

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

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KENT AND MEDWAY ELECTIVE ORTHOPAEDIC UNIT

Report from: Kent and Medway ICB

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Summary

To achieve the 3-year elective surgery activity increase required by NHS England it is proposed to create a Kent & Medway Elective Orthopaedic unit based on the Maidstone hospital site. It will comprise of 3 theatres, a 14 bedded inpatient ward and a 10 bedded day case ward.

The Kent and Medway Elective Orthopaedic Unit will be ring-fenced for orthopaedic green pathway elective day case and inpatient activity. The new unit will be additional capacity and a Kent and Medway system resource to help with elective recovery. It will have the capacity to deliver an additional 5,030 elective orthopaedic cases per annum from early 2024 when the building will be complete.

1. Background

NHS priorities and operational planning guidance 2022*

The last few years have been the most challenging in the history of the NHS. Staff across the service – and many thousands of volunteers – have stepped up time and time again:

- expanding and flexing services to meet the changing demands of the pandemic
- developing and rolling out new treatments, new services and new pathways to respond to the needs of patients with Covid 19 and those without
- pulling out all stops to recover services that have been disrupted.

Rising to the challenge of restoring services and reducing the Covid backlog

This requires significantly increasing the number of people we can diagnose, treat and care for in a timely way.

This will depend on us doing things differently, accelerating partnership working through integrated care systems (ICSs) to make the most effective use of the resources available.

Every system in the country is developing an elective care recovery plan, with **an ambitious goal to deliver around 30 per cent more elective** activity by 2024/25 than before the pandemic.

Significant funding has been made available to the NHS to support new elective surgical hubs, increased bed capacity and equipment to increase elective activity and enable **separation of elective and non-elective activity**.

- <https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/> NHS England

2. Introduction

2.1. National picture - clearing the orthopaedics backlog

Evidence submitted by The British Orthopaedic Association in September 2021 to the Health and Social Care Committee

“Waiting lists in orthopaedics were already a concern prior to the pandemic and had been consistently climbing over recent years. They have been severely affected by the Covid 19 pandemic, when so few operations took place – orthopaedics has been disproportionately affected as long-term musculoskeletal conditions were mostly given the lowest priority.

“As things stand, orthopaedics (nationally), not only has the greatest total number of patients waiting, but also the greatest number who have been waiting more than one year. This represents a huge volume of people, of all ages, truly living in agony and misery as they await their treatment.” *

2.2. Kent and Medway regional picture – strongly performing elective recovery

Maidstone and Tunbridge Wells NHS Trust is a national lead in eliminating 52 week waits.

As part of maintaining this recovery, in line with the national direction, the NHS in Kent and Medway is supporting the development of dedicated elective hubs.

3. The case for change

Across Kent and Medway, despite strong recovery, there are still over 1,700 people who have been waiting over a year for an elective orthopaedic operation.

There is a compelling need to separate emergency and elective flows and ring fence orthopaedics; this is vital for Covid and other infection control.

Mixing emergency and elective activity leads to higher cancellation rates. The same day cancellation rate is more than double at hospitals where there is mixed activity.

NHS Kent and Medway is heavily reliant on independent sector to provide additional orthopaedic capacity, but this comes at significant cost.

The Tunbridge Wells Hospital (TWH) is a trauma unit and emergency surgical centre; elective and non-elective activity is not easily separated there. The Maidstone Hospital unit is a very effective unit but has only one dedicated elective orthopaedic theatre.

Each acute hospital trust in Kent and Medway is facing similar challenges. Dartford & Gravesham NHS trust have orthopaedic patients waiting longer than 18 months as does East Kent Hospitals NHS Trust with Medway NHS Trust has patients waiting over a year.

3.1. Working together to achieve elective recovery, across Kent and Medway

A plan for new elective orthopaedic theatre capacity at Maidstone has been jointly developed with regional partners including Kent and Medway ICB and the Regional Acute Provider Forum.

This plan is part of our regional response to national direction to have dedicated 'green pathway' elective operating sites - and provide an additional 30 per cent above the previous capacity level for our population within three years.

Each acute provider in Kent and Medway faces challenges with restoring orthopaedic services and reducing the Covid backlog for elective orthopaedics.

The plan for dedicated theatres at Maidstone is a shared plan to help each trust clear their elective backlog and provide orthopaedics services for their population that meets recognised, evidence based, best practice. There is currently a dedicated elective orthopaedic centre in East Kent and to create further capacity across Kent and Medway, the Maidstone Hospital site was chosen due to the trust's locality within the Kent & Medway area, it also had the necessary estate space and access to be able to build a stand-alone site.

In autumn 2021 Maidstone and Tunbridge Wells NHS Trust submitted a business case to NHSE/I to expand orthopaedic surgical capacity by creating a new theatre on the Maidstone Hospital site. The outline business case was submitted in autumn 2022 and was approved by NHSE in December.

4. The proposed way forward

The business case proposes three new bespoke orthopaedic elective operating theatres and associated dedicated ward capacity at Maidstone Hospital.

These new operating theatres on the Maidstone hospital site will be dedicated to orthopaedic elective activity, separated from emergency flows. It will include a 14-bed inpatient ward and a 10-bed day case ward.

Each operating theatre has capacity for approximately 1,677 operations a year. The new facility will have a total capacity of approximately 5,030 orthopaedic cases per year.

