

Governing Body (public) meeting

DATE: 31 July 2014

Title	King's Development	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>NOTE and SUPPORT – the proposed service moves for King's Healthcare from Denmark Hill to more local sites for Bexley residents</p>	
Executive summary	<p>The attached paper has been produced by King's for consideration and approval by their commissioners for the:</p> <ul style="list-style-type: none"> • Transfer of elective adult in-patient orthopaedics from Denmark Hill & Princess Royal to Orpington Hospital • Transfer of elective in-patient gynaecology from Denmark Hill to Princess Royal • Transfer of non-complex cataract surgery from Denmark Hill and Princess Royal to Queen Mary's Hospital at Sidcup <p>The Governing Body are asked to support these recommendations as the service moves from Kings Denmark Hill to Princess Royal or Orpington Hospitals bring services closer to the residents of Bexley.</p> <p>The move of non-complex cataract surgery to Queen Mary's Hospital helps to secure the future of that site in line with the commissioning intentions of this CCG.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	✓
	<p>People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London</p>	
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	
	<p>Process: Commission safe, sustainable and</p>	✓

Clinical Commissioning Group

	equitable services in line with the operating framework and which improves outcomes and patient experience	
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Service transfers must be carefully managed to ensure continuity of services
	Equality and diversity	No effect
	Patient impact	Brings services closer to our population
	Financial	None
	Legal issues	Kings are consulting with all of their main commissioners of services and Overview and Scrutiny Committees
	NHS constitution	None, as NHS Constitutional issues will be maintained, although choice of Kings sites for surgery may be slightly reduced
Consultation (public, member or other)	King's with their commissioners are consulting with Overview & Scrutiny Committees. In Bexley this proposal has already been discussed by Sarah Blow with the Chair of our Overview and Scrutiny Committee.	
Audit <small>(considered/approved by other committees/groups)</small>	Not applicable	
Communications plan	A communications plan will be undertaken by King's with the commissioners once the service transfers are agreed	
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	Clinical lead	Executive sponsor Sarah Valentine
Date	22 July 2014	

OVERVIEW AND SCRUTINY TRIGGER TEMPLATE

Proposed Service Moves:

- **Transfer of elective adult inpatient orthopaedics from Denmark Hill & Princess Royal University Hospital (PRUH) to Orpington Hospital**
- **Transfer of elective inpatient gynaecology from Denmark Hill to PRUH**
- **Transfer of non-complex cataract surgery from Denmark Hill and PRUH to Queen Mary's Hospital (QMH)**

NHS Trust or body & lead officer contacts:	Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:
<p>King's College Hospital NHS Foundation Trust</p> <p>Lead: Roland Sinker, Chief Operating Officer</p>	<p>NHS Southwark CCG - Acting as Co-ordinating Commissioner on behalf of:</p> <p>NHS Southwark CCG NHS Lambeth CCG NHS Lewisham CCG NHS Bromley CCG NHS Bexley CCG NHS Greenwich CCG</p> <p>Lead: Andrew Bland, Chief Officer</p>

Trigger	Please comment as applicable
1 Reasons for the change & scale of change	
<p>What change is being proposed?</p>	<p>1. All elective inpatient orthopaedic activity, with the exception of paediatrics, limb reconstruction and complex procedures to be transferred from Denmark Hill and PRUH to Orpington Hospital.</p> <p>NB. The full range of clinics, day surgery, rapid access and 24 hour access to emergency orthopaedic services will remain at both Denmark Hill and PRUH.</p> <p>2. Transfer of elective inpatient gynaecology from Denmark Hill to PRUH</p> <p>NB. The full range of clinics, day surgery, ambulatory and 24 hour access to emergency gynaecological services, including those connected to early pregnancy, will remain at Denmark Hill</p> <p>3. All non-complex cataracts currently undertaken at Denmark Hill and PRUH to be transferred to an expanded King's cataract facility at Queen Mary's Hospital, Sidcup</p> <p>NB. All ophthalmology clinics, complex cataract surgery, other</p>

