

PUBLIC CONSULTATION – SUMMARY

Improving planned orthopaedic inpatient surgery for adults in north west London

The four acute NHS trusts in north west London have come together to propose a new way of organising planned orthopaedic (bone and joint) surgery for adults. Our aim is to improve the quality and efficiency of orthopaedic surgery so that we can provide better care, to more people, more quickly and more fairly.



Find out more and tell us what you think
Closing date for feedback is Friday 20 January 2023

Our proposal

Our ambition

We want to bring together much of the routine, inpatient orthopaedic surgery for the population of north west London in a purpose-designed centre of excellence at Central Middlesex Hospital, completely separated from emergency care services.



This means that:

- Patients would have faster and fairer access to surgery and would be much less likely to have their operation postponed due to emergency care pressures
- Care would be of a consistently high quality, benefitting from latest best practice and research, provided by clinical teams that are highly skilled in their procedures
- The centre would be extremely efficient, enabling more patients to be treated at a lower cost per operation
- Patients would have better outcomes, experience and follow-up

In addition, capacity created in other north west London hospitals by bringing together routine surgery in the elective orthopaedic centre would be able to be used for surgical patients who have more complex needs and for other specialties.

Why are we suggesting changes?



We need to reduce our waiting times

The Covid-19 pandemic has had a big impact on waiting times for planned care across the entire NHS. The proportion of people waiting more than 52 weeks for orthopaedic care has increased by more than a quarter during the pandemic.



We need all our care to be consistently of the highest quality

While performance against national indicators for clinical outcomes and patient experience in north west London is amongst the best, for some measures in some trusts, there is a lot of unnecessary variance between us and much room for improvement.



We need to make our care more patient focused

Patients are positive about the quality of our care and helpful staff, but report frustration with long waiting times between initial assessment and surgery or during appointments. Patients say they want more control over their care, and they want us to organise our care system so that it is clear and consistent.



We need to help improve health and reduce health inequalities

Improving orthopaedic surgery would particularly help older patients and patients from more deprived backgrounds. Musculoskeletal (MSK) disorders are one of the most common long-term health conditions for the most deprived 20 per cent of the population.



We need to be prepared for the future

If we do nothing, the number of people waiting for orthopaedic surgery in north west London will increase by almost a fifth by 2030. We also need to make the most of digital and other technological advances, without leaving anyone behind.

How would services change?

The proposed elective orthopaedic centre would bring together most routine orthopaedic inpatient surgery for patients who are otherwise generally well – an example of what is known as ‘low complexity, high volume’ surgery. There are around 4,000 operations of this type in north west London each year. Evidence built over many years shows that when this type of surgery is done frequently, in a systematic way, there is an improvement in both quality and efficiency.






Outpatient care (including pre-operative assessment and post-operative rehabilitation and follow up) would continue to be provided as and where it is now. And day case and complex surgery would continue in the hospitals where they are provided currently too. See the maps for more detail.

If a patient is able to have their operation at the elective orthopaedic centre, their end-to-end care would remain under the surgical team based at their ‘home’ orthopaedic hospital. Their ‘home’ surgical team would travel with them to undertake the surgery, supported by the centre’s permanent clinical support team and an electronic patient record system that is shared by all the hospitals in north west London.



Current provision of planned orthopaedic surgical care



-  Inpatient surgery for low complexity needs
-  Inpatient surgery for medium complexity needs
-  Inpatient surgery for high complexity needs
-  Day case surgery
-  Outpatient care

*Not including pre-operative assessment

Complexity level is based on the American Society of Anesthesiologists Physical Status Classification system

Proposed provision of planned orthopaedic surgical care



How would it work in practice?



This is an example of how the pathway would work in practice. After having had hip pain for a few months and with a family history of arthritis, Samira, aged 70, makes an appointment with her GP.