This capacity will be used to:

- Reduce **regional backlog** for elective orthopaedic operations, taking patients from across Kent and Medway
- Provide state of the art, **ring-fenced, high quality, high throughput**, elective orthopaedic capacity
- Reduce reliance on independent sector capacity

4.1. The clinical model

No changes are planned to emergency provision and flows or to paediatric orthopaedic activity.

As part of the regional plan, capacity in the new theatre unit will be shared across acute hospitals in Kent and Medway.

To reduce patient visits and travel requirement more 'one stop' outpatient services are planned.

The capacity in the new orthopaedic theatre will:

- Make capacity available to the other acute providers in Kent and Medway, initially for an estimated 5,500 patients per annum. Subject to capacity constraints, patients who require an elective orthopaedic operation from across Kent will have the option to have their elective operation in the new theatres.
- The preferred operating model is for patients to be able to choose where they want to be treated.

4.2. The key benefits of the proposed way forward

- An orthopaedic centre of excellence for our Kent and Medway population delivering evidence-based best practice which will optimise their chances of a good outcome
- Shorter waits for orthopaedic operations
- Shorter lengths of stay, increased day case rates and fewer cancellations, better patient outcomes
- Improved staff recruitment and retention by allowing staff to work from purpose-built facilities designed with best practice in mind

5. Timeline

- April – July 2022 and ongoing: engagement with stakeholders as per plan and receiving feedback
- August 2022: outline business case (OBC) submitted to NHSE/I
- September 2022: outline business case approved by Maidstone and Tunbridge Wells NHS Trust Board and NHS Kent and Medway ICB
- December 2022: outline business case to NHSE/I Joint Investment Sub-Committee
- January 2023: full business case submission
- February 2024: target construction completion, dependent on final approvals of the business case
- March 2024: target date to open unit for patients following final testing and commissioning.

6. Consultation

Stakeholder management

NHS Kent and Medway and Maidstone and Tunbridge Wells NHS Trust are working together on communications and engagement. They have identified key individuals, groups and organisations to include in communications and engagement on this development.

A dedicated email address/inbox has been established (mtw-tr.barntheatre@nhs.net), and a named clinical lead identified, to enable the project team to receive feedback, communication, questions from patients, the general public and colleagues as they hear about the development.

Engagement objectives

- To keep all stakeholders (internally and externally) up-to-date with the plans
- Promote the creation of expanded orthopaedic surgical capacity to support a commitment to delivering outstanding patient care
- Address any queries or concerns about the development internally and externally through our communications
- Be open and transparent about the development internally and externally
- Build a clear understanding of, and support for, the project and its role in system recovery among system partners
- Support recruitment campaigns and raise the profile of the trust and Kent and Medway system as forward-thinking, innovative and an attractive place for prospective staff to work.

6.1. Engagement and Communication Plan

Communication and engagement channels

We will use multiple digital channels to communicate and engage including:

- Social media accounts of the ICB and acute providers including Facebook, Twitter, Linked In, Instagram, You Tube
- The ICB digital engagement platform Have Your Say
- Websites of the ICB and acute providers
- Intranets of the ICB and acute providers to communicate and engage with staff
- Stakeholder briefings
- Talking heads videos
- Email
- Digital screens
- Screensaver
- Patient First

Offline

- Media - news releases
- Q & A document
- Internal promotion through existing channels of ICB and acute trusts

Evaluation of feedback on engagement

- Monitor social media – engagement number and tone
- Monitor and measure media coverage – on a scale of 1 (positive) to 5 (negative and highly visible)
- Analysis and monitoring of internal and external feedback
- Number of video views (where appropriate)
- Audience visits to the intranet and website pages
- Analysis of feedback via project email

6.2. Engagement and Communication Plan

When planning engagement activities, the project group have considered the development to be reasonably significant but not a substantial change related to the benefits below and no change to the provision of elective orthopaedic activity in Medway:

- The additional capacity will improve or enhance service provision
- Over the last year patients have been offered choice and they are already choosing to travel.
- It is unlikely to be controversial with local people or key stakeholders as it will reduce waits for access and improve quality of service overall.
- The change effects relatively small proportion of the total K&M population. A proportion of those who need an elective orthopedic operation
- There is good information about the effect of the change
- Involves developing and increasing overall capacity of a service

The project group consider that for this level of change between 1-3 months of engagement is appropriate and these engagement activities are in progress

6.3. Levels of engagement framework

Level 1 – Ongoing development

A small scale change or a new service
Affecting small numbers and/or having low impact
There is good evidence that the change will improve or enhance service provision
Often requires an information-giving exercise (2-4 weeks)
May require some low level engagement

Level 2 – Minor change

A small/medium scale change or a new service
Affecting low numbers of people
Often requires a small engagement (4-6 weeks)

Level 3 – Significant change

A significant service change
Affecting large numbers of people and/or having a significant impact on patient experience
A significant change from the way services are currently provided
Potentially controversial with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months)

Level 4 – Major change

A major change that requires formal consultation and follows NHS England guidance
Affects majority of the local population and or having a significant impact on patient experience
A substantial change from the way services are currently provided
High risk of controversy with local people or key stakeholders
A service closure
Limited information about the impact of the change
Requires a significant engagement (3 months+)

7. Recommendation

- 7.1 That the committee recognise the need for additional elective Orthopaedic capacity and comments on the proposals to increase capacity by way of a Kent & Medway Elective Orthopaedic Centre at Maidstone hospital.

Lead Officer Contact

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Appendices

None