellations on day of surgery for elective orthopaedics



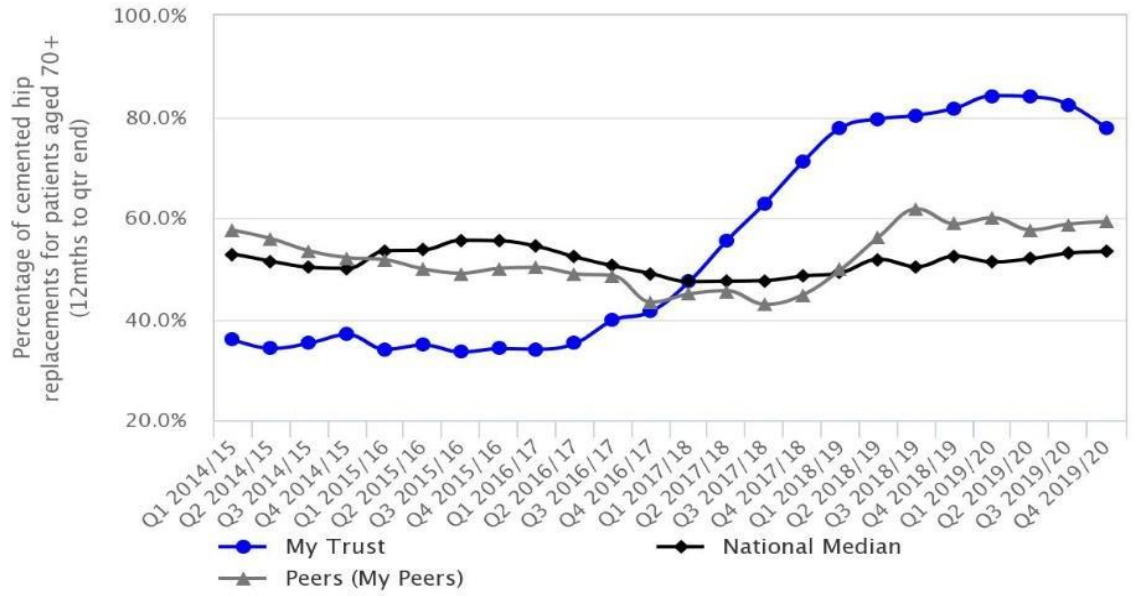
9.2.17 The Trust wide average cancellation rate on the day due to a lack of beds was 10 patients each month before the pilot commenced. This has now reduced to 3 patients per month cancelled onthe day due to a lack of beds across the Trust. Cancellations on the day at Grantham Hospital due to a lack of beds is nil.

Figure 127 – ULHT wide hospital initiated cancellations on day of surgery due to a lack of beds for elective orthopaedics



9.2.18 GIRFT have recommended to ULHT that the department tracks the percentage of cemented hips for patients aged 70+ as part of the success factors of the pilot. Not only has the outcome target of 80% of patients over the age of 70 to have a cemented hip replacement been achieved, the stretch target of 87% has also been achieved.

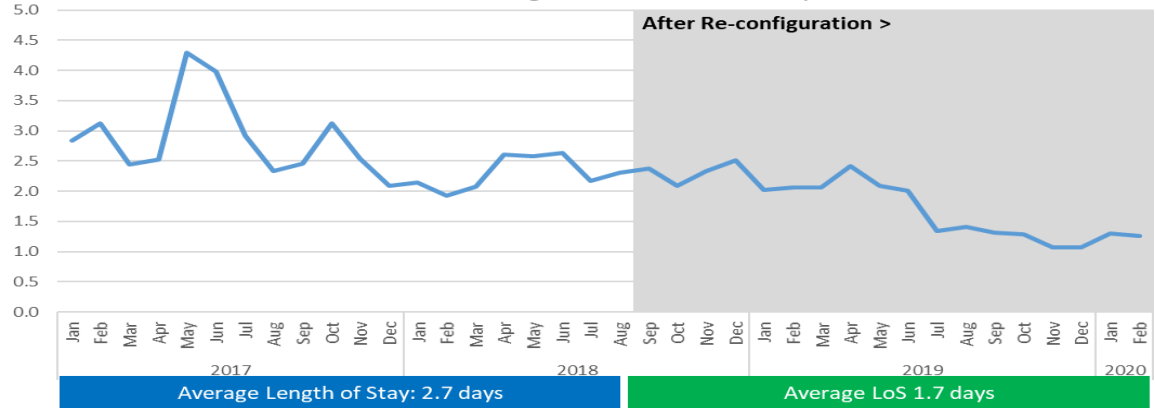
Figure 128 – Percentage of cemented hip replacements for patients aged 70+ performance comparison (12mths to quarter end)



9.2.19 The evaluation of the orthopaedic pilot also identified a reduction in the average length of stay for elective orthopaedics at Grantham Hospital from 2.7 days to 1.7 days, demonstrating strong operational performance. A marginal increase in length of stay was seen in January 2020, this was due to hip and knee revision surgery commencing at Grantham Hospital.

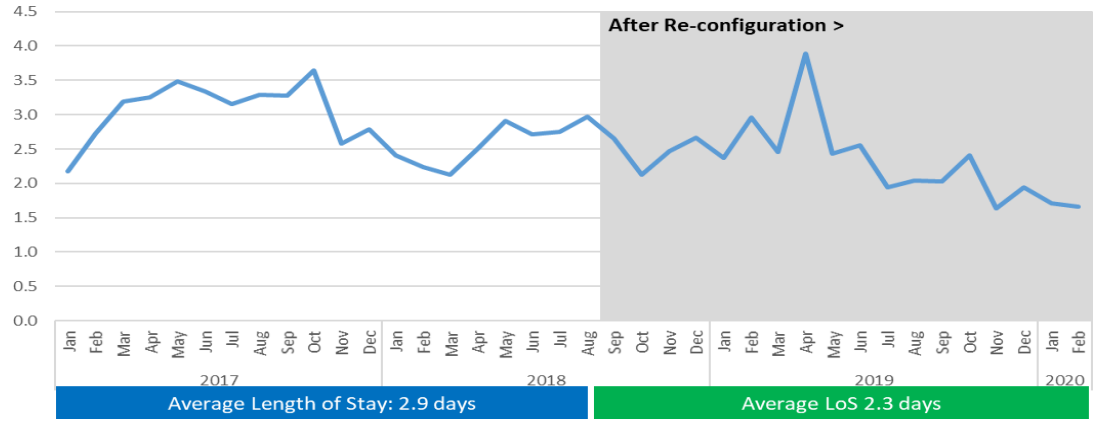
9.2.20 An enabler to the reduced length of stay is the commencement of total hip and total knee replacements being undertaken at Grantham Hospital as day-case procedures. Patients having these procedures as day-cases are followed up by telephone to ensure their outcome is as planned.