	<p>ophthalmology related surgery and access to emergency ophthalmology services will remain at Denmark Hill and PRUH.</p> <p>As is currently the case, all patients will still have choice over their provider and place of treatment, including the choice to have their inpatient care at Denmark Hill if they wish to do so, and KCH have committed to accommodate this choice for all patients following the service moves. Commissioners and the Provider are committed to ensuring patients and referring clinicians are informed about their choice and how to exercise it, both at the point of initial referral to outpatient services and at the point that surgery/a procedure is decided upon.</p>
<p>Why is this being proposed?</p>	<p>These three service moves are part of the Trust's plan to address the current shortfall in capacity at the Denmark Hill and PRUH sites. The Trust is facing significant challenges across the whole range of services. Demand for both secondary and tertiary services continues to grow, and the emergency care pathway in particular is under constant pressure, with emergency bed requirements at both Denmark Hill and the PRUH at record levels.</p> <p>For some time now we have battled to support the increasing number of emergency admissions, balancing that against elective and tertiary work. However, the emergency growth over the last two years has resulted in very high bed occupancy levels at both the acute sites and the emergency growth has continued in 2014/15.</p> <p>Our current position is unsustainable in the long-term, therefore it is vital that we review our current model of service delivery and reorganise services to maximise utilisation of capacity across the Trust. By making these changes we will also be able, not only to address the referral to treatment back log, but also ensure that elective work is carried out as planned with minimal cancellations, thereby improving patient experience.</p> <p>Elective inpatient orthopaedics & gynaecology</p> <p>These moves will improve access to elective inpatient orthopaedic services and elective inpatient gynaecology services whilst releasing bed and inpatient theatre capacity at Denmark Hill and PRUH to support emergency demand and RTT (referral to treatment) pressures in other specialties which need to remain on site.</p> <p>Benefits of the moves include:</p> <ul style="list-style-type: none"> ▪ A protected elective orthopaedic facility at Orpington and protected elective gynaecology facility at PRUH resulting in zero cancellations due to emergency pressures. ▪ Ability to make productivity improvements in both services e.g. an increase in the number of cases per list and a reduction in length of stay. This will help address the current RTT backlog. ▪ Releases elective beds at Denmark Hill, enabling the

	<p>emergency bed pool to increase, this will help:</p> <ul style="list-style-type: none"> ○ Reduce the number of Emergency Departments admitted breaches, ○ Reduce the time patients wait to be admitted from the 'decision to admit' ○ Speed up the turnover of cubicles in 'Majors' areas of the Emergency Department thus enabling other patients to be assessed quicker. <p>Non-complex cataract surgery</p> <p>This move releases day case theatre capacity at both Denmark Hill and PRUH which will be used to help reduce the demand for inpatient beds.</p> <p>Released day case capacity at PRUH enables:</p> <ul style="list-style-type: none"> ▪ Elective inpatient activity that is suitable for day surgery to move to day surgery ▪ The creation of rapid access lists in Day Surgery Unit to reduce emergency admissions in general surgery, gynaecology, T&O and urology <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> ▪ Rapid access operating lists to be established to support emergency ophthalmology pathways. ▪ Ophthalmology to have access to sufficient Day Surgery Unit lists to meet demand and ensure RTT targets are delivered ▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p>Elective inpatient orthopaedics</p> <p>The Trust has been running elective orthopaedic services at Orpington Hospital since October 2013.</p> <p>Some Denmark Hill work has been undertaken there as a pilot to reduce waits. During Quarter Four 2013/14, 114 patients from Denmark Hill had their surgery at Orpington. [Southwark = 40, Lambeth = 38, Lewisham = 11, Greenwich = 6, Bromley = 5, Croydon = 3, Bexley = 2 and Other = 9]</p> <p>The Trust is proposing to move the majority of the remaining elective inpatient orthopaedics to Orpington in July 2014.</p> <p>The majority of the PRUH's elective orthopaedic activity is already undertaken at Orpington [NB. prior to October this work was undertaken at Queen Mary's Hospital], it is envisaged that there could be a further small increase.</p> <p>Elective inpatient gynaecology</p> <p>An initial pilot has been running since February 2014, where two lists a week have been moved from Denmark Hill to the PRUH. The Trust is proposing to move all elective inpatient gynaecology</p>