After a discussion, Samira and her local GP decide to ask for advice from a hospital specialist, booking her in for an x-ray at a local community diagnostic centre to help inform that review. Her GP also puts her in touch with the local community musculoskeletal service to consider any immediate help, such as physiotherapy or 'social prescribing', for example to exercise classes.



Samira is able to keep track of her appointments and consultations via a secure app on her phone. She also uses the app to access exercise videos and record her symptoms. She gets a message to book an online appointment to speak with her GP and a surgical specialist from a local hospital – they are all able to see her x-ray – and they decide she doesn't yet need a hip replacement but that she should be closely monitored.



After two years, Samira's GP and hospital surgeon let her know that her latest x-ray and online symptom tracker show that she should now consider a hip replacement. It is a routine replacement and she is in good health. So, she is able to book in her surgery at the elective orthopaedic centre for 12 weeks later. While she waits, she is asked to take part in 'joint school' – a mix of advice and support online and in-face at her local hospital – to help ensure she has the best possible outcome from her surgery.



Samira has her hip replacement under the care of the surgeon from her local hospital and goes home after a short stay. She is booked in for an immediate programme of physiotherapy and rehabilitation – a mix of online and in face support at her local hospital.



Samira is able to ask for further review and advice from her local hospital specialist if and when she feels she needs it. Longer term, she continues to take part in an online programme of exercise and advice and benefits from periodic physiotherapy support.

How was the Central Middlesex Hospital selected?

We assessed all of our acute hospital sites. Central Middlesex Hospital was found to be the best option because:

- ✓ It is a modern and high-quality estate where we can create space for a 41-bed facility for systematised surgery
- ✓ It is one of only two hospitals in north west London that does not provide urgent and emergency care
- ✓ None of the existing services would need to be displaced as there is plenty of room for expansion
- ✓ It has the shortest median (midpoint) travel time by car at 22 minutes and the second shortest median (midpoint) travel time by public transport at 45 minutes

We estimate it would cost around £9.4 million to expand capacity and make the building changes necessary at Central Middlesex Hospital.

Benefits and challenges of the proposal



Care and quality – consistently high quality; more efficient; separated from emergency care.



Patient experience – faster and fairer access; fewer postponed operations; more joined up care; more focus on care before and after surgery.



Staff – supports development of surgical skills; allows for more specialisation; more focus on research, education and innovation; new roles and ways of working.



Challenges – we know that with any change there may be some disadvantages for some people. We think the key challenges for this proposal would be:

- some patients would have to travel further for their operation
- some visitors would also have to travel further
- some staff would have to work in a different hospital or may need to work across different sites
- people with additional needs (such as those with a learning disability or dementia) could find it confusing to have their surgery in an unfamiliar hospital

About this consultation

The four acute NHS trusts in north west London – Chelsea and Westminster NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust – work in partnership as the North West London Acute Provider Collaborative.

The Collaborative's clinicians and managers have worked with GPs and other colleagues, as well as patients and lay partners, to develop this orthopaedic surgery proposal.

With the support of NHS North West London and NHS England, the Collaborative is now undertaking a 14-week public consultation to get the widest possible range of feedback – especially from groups most likely to be affected. We will use this feedback to help us develop recommendations to NHS North West London on whether or not we should proceed.

We are particularly seeking views on the challenges to our proposals – we want to minimise them, looking at how other areas have developed solutions, and are keen to get more ideas.

Ways to take part

Find out more – using information on our website nwl-acute-provider-collaborative@nhs.uk, reviewing the full consultation booklet or coming to one of our events.

Complete a questionnaire – via our online survey on our website or a hard copy to be returned using the Freepost address below.

Write to us – at FREEPOST: HEALTHIER NORTH WEST LONDON or email nhsnwl.eoc@nhs.net. If you can, please include your address, or at least your postcode, to help us analyse responses.

Give us a call – on 020 3311 7733. You can leave a message too.

Come to one of our events – we are holding community meetings and drop-in sessions in each borough as well as sector-wide online events. There is a full list on our website, including details of how to book a place for the clinician-led sessions.