Figure 129 – Grantham Hospital elective orthopaedic inpatient average length of stay



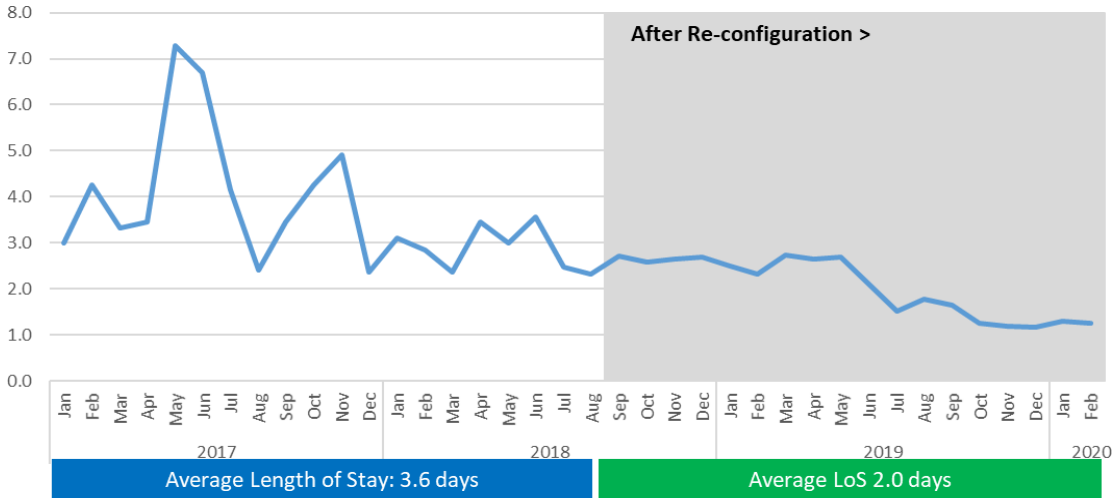
9.2.21 A reduction in the Trust-wide orthopaedic elective length of stay has been achieved from 2.9 days to 2.3 days.

Figure 130 – ULHT wide elective orthopaedic inpatient average length of stay



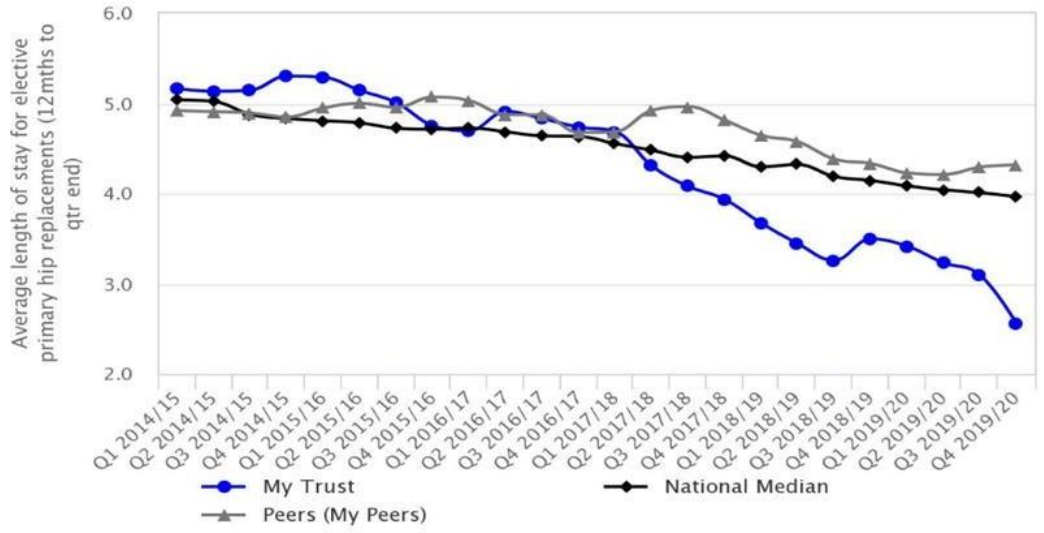
9.2.22 The length of stay for primary hip replacements at Grantham Hospital has reduced to an average of 2.0 days compared to 3.6 days before the pilot commenced. In February 2020 the average length of stay was reported as 1.3 days. ULHT is performing significantly better than both its peer trusts and the national median for primary total hip replacement length of stay.

Figure 131 – Grantham Hospital primary hip replacement average length of stay



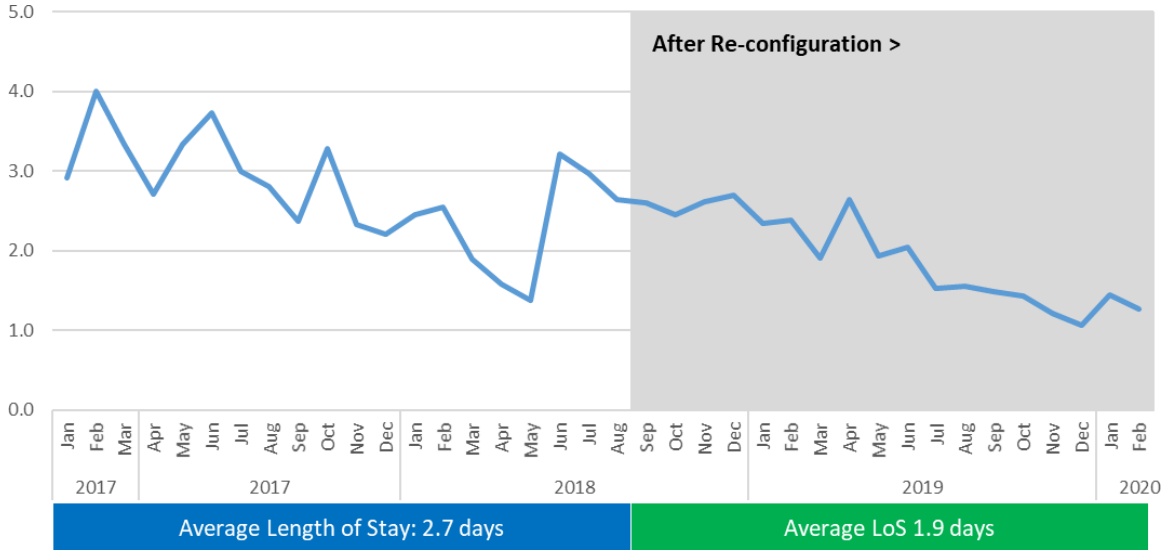
9.2.23 As the graph below demonstrates, ULHT is performing significantly better than both its Peer Trusts and the national median for primary total hip replacements length of stay.

Figure 132 – Primary hip replacement average length of stay performance comparison (12 mths to quarter end)



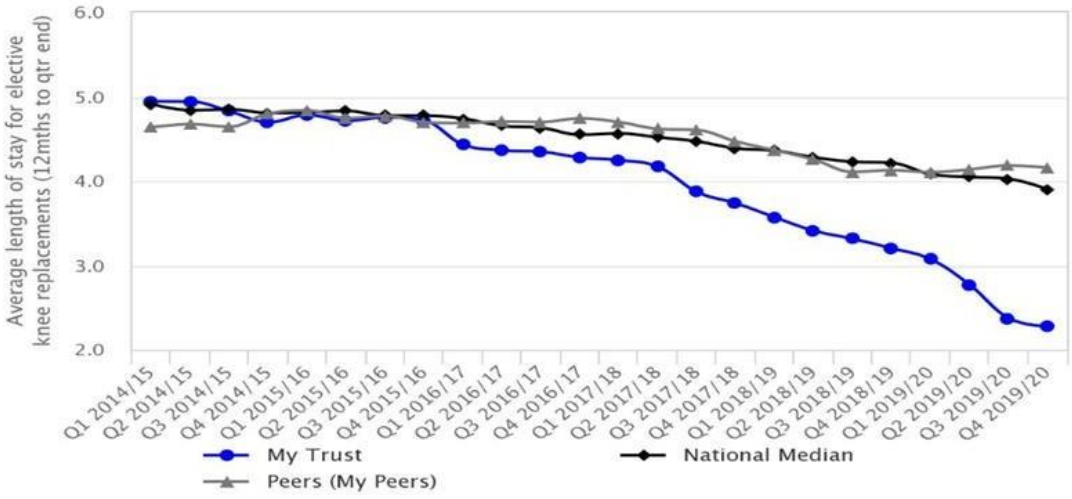
9.2.24 The length of stay for primary knee placements at Grantham Hospital has also reduced to an average of 1.9 days compared to 2.7 days before the pilot commenced. Length of stay at Grantham Hospital has outperformed all other pilot Trusts within the GIRFT programme.