	<p>operating lists from Denmark Hill to the PRUH in July 2014.</p> <p>Non-complex cataract surgery</p> <p>This proposal is at planning stage. The Trust is working towards moving the non-complex cataract activity from Denmark Hill and PRUH to QMH in November 2014.</p>
<p>What is the scale of the change? Please provide a simple budget indicating the size of the investment in the service and any anticipated changes to the amount being spent.</p>	<p>There will be no additional cost to commissioners associated with these service moves</p>
<p>How do you plan to consult on this? (please briefly describe what stakeholders you will be engaging with and how). If you have already carried out consultation please specify what you have done.</p>	<p>General</p> <p>We have presented our proposals to the six south east London CCGs and they are supportive of these moves, on the basis patients are offered a choice of site including Denmark Hill and the PRUH and that the long term use of Orpington is subject to commissioner review in September 2015, with implementation of any changes to the use of the Orpington site by September 2016.</p> <p>The trust has also held two stakeholder meetings, one at Denmark Hill and one at the PRUH. The events were attended by commissioners, Trust governors, local authorities, voluntary sector organisations and patients. These service moves were presented at both events and supported by attendees.</p> <p>The trust has also met with local Healthwatch colleagues from Lambeth, Southwark and Bromley to discuss these proposals.</p> <p>The Trust will work with patients to ensure that we provide appropriate information about the changes. We will also conduct a short survey to seek the views of a cohort of patients who have used the services so that we can understand what went well and where we may need to make improvements. The Trust will continue to listen to patients and will monitor their experience through the trust's 'How Are We Doing Survey' and the 'Friends and Family Test'. This will provide invaluable information to inform on going service improvements.</p> <p>If a patient is unwilling or does not choose to have their procedure undertaken at the Trust's preferred site for all three proposed service moves, arrangements will be made to make bed and theatre capacity available to enable the patient to remain at their initial site where there will still be an element of elective work undertaken.</p> <p>Elective inpatient orthopaedics</p> <p>For those patients who were already on a waiting list when the opportunity to have their orthopaedic procedure at Orpington Hospital arose, they were contacted and informed about the new service. Patients were assured they would still be operated on by the existing consultant, asked if they would be willing to have their treatment undertaken at Orpington and then offered a date</p>

	<p>convenient for them.</p> <p>Orthopaedic patients are now being informed about the choices available to them for their inpatient treatment, including the inpatient service the Trust is running at Orpington Hospital by their consultant at the point they are being added to an inpatient waiting list.</p> <p>Patients will be able to have their treatment at Denmark Hill and PRUH if they choose to do so, although as a result of the capacity pressures at both sites waiting times are likely to be longer for those exercising this option.</p> <p>We have been monitoring patient experience regarding the orthopaedic pilot at Orpington:</p> <ul style="list-style-type: none"> ▪ “How Are We Doing” survey in April 2014 had an overall score of 92 (above the benchmark of 86 and the elective orthopaedic ward at Denmark Hill which scored 90) ▪ Friends and Family score in April was 80.4. ▪ There have been no patient complaints since the orthopaedic service commenced at Orpington in October 2013, no infections and the handful of patients who had an unexpected deterioration in their condition were safely transferred to the PRUH. ▪ The service provides holistic care with a strong physiotherapy presence providing enhanced recovery resulting in short lengths of stay <p>Elective inpatient gynaecology</p> <p>For those patients who were already on a waiting list when we commenced the pilot to move a few lists to PRUH they were contacted and it was explained this new service existed. Patients were assured they would still be operated on by the existing consultant, asked if they would be willing to have their treatment undertaken at PRUH and then offered a date convenient for them.</p> <p>Gynaecology patients will be informed about the choices available to them for their inpatient treatment at the point they are being added to the waiting list. Patients will be able to have their treatment at Denmark Hill if they choose to do so, although as a result of the capacity pressures waiting times are likely to be longer for those exercising this option.</p> <p>We have been monitoring patient experience regarding the gynaecology pilot:</p> <ul style="list-style-type: none"> ▪ The “How Are We Doing” survey in April’14 had an overall score of 87 (above the benchmark of 86) ▪ The Friends and Family score in April was 78.6 with many positive comments
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2 Are changes proposed to the accessibility to services? Briefly describe:	
Changes in opening times for a service	The change in location of elective inpatient orthopaedics, elective inpatient gynaecology and non-complex cataract surgery, will not