Figure 133 – Grantham Hospital primary knee replacement average length of stay



9.2.25 As the graph below evidences, the length of stay for total knee replacements is far better than the national median and ULHT peer trusts, mirroring the achievement in the reduction of length of stay for total hip replacements.

Figure 134 – Knee replacement average length of stay performance comparison (12 mths to quarter end)



9.2.26 ULHT being able to deliver the quality and performance levels (and beyond) achieved through the orthopaedics pilot at Grantham would provide critical support to the recovery and restoration programme 'post-Covid' to reduce elective 'back logs'.

Access

9.2.27 It has been estimated that once the ASR preferred option has been fully implemented it will displace c.2,275 (c.1,375 EL, c.490 DC, c.410 NEL) patients per year (by 2023/24) currentlyseen by ULHT. It is the intention to keep all of the displaced elective and day case activity within Lincolnshire and be seen at a ULHT site and it is estimated around a third of the non-elective activity will stay within the county.

9.2.28 The vast majority of non-elective activity (c.215 patients) that goes out of the county would go to North West Anglia NHS Foundation Trust with the majority of the remainder (c.40 patients) going to Nottingham University Hospitals NHS Trust.

9.2.29 In addition, there is the potential to repatriate over 3,000 patients back into a ULHT site who are currently seen in the independent sector once the preferred option is fully implemented.

9.2.30 It is estimated pre-pilot c.70 patients travel more than 75 minutes for day case and elective orthopaedic surgery and procedures within Lincolnshire, however this does not include the patients that currently go out of county to the independent sector.

9.2.31 Once the preferred option is fully implemented it is estimated this figure would increase by c.580 by 2023/24 (see Appendix H for breakdown by neighbourhood team), however waiting times and cancellations would be reduced. It should also be noted that the increase in the number of patients travelling more than 75 minutes does not reflect reduced travel times for those being repatriated to receive care back in the county.

9.2.32 The table below provides a summary of the estimated impact on the number of patients displaced and associated travel times once the preferred option is fully implemented (2023/24). This reflects activity seen across the ULHT sites before the pilot started, and does not include any repatriated activity back from the private sector. Within this forecast an assumption of a reduction in day case activity of 10% was assumed over the period due to 'left-shift' i.e. the activity moving to a 'lower level' of care.

Figure 135 – Estimate of displaced activity to and from Grantham Hospital and travel times once preferred option is fully implemented (excluding repatriation)

	Grantham Hospital 23/24	Lincoln Hospital 23/24	Pilgrim Hospital 23/24	Louth Hospital 23/24	Out of County Hospitals 23/24
Elective activity					
Volume of activity	+1,374	-600	-508	-266	0
Travelling +75 mins	+521	+112	+179	+230	0
Daycase activity					
Volume of activity	+231	-488	0	+257	0
Travelling +75 mins	+43	+58	0	+15	0
Non-Elective activity					
Volume of activity	-409	+137	+12	0	+260*
Travelling +60 mins.	0	0	0	0	0

** (215 to North West Anglia NHS FT, 40 to Nottingham University Hospitals NHS Trust)*

9.2.33 The orthopaedic pilot at Grantham Hospital started on Monday 20 August 2018. An estimate ofthe volume of displaced activity and associated travel time that has occurred through the pilot has been made by comparing activity seen at each site in 2017/18 the last full year before the pilot started and 2019/20 the first full year it has run.

9.2.34 It is estimated that since the Orthopaedic Pilot started c.1,710 (c.825 EL, c.475 DC, c.410 NEL) patients per year have been displaced. This figure does include a small proportion of patients being repatriated from providers out of the county.

9.2.35 This analysis has estimated that under the current pilot arrangements an additional c.365 patients per annum travel more than 75 minutes by car for elective orthopaedic surgery and procedures within Lincolnshire.

9.2.36 An additional factor that has occurred during the period of the pilot is a change to the Referral Facilitation Service (RFS) that covers what were 3 of the 4 Lincolnshire CCGs, with full effect occurring in 19/20.

9.2.37 Between 2017/18 and 2019/20 there has been a reduction in inpatient and daycase activity at out of county (OoC) and independent sector (IS) providers, some of which seems to have been redirected to ULHT under the RFS and some of which has been converted into ‘left shift’.

9.2.38 It is estimated that between 2017/18 and 2019/20 there has been a ‘left shift’ of c.9.3% of day case activity.

Figure 136 – Estimate of displaced activity and travel times (excluding repatriation) observed through pilot

	Grantham Hospital 17/18–19/20	Lincoln Hospital 17/18–19/20	Pilgrim Hospital 17/18–19/20	Louth Hospital 17/18–19/20	OoC & IS Hospital 17/18–19/20	*Estimated impact of 'left-shift'* 17/18–19/20
Elective activity						
Volume of activity	+824	-229	-170	-270	-444	*+289*
Travelling +75 mins	+337	+43	+60	+234	-	-
Daycase activity						
Volume of activity	-336	-345	+35	+442	-475	*+679*
Travelling +75 mins	+21	+6	0	+27	-	-
Non-Elective activity						
Volume of activity	-409	+137	+12	0	+260*	-
Travelling +60 mins.	0	0	0	0	0	-

** (215 to North West Anglia NHS FT, 40 to Nottingham University Hospitals NHS Trust)*

9.2.39 The main constraint to delivering the full extent of the planned activity shift to Grantham Hospital under the preferred option is bed and theatre capacity. The pilot has utilised the existing capacity on the Grantham Hospital site and to consolidate any more activity wouldrequire an increase in capacity. This is described further below.

9.2.40 One of the risks identified at the start of the trial was whether patients would be prepared to travel 30 miles or more to have their elective treatment at Grantham Hospital. However, on review of all the patient feedback received on the orthopaedic pilot no reference or issues were highlighted with travelling or transport delays.

9.2.41 This is certainly a positive outcome, given concerns around access and travel in relation to orthopaedics services were a common theme throughout public engagement exercises. However, through the most recent pre-consultation engagement exercise (Healthy Conversation 2019) feedback received from the community group meetings identified the majority of attendees said they would travel (incl. out of county) if it meant receiving treatment quicker.

9.2.42 Conversations are ongoing with Lincolnshire County Council regarding public transport and how it supports access to health services in the wider sense. The impact of the proposed service changes on access has been considered in the Equality Impact Assessment and this will be tested and explored further through consultation with the public before any plans are finalised.

9.2.43 These plans, for example, could include providing additional non-emergency patient transport, cohorting appointments by postcode and providing a shuttle service and further integrating existing voluntary and non-emergency patient transport services. Any plans developed would need to be done so in the context of existing local and national patient transport policies and criteria, however a financial provision has been made in the financial case for the proposed service changes.

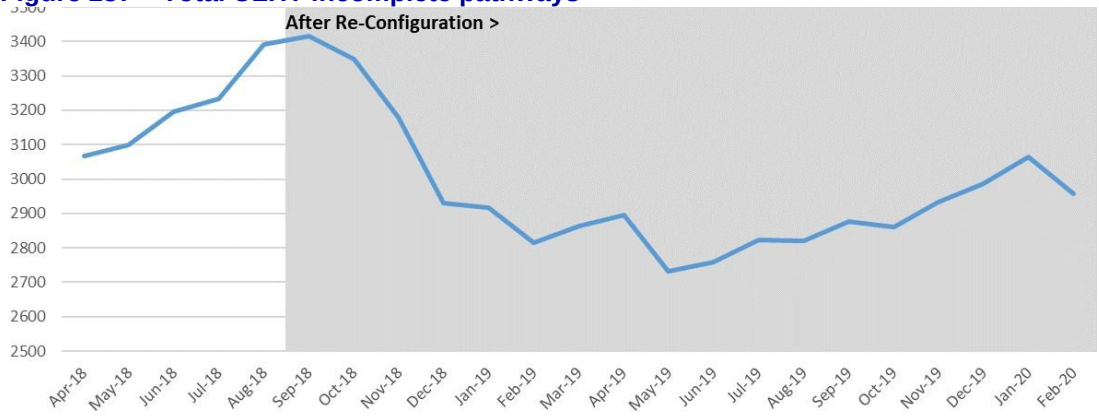
9.2.44 In addition, through workshops with stakeholders proposals have been developed to improve support to patients with regards to travel in the broadest sense across Lincolnshire (i.e. not just relating to proposed service changes under the Acute Services Review). These include:

- Ensuring a seamless process for advice, eligibility assessment and booking
- Improved coordinated way of ensuring the appropriate transport is arranged for dischargesfrom hospital:
  - The default should be Non-Emergency Patient Transport Services (NEPTS) unless there is a 'medical need'
  - Better planning and coordination with the family/patient early in a patients stay as an integral part of discharge planning
  - Coordination of NEPTS with potential other options through a single system approach to discharge planning
- Booking of clinics:
  - More proactive choices regarding clinic bookings should include a discussion on 'how are you intending to travel'
  - Real time information to support administrators in understanding public transport should be easily accessible on their IT systems so that is the patient is travelling bybus and the first bus doesn't arrive until 10:00 the patient is offered an appointmentafter this time
- Integration of CallConnect and NEPTS journey planning to reduce duplication
- Integration of systems to allow funded, non-funded and concessionary fares/bus passes touse multiple types of transport

9.2.45 Since April 2019 the highest performing RTT month for orthopaedics was November 2019 (91.17%), this month also saw one of the highest overall waiting list sizes (2,932 patients).

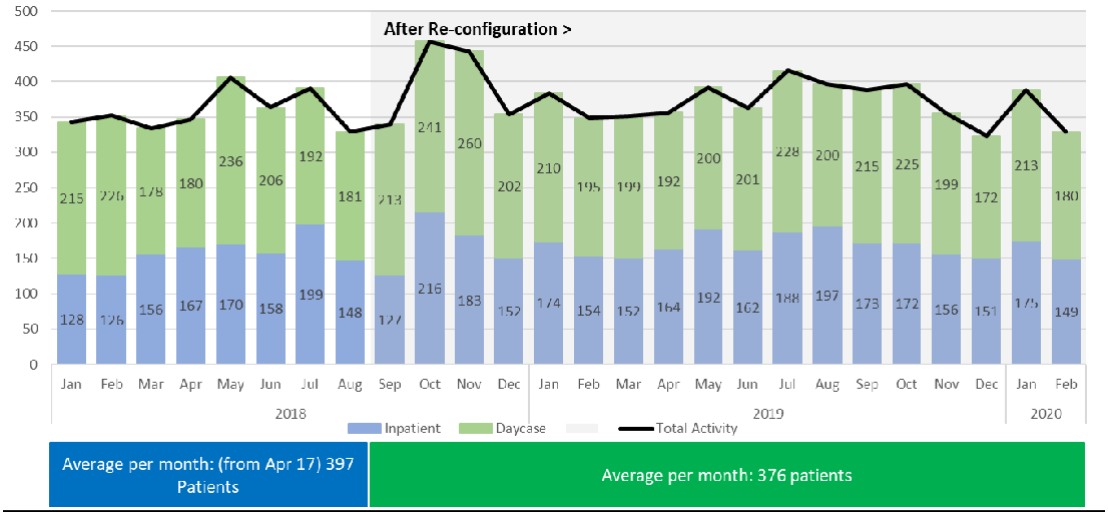
9.2.46 As the waiting time is shorter on the non-admitted pathway i.e. wait to first appointment and subsequent follow up, the Trust is now attracting more referrals. All outpatient elective clinics were full and theatre efficiency has improved. In order to maintain RTT and to reduce the waiting list size, due to the efficiencies already made the department needs to consider operating on Saturdays and Sundays.

Figure 137 – Total ULHT incomplete pathways



9.2.47 The Trust wide elective orthopaedic activity increased from an average of 397 patients each month to 411 patients after the trial commenced, although this gradually returned down to 376. One of the main challenges the department has faced is at the start of the pilot it was agreed to have 14 less trust wide theatre lists per week for orthopaedics. However, this has been successfully mitigated with the capacity allocated.

Figure 138 – Total ULHT orthopaedic activity (daycase and inpatient)



9.2.48 Through the pilot it has been shown that the consolidation of elective orthopaedic services at Grantham Hospital (together with a greater focus on day cases at Louth) can deliver a reduction in the amount of time people wait to have their surgery as well as the potential to increase the number of patients treated by ULHT. It has also shown people are prepared to travel to have their elective surgery if it means they will have their operation quicker.

9.2.49 ULHT being able to deliver these levels (and beyond) achieved through the Orthopaedics pilot at Grantham would provide critical support to the recovery and restoration programme 'post-Covid' to reduce elective 'back logs'.

Affordability and Deliverability

9.2.50 Before the pilot started orthopaedic services used on average 8 elective beds and 8 non-elective beds (16 beds in total) at the Grantham Hospital site based on a 92% occupancy rateand operating 5 days a week. During the pilot orthopaedic services have used on average 16 elective beds on an occupancy of 92% and operating 5 days a week.

9.2.51 To deliver the full extent of the preferred option excluding repatriation, a further four elective beds would be required taking the total up to 20 beds, based on a 1.5-day length of stay at 92% occupancy and 5-day operating. To enable the full repatriation of all patients currently treated out of county and/or in the independent sector it is estimated an additional 15 beds would be required (based on the same length of stay and occupancy assumptions). However,these additional capacity requirements are outside the scope of this business case.

9.2.52 There are currently two laminar flow orthopaedic theatres at Grantham Hospital. Spare capacity did exist in these theatres pre-pilot, which is now being used. Through the pilot theatre utilisation increased to around 85%, based on two session days, five days a week. However, the full extent of the proposed model cannot be fully implemented without additional theatre capacity being built on the Grantham Hospital site, based on the current two sessions a day five days a week operating model.

9.2.53 To fully implement the proposal, excluding repatriation, a further one theatre (0.75 based on the calculations) would be required assuming two theatre sessions a day five days a week and the average theatre time used per procedure at Grantham Hospital. To accommodate the repatriation of activity that currently goes out of the county and/or to the independent sector 2.5 additional theatres would be required.

9.2.54 The development of a business case for additional elective orthopaedic capacity at Grantham Hospital (Phase 2) would require the current working patterns of two theatre sessions a day, five days a week to be considered further.