	result in any change to opening times for any aspect of these services.
Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location	No services are being withdrawn.
Relocating an existing service	<p>Elective inpatient orthopaedics</p> <p>Denmark Hill patients will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill. They will only go to Orpington for their elective inpatient orthopaedic surgery.</p> <p>PRUH patients also attend Orpington for their pre-assessment.</p> <p>Elective inpatient gynaecology</p> <p>Patients initially referred to Denmark Hill will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill. They will only go to the PRUH for their elective inpatient surgery.</p> <p>Non-complex cataract surgery</p> <p>Patients initially referred to Denmark Hill or PRUH will have all outpatient appointments both pre & post-surgery and pre-assessment at Denmark Hill or PRUH. They will only go to QMH for their cataract surgery</p>
Changing methods of accessing a service such as the appointment system etc.	No change to accessing services
Impact on health inequalities across all the nine protected characteristics - reduced or improved access to all sections of the community e.g. older people; people with learning difficulties/physical and sensory disabilities/mental health needs; black and ethnic minority communities; lone parents. Has an Equality Impact Statement been done?	<p>Patients will be assessed regarding need, for example those with learning disabilities, or older people will be assessed on a case by case basis. An equality impact assessment has been completed.</p> <p>In terms of access, the changes will provide an overall reduction in current wait times for patients. Transport will be provided for Lambeth, Southwark and Lewisham patients.</p>
3 What patients will be affected? (please provide numerical data)	Briefly describe:
Changes that affect a local or the whole population, or a particular area in the borough.	<p>Elective inpatient orthopaedics</p> <p>Orthopaedic patients transferring from Denmark Hill to Orpington will predominately be affected in the boroughs of Southwark and Lambeth</p> <p>During Quarter Four of 2013/14 an average of 102 elective orthopaedic inpatients (excluding paediatrics, limb</p>

reconstruction and complex cases) were treated at Denmark Hill each month, this equates to 46% of the total elective inpatient and day case orthopaedic activity.

The number of additional patients planned to move per month for each Borough is:

Lambeth	27
Southwark	26
Greenwich	6
Lewisham	5
Bromley	5
Bexley	5

Elective inpatient gynaecology

Gynaecology patients transferring from Denmark Hill to PRUH will predominately be affected in the boroughs of Southwark, Lambeth and Lewisham.

During 2013/14 an average of 65 elective gynaecology inpatients were treated at Denmark Hill each month, this equates to 20% of the total elective inpatient and day case gynaecology activity.

The number of additional patients planned to move per month for each Borough is:

Southwark	22
Lambeth	16
Lewisham	10
Greenwich	3
Bromley	3
Bexley	1

Non-complex cataracts

Cataract patients will predominately be affected in the boroughs of Bromley, Lewisham, Southwark and Lambeth

During 2013/14, an average of 330 non-complex cataract cases per month were undertaken at Denmark Hill at PRUH

No. of patients planned to move per month for each borough is:

Bromley	150
Lewisham	65
Southwark	39
Lambeth	30
Greenwich	10
Bexley	10

Changes that affect a group of patients accessing a specialised service

1. Orthopaedic patients
2. Female patients (gynaecology service)
3. Cataract patients

Changes that affect particular communities or groups	N/A
4 Are changes proposed to the methods of service delivery? Briefly describe:	
Moving a service into a community setting rather than being hospital based or vice versa	These services are being moved to another hospital
Delivering care using new technology	N/A
Reorganising services at a strategic level	<p>These three service moves fit with the Trust's overall strategic plan to improve Emergency and RTT performance at both Denmark Hill & PRUH.</p> <p>The transfer of the elective orthopaedic inpatient service to Orpington and elective inpatient gynaecology service to the PRUH will have a positive impact on performance at Denmark Hill as it will release elective beds enabling the emergency bed pool to increase. This will help:</p> <ul style="list-style-type: none"> ▪ Reduce the number of Emergency Department admitted breaches ▪ Reduce the time patients wait to be admitted from 'decision to treat' ▪ Speed up the turnover of cubicles in Majors thus enabling other patients to be assessed quicker. <p>The protected beds for the elective orthopaedic patients at Orpington and elective inpatient gynaecology patients at PRUH, means there are no risk of procedures being cancelled due to emergency admissions.</p> <p>Non-complex cataracts The transfer of non-complex cataracts from Denmark Hill and PRUH to Queen Mary's Hospital frees day surgery capacity at both Denmark Hill and PRUH.</p> <p>Released day case capacity at PRUH enables:</p> <ul style="list-style-type: none"> ▪ Elective inpatient activity that is suitable for day surgery to move to day surgery ▪ The creation of rapid access lists in Day Surgery Unit to reduce emergency admissions in general surgery, gynaecology, T&O and urology <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> ▪ Rapid access operating lists to be established to support emergency ophthalmology pathways. ▪ Ophthalmology to have access to sufficient Day Surgery Unit lists to meet demand and ensure RTT targets are delivered ▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds

Is this subject to a procurement exercise that would lead to commissioning outside of the NHS?	No
5 What impact is foreseeable on the wider community?	Briefly describe:
Impact on other services (e.g. children's / adult social care)	None
What is the potential impact on the financial sustainability of other providers and the wider health and social care system?	None
6 What are the planned timetables & timescales and how far has the proposal progressed?	Briefly describe:
What is the planned timetable for the decision making	<p>The improvements that will be secured by the changes are considered urgent by the Trust and its commissioners.</p> <p>These proposals have been considered and supported by the south east London CCG commissioners pending Overview and Scrutiny Engagement.</p> <p>Implementation for Orthopaedics and Gynaecology would be late July and Cataracts would be in November 2014.</p>
What stage is the proposal at?	<ol style="list-style-type: none"> 1. Elective inpatient orthopaedics: Currently running some elective inpatient adult orthopaedic services at Orpington Hospital 2. Elective inpatient gynaecology: Currently running a pilot 3. Non-complex cataract: Planning stages
What is the planned timescale for the change(s)	<ol style="list-style-type: none"> 1. The Trust is proposing to move the remaining elective inpatient orthopaedic operating from Denmark Hill and PRUH to Orpington in July 2014. 2. The Trust is proposing to move inpatient elective gynaecology services in July 2014. 3. The Trust is proposing to move the non-complex cataract activity from Denmark Hill to QMH in November_2014
7 Substantial variation/development	Briefly explain
Do you consider the change a substantial variation / development?	<p>General</p> <p>We do not consider this to be a substantial variation. The service of three specialties being moved will be improved, specifically around reduction in waiting times and non-cancellation of procedures. In addition, these three service moves will help address emergency and RTT performance at both Denmark Hill & PRUH.</p> <p>The Trust will be encouraging all non-complex cataract patients,</p>

	<p>elective inpatient gynaecology patients and elective orthopaedic patients to have their surgery undertaken at our preferred sites, and we will be working with patients to ensure any anxieties are addressed. However, where a patient chooses to remain at their initial site, arrangements will be made for them to receive their surgery at Denmark Hill / PRUH.</p> <p>In addition the majority of care (outpatients, pre and post-surgery) will remain on current sites.</p> <p>Transport will be provided free of charge to all Lambeth, Southwark and Lewisham patients to ensure the change in location of the service does not impact financially on the patient.</p>
<p>Have you contacted any other local authority OSCs about this proposal?</p>	<p>Yes, all boroughs covered by King's College Hospital:</p> <ul style="list-style-type: none"> • Southwark • Lambeth • Lewisham • Bromley • Bexley • Greenwich