9.2.55 Through the orthopaedics pilot the workforce model has changed and been sustained in a number of areas:

- The consultant on-call model at Grantham has been removed and the on-call function is now provided by a core of middle grade orthopaedic doctors. The on-call middle grade report into the receiving 'hot' site (Lincoln or Pilgrim) for support if required. The receiving sites alternate on 3-weekly intervals.
- The middle grade and consultants who work at Grantham for orthopaedics are now part of the ULHT wide (Lincoln, Pilgrim and Grantham Hospitals) orthopaedic rota.
- The number of orthopaedic F2s has reduced at Grantham from 7 to 3 with effect from April 2020.
- Orthopaedic consultants now operate across multiple sites as part of the ULHT wide Orthopaedic team.
- The pilot workforce model has successfully removed all agency doctor usage ULHT wide. Before the pilot, agency doctors were used to cover one consultant post, F2 posts and middle grade posts.
- The current workforce in the pilot model still carries one consultant vacancy, two middle grade vacancies and two F2 vacant posts, however all of these vacancies are covers through the new workforce model, without the need to bring in agency doctors.

9.3 East Midlands Clinical Senate recommendations and workforce improvements

9.3.1 The East Midlands Clinical Senate has been involved all the way through the options development and appraisal process for Orthopaedics. This included an independent clinical review where they were asked to consider whether there is a clear clinical evidence base underpinning the proposal.

9.3.2 The review focussed on the clinical interdependencies and the totality of the changes proposed. Specifically, the clinical review team was asked whether it supported the ASR proposals based on clinical sustainability, workforce deliverability and improvements in clinical outcomes.

9.3.3 Through this review the East Midlands Clinical Senate supported the proposal for Orthopaedic services and made a number of recommendations and workforce improvements. The table below sets out the recommendations and progress against them.

Figure 139 – East Midlands Clinical Senate recommendations and progress

EM Clinical Senate Recommendation	Progress
Involve HEE early in the process with regards to the training experience of junior surgeons	The pilot has shown no detriment with regards to middle grade training because when a surgeon from Lincoln or Pilgrim goes to Grantham they take their middle grade with them to give that exposure. The view is this is better for training as ULHT is cancelling fewer patients and trainees are seeing more patients. Junior doctor training hasn't changed.
Confirm arrangements for on-call at Grantham Hospital	Under the pilot the on-call pattern at Grantham is hospital at night, which looks after all patients. There is a middle-grade resident on call system to look after very unwell patients. Lincoln County Hospital and Pilgrim Hospital do 24hr Orthopaedic on-call, the resident on-call at Grantham can contact the Orthopaedics team on-call at these sites and a transfer can be arranged if required. Since August 2018 only 1 patient has nearly needed transferring but this didn't happen.
Ensure clarity around clinical responsibility	Under the Pilot the patient still belongs to the operating consultant, there is a ward round every day in the morning by a senior Orthopaedic doctor who liaises with the original operating consultant as required. The patient's follow-up is with the consultant who performed the operation/procedure. After 6pm all patients are under the care of the on-call consultant. On a Monday, Wednesday, Friday and Sunday the Lincoln County Hospital consultant is in charge, the other days it is the Pilgrim Hospital consultant.
The potential for unintended effects which impact on other departments and colleagues, for example relating to medical Orthogeriatric reviews, also needs to be factored in	Input for elective Orthopaedic from care for elderly is unusual. Likely to need medical input, if this is the case the medical consultant on-call at Grantham Hospital is called.
More detail is required around the transport plan for patients that require it	The pilot has shown no additional demands on transport solutions and no negative feedback from patients in relation to transport. Transport solutions already exist, that will continue to evolve: • Patient Transport Service (PTS) based on eligibility criteria (Lincolnshire aiming for an ITT on PTS contract Feb/Mar 2021) • Volunteer services • Contingency of £1m included in finances to support PTS There is also a commitment from Lincolnshire County Council to co-develop transport solutions e.g.: • Integration of CallConnect and PTS • Integration to allow funded, non-funded and concessionary fares/bus passes to use multiple types of transport
The service should work with EMAS to ensure the impact on emergencies is factored in	When the pilot started a dialogue was had with EMAS about fractured neck of femur and to transport them to Lincoln County Hospital and Pilgrim Hospital. No concerns around these arrangements have been raised through the pilot. EMAS are fully aware of the exclusion criteria at Grantham.
Recognising the quality of aftercare is closely connected to acute care more detail should be provided	Immediate post-operative care – is available to all receiving care (see on-call arrangements above) Planned post-operative care – Outpatient appointments will continue to be provided from Grantham, Lincoln and Pilgrim Hospitals, care will remain as close to home as possible. Patient follow-ups are by the surgeon who carried out the procedure/operation.

9.4 Milestone plan

9.4.1 In light of the revised approach to the ASR programme (in light of capital not being secured to support the implementation of the full scope of the ASR proposals) the preferred option for Orthopaedics has been split into two phases:

- Phase 1 – making the pilot, which utilised the existing theatre and bed capacity on the Grantham Hospital site (and includes optimising productivity and efficiency of existing capacity), a permanent change. The focus of this PCBC.
- Phase 2 – creating additional capacity on the Grantham Hospital site to allow for the full shift of activity currently seen at ULHT's sites planned under the proposal and support the further repatriation of patients going out of county and/or to the independent sector for orthopaedic surgery.

9.4.2 The ambition is for Phase 2 to be implemented around 12 months from now, once the required processes have been followed.

9.5 Quality and Equality Impact Assessments

9.5.1 A Quality Impact Assessment (QIA) has been completed for the proposed service change for Orthopaedic (elective and non-elective) services to identify clinical risks to the reconfiguration. This has been completed using a standard template by the Clinical Director and Lead Nurse forTrauma & Orthopaedics at ULHT.

9.5.2 The QIA for the service proposal:

- Identifies the key relevant quality measures for the areas of safety, clinical effectiveness, and patient experience;
- Identifies any risks to achieving an acceptable quality in these areas; and
- Presents mitigating actions.

9.5.3 A summary of the QIA for the proposed changes to orthopaedic (elective and non-elective) services is set out below and the full version is included in Appendix I.

Figure 140 – Summary of QIA for proposed orthopaedic (elective and non-elective) service changes

Area	Summary Impact (+ve & -ve)	Summary Actions
1.Quality		
Duty of Quality	▪ Will ensure lists are cancelled less frequently, and improve opportunities for staff to be developed in post ▪ A reduction in access may be perceived by those patient groups less able to travel	▪ Patients will be assessed for transport support using existing criteria
Patient Safety	▪ Will allow both planned and unplanned T&O patients to receive treatment quicker – improved access to care and health outcomes ▪ Segregation of orthopaedic patients will drastically reduce the risk of post-op infections ▪ To deliver full extent of change headcount/ skill mix at Grantham Hospital will need to change	▪ Recruit to staff vacancies
2. Experience		
Patient Experience	▪ Patients will be asked to travel further - this will be offset by reduction cancellations and treatment in a centre of excellence ▪ Number of sites in Lincolnshire care is provided from will reduce, however potential for fewer patients go out of county for care once fully implemented ▪ Reduction in 18-week backlog and shorter admission to operating times ▪ Ward staff at all sites will increase specialism and be able to focus on the management of orthopaedic patients more directly	▪ Comprehensive communication strategy and robust consultation ▪ Communicate benefits of a single site centre of excellence ▪ Script developed for booking staff and medics explaining reasons for travel
Staff Experience	▪ Should make roles more attractive by reducing cancellations ▪ Should make remaining in post more attractive ▪ Will reduce cancellations and overruns	
3. Effectiveness		
Clinical Effectiveness & Outcomes	▪ Changes in line with national GIRFT principals ▪ Reduced chance of post-op infection, extended us of enhanced recovery ▪ Reduce 'downtime' for clinicians ▪ Reduce cancellations and risk of pot-op infection ▪ Improvement in cancellation rate and RTT	

9.5.4 Quality for the domains of patient experience, patient safety and clinical effectiveness will be monitored and assured for United Lincolnshire Hospitals Trust (ULHT) through a combination of surveillance mechanisms throughout the Acute Services change and improvement program.

9.5.5 A system wide Lincolnshire Quality Surveillance Group is now meeting bi-monthly chaired by the CCG Director of Nursing with Clinical & Quality lead attendance from all Lincolnshire main providers (including ULHT and LCHS), NHSE/I including Specialised Commissioning, HealthWatch; HEE and Social Care. Any significant Quality concerns will be alerted and mitigated through the work of that forum.

9.5.6 Quality metric hard and soft intelligence for ULHT and LCHS is also considered through the CCG Quality and Patient Experience Committee (QPEC) that also meets bi-monthly as a sub-committee to the CCG Board. This committee will continue to consider Quality improvement requirements for ULHT, plus identifying any areas of Quality concern, where improvement action is required.

9.5.7 There are four dedicated CCG Quality Officers that work closely with ULHT, each with a focus on a respective hospital site. These CCG Officers are responsible for daily surveillance to identify any areas of Quality concern for ULHT, working with the Trust to secure improvementswhere required. This is through meetings with leads from relevant areas of the Trust, through attendance at the Trust's own Quality Governance Committee, via a regular CCG led Patient Safety Group and when indicated through Quality visits to the Trust as required.

9.5.8 There is also regular liaison between CCG Leads and their counterparts in the Trust to flag any areas of concerns plus now a regular system Clinical Forum that meets with ULHT attendance. There are similar quality monitoring processes for all Lincolnshire main providers, each having at least one dedicated Quality officer.

9.5.9 The lead CCG Quality Officer reports any concerns into QPEC and from a CCG perspective re: ULHT into the system Quality Surveillance Group. There is therefore an alerting system for any deteriorating quality areas for ULHT, which can be quickly identified for improvement, immediately if indicated.

9.5.10 Services undergoing any significant change will be monitored via the Trust's own Quality monitoring processes and also through the system and commissioner processes outlined above, to ensure as the change occurs and new service models become embedded that there are no deleterious effects on patient care at ULHT, LCHS or any other providers.

9.5.11 In addition the impact of any proposed changes on staff will be kept under ongoing review through the evaluation of measures such as the NHS Staff Survey, local surveys, absence rates, staff health and wellbeing, and retention rates.

9.5.12 As well as a QIA, a Stage 1 and Stage 2 Equality Impact Assessment (EIA) has also been completed for the proposed orthopaedic (elective and non-elective) service changes.

9.5.13 Within the Stage 1 analysis the populations/groups defined by protected characteristics that were identified that may face adversity as a result of the proposed activity/project were Age, Disability and Economically Disadvantaged.

9.5.14 To help address adverse impact on these groups The People's Partnership, on behalf of the Lincolnshire Sustainability and Transformation Partnership (as was) carried out an engagement exercise to reach hidden communities between 5 and 25 March 2019.

9.5.15 Over 15 days 130 questionnaires were completed. These submissions received views relating to sensory impairment, physical disability, learning disability, mental health, carers, young people and families, older people, race, pregnancy and maternity and social economic deprivation.

9.5.16 In addition, through March to October 2019 all Lincolnshire health organisations conducted the *'Healthy Conversation 2019'* engagement exercise. Within this period there were a number of engagement opportunities including an ASR-focused survey, drop in events with lead clinicians and executives to discuss proposed service changes, dedicated locality workshops offering more detailed discussion opportunities and a direct response/query mechanism.

9.5.17 During this engagement period, accessibility issues were again taken into account and the survey and promotional materials were made available in different formats on request and translated into different languages. Our partner and stakeholder organisations also worked with us to promote the various ways the public could get involved and supported their groups and audiences to engage. This process yielded broader feedback, however, it is noted that the themes and concerns were similar

9.5.18 Using the results of the engagement exercises and additional research the following themeswere identified in the Stage 2 EIA:

- Age:
  - Older population: Longer travel requirements which is impractical, especially whensome will not be able to drive for much longer; negative impact on health; concerns of greater reliance on family and friends for increased travel needs; reliance on public transport that is perceived to be limited in accessibility; impractical to travel longer distance from some areas.

- Younger population: Negative impact on health; reliance on hospital transport; longer travel requirements which is impractical; reliance on public transport, whichis perceived to be limited in accessibility.

- Disability:
  - Longer travel requirements which is impractical;
  - Additional cost related to travelling services further away;
  - Inability to drive especially if sight impaired or wheelchair user;
  - Greater reliance on family and carers for increased travel needs; and
  - Negative impact on health and anxiety levels
- Economic Disadvantaged:
  - The specific engagement from The People's Partnership did not receive feedback from groups with this protected characteristic.
  - But the wider Healthy Conversation 2019 engagement identified that the possible negative impacts of this proposed change on deprived population include longer travel requirements and additional cost of this and specific concern about the costs of return travel from hospital, especially at times of limited/no public transport.

9.5.19 A summary of the EIA for the proposed changes to orthopaedic (elective and non-elective)services is set out below and the full version is included in Appendix J.

9.5.20 The Equality Impact Assessment will continue to be developed and refined throughout theconsultation period, drawing in feedback received through the process.

9.5.21 Plans to mitigate impact on travel and access will be finalised once the public has been fully consulted on any proposed service changes. These plans will be finalised in the context of existing local and national patients transport policies and criteria.

Figure 141 – Summary of EIA for orthopaedic service changes

Impact / issue identified	Key actions or justification to address impact/issues	Anticipated outcome – will this remove negative impact

1. Longer travel requirements	• Patients will potentially incur longer travel times for day-surgery and inpatient surgery.
	• Estimated that since the Orthopaedic Pilot started c.1,710 (c.825 EL, c.475 DC, c.410 NEL) patients per year have been displaced. This figure does include a small proportion of patients being repatriated from providers out of the county.
	• Estimated that before the Orthopaedic Pilot c.70 patients travelled more than 75 minutes for day case and elective orthopaedic surgery and procedures within Lincolnshire, the threshold agreed through for this type of activity. However, this figure does not include the patients that currently go out of county to the independent sector.
	• Analysis of Orthopaedic Pilot activity has estimated that under the current pilot arrangements an additional c.365 patient per annum travel more than 75 minutes by car for orthopaedic surgery and procedures within Lincolnshire.
	• However:
	  • Cancellations will be reduced and patients will be seen quicker leading to improved access and health outcomes.
	  • Patient feedback on pilot has been supportive of increased travel times.
	  • Patients will not incur longer travel for outpatient appointments as they will not change.
		• No. For some patients there may be longer travel times, but this is balanced against reduced waiting times and improved service quality and outcomes.

2. Negative impact on health	• Patients will have fewer cancellations, be seen quicker, receive a better quality service and achieve better outcomes. • The pilot has shown these improvements are possible	• Yes. Proposed service should have a positive impact on health • This has been demonstrated through the evaluation of the orthopaedic pilot.
3. Greater reliance on family and friends for increased travel needs 4. Greater reliance on public transport, which is perceived to be limited in accessibility 5. Concerns about costs of travel to and from hospital, especially at times of limited/ no public transport	• Some patients may potentially have a greater reliance on public transport for travel support. However: • ULHT currently provides a patient transport service based on eligibility criteria; and • Volunteer services currently provide patient transport services where confidence or mobility issues can make it difficult to attend hospital *The NHS is not responsible for the public transport infrastructure in the county (Lincolnshire County Council controls this), however the NHS is undertaking partnership working with LCC and others in order to review and improve travel and transport in the county.*	• Yes. For some there may be a greater reliance on family and friends for transport. However, NHS and voluntary sector patient transport services already exist to help in certain situations. • The proposed service changes do not make any changes to these patient transport services. • The Grantham pilot has evaluated very well and these issues were not observed in the feedback. • Plans to mitigate impact on travel and access will be finalised once the public has been fully consulted on any proposed service changes. These plans will need to be finalised in the context of existing local and national patients transport policies and criteria.

9.6 Vignettes to demonstrate the positive impacts of the clinical model

Patient 1

9.6.1 A 55 year old female lives in Skegness. She attends an outpatient appointment with an Orthopaedic surgeon at Pilgrim Hospital in Boston after being referred by her GP. The surgeon advises she needs a total knee replacement, and that this can be done at Grantham Hospital and she won't have to wait long for the surgery.

9.6.2 The surgeon advises the procedure will be a day-case. He tells her he will do the operation, she will receive an initial follow-up via telephone to ensure everything is as planned and he willthen see her for a follow-up outpatient appointment back at Pilgrim Hospital.

9.6.3 The patient's operation goes ahead at Grantham Hospital on the day it was scheduled for. The patient does not have relatives to take her to the hospital and so is taken to Grantham and returned home after surgery on patient transport. She receives a phone call the day after her surgery to check everything is ok and has an outpatient appointment at Pilgrim Hospital 8 weeks after the operation to check on progress.

9.6.4 Outcomes:

- The patient doesn't have to wait long to receive the operation and receives it on the day it was planned for. The patient is seen as a day-case so doesn't spend any more time in hospital than is needed and receives after care close to home.
- The Orthopaedic doctors and nurses are very pleased to be doing the patient's knee replacement at Grantham Hospital where they can give her excellent quality care and the best outcomes. The Orthopaedic team receive very positive feedback from the patient.

Patient 2

9.6.5 An 80 year old male lives in Sleaford. He attends an outpatient appointment with an Orthopaedic surgeon after being referred by his GP, and is told he needs a total hip replacement. The surgeon advises he will need to have the procedure at either Lincoln County Hospital or Pilgrim Hospital in Boston because of his respiratory condition. This is because of the risk he may need to have intensive care for a short time after surgery.

9.6.6 The patient's operation goes ahead at Lincoln County Hospital on the day it was scheduled for. Following a post-operative triage the patient is admitted to the intensive care unit for 1 day, and then returned to the Orthopaedic ward for a further 2 days. Following discharge the patient receives a phone call the day after the surgery to check everything is ok and has an outpatient appointment at Lincoln County Hospital 6 weeks after the operation to check on progress.

9.6.7 Outcomes:

- The patient is seen in the most appropriate care setting for their clinical needs, ensuring they receive the best outcomes and excellent quality care.
- The Orthopaedic doctors and nurses utilise all the specialist skills and capabilities available at the hospital, not just from their own department but also from others, to ensure the patient receives the best possible care.

9.7 Assessment against tests for service change

9.7.1 In line with the guidance set out in *'Planning, assuring and delivering service change for patients'* published by the NHS in 2018, all proposals for significant service change must beassessed against the Government's four tests for service change and NHS England and Improvement's test for reductions in hospital beds.

9.7.2 An assessment against these tests for the proposed change to consolidate orthopaedic services at Grantham Hospital has been conducted and is set out below. This assessment reflects and aligns to the description and narrative for the preferred option for orthopaedic services set out in this chapter.

Test 1: Strong public and patient engagement

9.7.3 There has been strong ongoing engagement with the public throughout the life of the ASR programme and its predecessor programmes. The breadth and depth of this work is set out infull in the stakeholder engagement chapter later in this document with more detail provided inthe detailed engagement reports in Appendices K and L. The focus here is therefore on the engagement relating to orthopaedic services.

9.7.4 During July 2018 a series of nine engagement events to discuss hospital service in Lincolnshire were held, each in a different area in the county. In total 170 members of the public were engaged across these nine events. The meetings were designed to focus on the case for change for particular health services and the possible solutions to the challenges faced. The main themes raised in relation to orthopaedic (elective and non-elective) services were:

- Acknowledgement of the problems with the current situation e.g. the number of cancelled operations and the number of patients travelling out of county for treatment. Therefore, the principle of separating planned and urgent care was considered sensible if it could support a reduction in the number of cancelled operations and allow staff to become more specialised.
- Desire for information about where any planned and urgent sites would be located, and to better understand how different sites would be utilised in future if services changed. There was also some confusion about whether the separation of the two elements meant planned and urgent care would have to be located on separate sites, or if they would be 'ring-fenced' on the same site.
- Concerns about the distances needed to be travelled, with the transport infrastructure and rurality again identified as major challenges. The ability for family members to visit the patient was also seen as important.
- The process of leaving secondary care, specifically the link between 'bed blocking' and the cancellation of planned operations, and the need to improve 'step down' care and integrate more closely with social care.
- Working with existing resources by making use of smaller hospitals as diagnostic treatment centres.

9.7.5 As well as the stakeholder events a questionnaire was made available in online and paper formats to enable the public and other stakeholders to share their views. A total of 256 questionnaires were received between 11 July and 5 August 2018. Feedback from the public inrelation to orthopaedic (elective and non-elective) services included:

- 20% of respondents were prepared to travel 0-15 minutes for a planned procedure; 34% were prepared to travel 15-45 minutes; 26% were prepared to travel 45-60 mins; and 19% were prepared to travel over an hour.
- 33% of respondents were prepared to travel 0-15 minutes for an urgent procedure; 38% were prepared to travel 15-45 minutes; 16% were prepared to travel 45-60 mins; and 13% were prepared to travel over an hour.
- 67% or respondents said they would travel to a hospital appointment by car; 14% by public transport; 2% patient transport; 1% taxi; and 15% friend or family.
- When asked about a set of statements and which was most important in relation to orthopaedic (elective and non-elective) services:
  - 24% said 'I will be offered care closer to home when appropriate'
  - 19% said 'I can access care when I need it and not just Monday – Friday 9am-5pm'
- However, it should be noted that on reflection of how questions were posed in the questionnaire the elective provision of orthopaedic services should have been made more explicit. Looking at the responses it is possible the description of 'Trauma and Orthopaedics' led people to focus on the non-elective element. When looking at responses for General Surgery, the most important statement was identified as 'My planned operation is less likely to be cancelled'. 29% of respondents identified this.

9.7.6 In October 2018 four public options evaluation workshops were undertaken across Lincolnshire in Sleaford, Mablethorpe, Bourne and Gainsborough to enable member of the public to share their views on the options against the evaluation criteria and supported the ongoing process of developing the final options being proposed for consultation. At these events the proposal to consolidate elective orthopaedic services at Grantham Hospital and make it a centre of excellence for orthopaedic elective and day case surgery was considered:

- Overall the proposal was supported by a substantial majority of participants (84%); 14% of participants disagreed and 3% neither agreed or disagreed.
- Those who were in agreement with the proposals thought it would improve patient outcomes and experience insofar as the number of cancelled elective operations may reduce. It was also felt that this would enhance Grantham Hospital's reputation.
- Some though were concerned about travel and access particularly as the service will be on the border of the county.

9.7.7 In 2019 *Healthy Conservation 2019* was launched, which was an open engagement exercise to shape how the NHS in Lincolnshire takes health care forward in the years ahead. This included pre-consultation engagement on the emerging options in the ASR:

- Feedback relating to the orthopaedic (elective and non-elective) service proposals identified the following key themes:
    - Distance and travel times to Grantham Hospital; poor road networks and lack of public transport;
    - Cost of travelling to hospitals further away; cannot always rely on families and friends; and
    - Suggestions to support the proposal included inter-site transport, development of a driver volunteer scheme, direct trains between Boston, Skegness and Lincoln, routes and times clearly displayed on all bus stops, and introduction of a travel helpline.
- Feedback was also obtained from hidden and hard to reach communities relating to the impact on the protected characteristics, groups and communities focussed around the longer distance need to travel to proposed centres of excellence, such as for orthopaedic services, and the associated increase in cost. This highlighted restricted incomes and savings would be a barrier to travelling further and a need to rely on family members for transport or public transport and taxis with the associated cost and practicality implications. Being physically disabled or with mobility issues makes access more difficult.

9.7.8 Throughout the duration of the ASR programme there has been ongoing engagement with the Lincolnshire County Council Health Scrutiny Committee. Between May and October 2019, the Committee commented on each of the services within the scope of the ASR programme where an emerging preferred option for the future delivery of services had been identified. The Committee considered the change proposals for orthopaedic (elective and non-elective) services on 18 September 2019 and submitted initial comments on the 24 October 2019.

9.7.9 These were:

- Support for the emerging option for orthopaedic (elective and non-elective) services, as the orthopaedic pilot has seen a reduction in the waiting list and cancelled operations;
- Welcome the fact that ULHT has been highlighted as an example of good practice;
- Concerns from the staff as to the future of the orthopaedic service at Louth County Hospital needs to be addressed; and
- Risks associated with the pilot are being monitored and managed as part of the routine management process at ULHT.

Test 2: Consistency with current and prospective need for patient choice

9.7.10 The Department of Health guidance on this test sets out that a central principle underpinning service reconfigurations is that patients should have access to the right treatment, at the right place at the right time. Services should be locally accessible wherever possible and centralised where necessary.

9.7.11 The guidance goes on to state that in this context, local commissioners need to consider how proposed service reconfigurations affect choice of provider, setting and intervention; and that commissioners will want to make a strong case for the quality of proposed services and improvements in the patient experience.

9.7.12 The concept of services being locally accessible wherever possible and centralised where necessary is at the heart of the Lincolnshire Acute Services Review, and at the heart of theproposed orthopaedic (elective and non-elective) model.

9.7.13 Consolidating elective and day case orthopaedic services at Grantham Hospital will reduce the number of locations in Lincolnshire from which certain procedures are provided (the number of providers is not reducing under the change proposals). However, there is a compelling case to reconfigure and consolidate these services to improve the quality and safety of services, reduce waiting times and cancellations, make best use of available resources and improve overall patient satisfaction.

9.7.14 Key drivers of change are the current performance in the time patients wait for a procedure, the high cancellation rate and the high number of patients who currently go out of county for their procedure or operation. Over time more patients should be able to choose to have their surgery in Lincolnshire as opposed to having to go out of the county.

9.7.15 The consolidation of elective and day case surgery onto the Grantham Hospital site will be supported by pre and post-operative outpatient appointments continuing to be provided locally. Which over time will be increasingly supported by digital options giving even more flexibility to patients and staff in terms of where these can happen. This was identified in the engagement with the public as a good way to support the proposed service change.

Test 3: Clear clinical evidence base

9.7.16 The development of the case for change for orthopaedic (elective and non-elective) services has been led by the orthopaedic consultants supported by Professor Briggs, National Clinical Director for Getting It Right First Time. Key elements of it were:

- Pressure on elective beds from medical emergencies all year round;
- 30% of planned orthopaedic patients had their surgery cancelled each year, half of these had it cancelled on the day;
- High nursing and medical vacancies exist in orthopaedic (elective and non-elective)services;
- Combination of cancelled elective orthopaedic activity and local residents going out of county has a detrimental impact on the financial position of the Lincolnshire health system; and
- The NHS Long Term Plan published in January 2019 supports the split of urgent and planned care onto different sites to drive improvements in quality and patient satisfaction.

9.7.17 The options for service change to address the significant challenges faced by orthopaedics services (elective and non-elective) in Lincolnshire have also been developed by the ULHT orthopaedic consultants supported by Professor Briggs.

9.7.18 The case for change and proposals for the future configuration of stroke services were tested through two Clinical Summits with over 55 leads from across the system, facilitated by the East Midlands Clinical Senate.

9.7.19 The preferred option for the future configuration of acute stroke services was identified through a clinically led options appraisal event attended by over 60 stakeholders – the conversation on orthopaedic (elective and non-elective) services at this event were led by a ULHT orthopaedic consultant.

9.7.20 The presentation of the preferred option for the future configuration of trauma and orthopaedics to the East Midlands Clinical Senate was led by local lead clinicians.

9.7.21 The ULHT orthopaedic (elective and non-elective) service has been trialling the proposed changes since late 2018. An evaluation of these services has shown reductions in cancellations and waiting times, reduced waiting times and high patient satisfaction.

Test 4: Support for proposals from clinical commissioners

9.7.22 The Lincolnshire CCG(s) have been main sponsors of the ASR programme since its inception. The members of all of the Governing Bodies recognise the case for change and accept that doing nothing is not an option.

9.7.23 Clinical leads from CCGs have played a key role in developing and refining clinical models, working closely with colleagues in the acute setting. This joint approach between clinicians inprimary care and acute care will continue into the public consultation meetings.

9.7.24 The four CCG Governing Bodies and 'Shadow' Joint Committee, as they were at the time,considered the outputs of the evaluation process and the independent reviews as the ASRprogramme developed.

9.7.25 The four CCG Governing Bodies, as they were at the time, agreed the original PCBC that set out the preferred option for the future configuration of acute services in Lincolnshire at their Governing Body meetings in October 2018. The proposed changes to go to consultation set outin this PCBC are the same as they were in the original PCBC.

9.7.26 Most recently the newly formed single Lincolnshire CCG Governing Body reviewed this PCBC on 22 July 2020 and gave its support to the proposed changes to be submitted to NHSEI to start its assurance process. An extract of the minutes of that meeting can be found in Appendix M.

Test 5: Capacity implications

9.7.27 Prior to the orthopaedic pilot commencing spare bed and theatre capacity existed at Grantham Hospital. This spare capacity has been utilised by the pilot and it has therefore not needed additional bed or theatre capacity.

9.7.28 For additional activity over and above that has been delivered through the pilot additional bed and theatre capacity is likely to be required.

9.7.29 In light of this and the limited availability of capital the implementation of this option will happen in phases:

- Phase 1 – making the pilot, which utilised the existing theatre and bed capacity on the Grantham Hospital site (and includes optimising productivity and efficiency of existing capacity), a permanent change. The focus of this PCBC.
- Phase 2 – creating additional capacity on the Grantham Hospital site to allow for the full shift of activity currently seen at ULHT's sites planned under the proposal and support the further repatriation of patients going out of county and/or to the independent sector for orthopaedic surgery.

9.7.30 The focus of this business case is on Phase 1. An initial assessment of the additional bed andtheatre capacity required for Phase 2 has been made, however, any additional capacity required will be the subject of a separate business case.

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