

## TRIGGER TEMPLATE

### Proposed Service Moves:

- Transfer of elective adult inpatient orthopaedics from Denmark Hill & PRUH to Orpington
- Transfer of elective inpatient gynaecology from Denmark Hill to PRUH
- Transfer of non-complex cataract surgery from Denmark Hill and PRUH to QMH

<b>NHS Trust or body &amp; lead officer contacts:</b>	<b>Commissioners e.g. CCG, NHS England, or partnership. Please name all that are relevant , explain the respective responsibilities and provide officer contacts:</b>
<b>King's College Hospital NHS Foundation Trust</b>  <b>Lead: Roland Sinker, Chief Operating Officer</b>	<b>Lewisham CCG - commissioner</b>  <b>Lead: Martin Wilkinson, Chief Officer</b>

Trigger	Please comment as applicable
<b>1 Reasons for the change &amp; scale of change</b>	
What change is being proposed?	<p>1. All <b>elective inpatient orthopaedic</b> activity, with the exception of paediatrics, limb reconstruction and ASA4 (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 <b>elective inpatient gynaecology</b> 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 <b>non-complex cataracts</b> 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 ophthalmology related surgery and access to emergency ophthalmology services will remain at Denmark Hill and PRUH.</p>
Why is this being proposed?	These 3 service moves are part of the Trust's plan to address the current shortfall in capacity at the Denmark Hill and PRUH sites. We are 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.

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.

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.

### **Elective inpatient orthopaedics & gynaecology**

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.

Benefits of the moves include:

- 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 emergency bed pool to increase, this will help:
  - Reduce the number of ED admitted breaches,
  - Reduce the time patients wait to be admitted from the 'decision to admit'
  - Speed up the turnover of cubicles in Majors thus enabling other patients to be assessed quicker.

### **Non-complex cataract surgery**

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.

Released day case capacity at PRUH enables:

- Elective inpatient activity that is suitable for day surgery to move to day surgery
- The creation of rapid access lists in DSU to reduce emergency admissions in general surgery, gynaecology,

	<p>T&amp;O and urology</p> <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> <li>▪ Rapid access operating lists to be established to support emergency ophthalmology pathways.</li> <li>▪ Ophthalmology to have access to sufficient DSU lists to meet demand and ensure RTT targets are delivered</li> <li>▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds</li> </ul>
<p>What stage is the proposal at and what is the planned timescale for the change(s)?</p>	<p><b>Elective inpatient orthopaedics</b></p> <p>The Trust has been running elective orthopaedic services at Orpington Hospital since October'13.</p> <p>Some Denmark Hill work has been undertaken there as a pilot to reduce waits. During Q4, 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 from mid-July'14.</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><b>Elective inpatient gynaecology</b></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 operating lists from Denmark Hill to the PRUH in mid-July'14.</p> <p><b>Non-complex cataract surgery</b></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'14.</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 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><b>General</b></p> <p>We have presented our proposals to the six SE London CCGs and they are supportive of these moves on the basis patients are offered a choice of site and the long term use of Orpington is subject to commissioner review in September'16.</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</p>

organisations and patients. These service moves were presented at both events and supported by attendees.

The trust has also met with local Healthwatch colleagues from Lambeth, Southwark and Bromley to discuss these proposals.

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.

If a patient is unwilling to have their procedure undertaken at our 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.

#### **Elective inpatient orthopaedics**

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 convenient for them.

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.

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.

We have been monitoring patient experience regarding the orthopaedic pilot at Orpington:

- "How Are We Doing" survey in April'14 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, no infections and the handful of patients who had an unexpected deterioration in their condition 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><b>Elective inpatient gynaecology</b>  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"> <li>▪ The “How Are We Doing” survey in April’14 had an overall score of 87 (above the benchmark of 86)</li> <li>▪ The Friends and Family score in April was 78.6 with many positive comments</li> </ul>
<p><b>2 Are changes proposed to the accessibility to services? Briefly describe:</b></p>	
<p>Changes in opening times for a service</p>	<p>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.</p>
<p>Withdrawal of in-patient, out-patient, day patient or diagnostic facilities for one or more speciality from the same location</p>	<p>No services are being withdrawn.</p>
<p>Relocating an existing service</p>	<p><b>Elective inpatient orthopaedics</b>  Denmark Hill patients will have all outpatient appointments both pre &amp; 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><b>Elective inpatient gynaecology</b>  Patients initially referred to Denmark Hill will have all outpatient appointments both pre &amp; post-surgery and pre-assessment at Denmark Hill. They will only go to the PRUH for their elective inpatient surgery.</p> <p><b>Non-complex cataract surgery</b>  Patients initially referred to Denmark Hill or PRUH will have all outpatient appointments both pre &amp; post-surgery and pre-assessment at Denmark Hill or PRUH. They will only go to QMH for their cataract surgery</p>
<p>Changing methods of accessing a service such as the</p>	<p>No change to accessing services</p>

appointment system etc.																									
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?	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.																								
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>3 What patients will be affected? (please provide numerical data)</b></td> <td style="width: 50%; text-align: right;"><b>Briefly describe:</b></td> </tr> </table>		<b>3 What patients will be affected? (please provide numerical data)</b>	<b>Briefly describe:</b>																						
<b>3 What patients will be affected? (please provide numerical data)</b>	<b>Briefly describe:</b>																								
Changes that affect a local or the whole population, or a particular area in the borough.	<p><b>Elective inpatient orthopaedics</b>  Orthopaedic patients transferring from Denmark Hill to Orpington will predominately be affected in the boroughs of Southwark and Lambeth</p> <p>During Q4 of 2013/14 an average of 102 elective orthopaedic inpatients (excluding paediatrics, limb reconstruction and ASA4s) were treated at Denmark Hill each month, this equates to 46% of the total elective inpatient and day case orthopaedic activity.</p> <p>The number of additional patients planned to move per month for each Borough is:</p> <table border="0" style="width: 100%;"> <tr><td>Lambeth</td><td style="text-align: right;">27</td></tr> <tr><td>Southwark</td><td style="text-align: right;">26</td></tr> <tr><td>Greenwich</td><td style="text-align: right;">6</td></tr> <tr><td>Lewisham</td><td style="text-align: right;">5</td></tr> <tr><td>Bromley</td><td style="text-align: right;">5</td></tr> <tr><td>Bexley</td><td style="text-align: right;">5</td></tr> </table> <p><b>Elective inpatient gynaecology</b>  Gynaecology patients transferring from Denmark Hill to PRUH will predominately be affected in the boroughs of Southwark, Lambeth and Lewisham.</p> <p>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.</p> <p>The number of additional patients planned to move per month for each Borough is:</p> <table border="0" style="width: 100%;"> <tr><td>Southwark</td><td style="text-align: right;">22</td></tr> <tr><td>Lambeth</td><td style="text-align: right;">16</td></tr> <tr><td>Lewisham</td><td style="text-align: right;">10</td></tr> <tr><td>Greenwich</td><td style="text-align: right;">3</td></tr> <tr><td>Bromley</td><td style="text-align: right;">3</td></tr> <tr><td>Bexley</td><td style="text-align: right;">1</td></tr> </table>	Lambeth	27	Southwark	26	Greenwich	6	Lewisham	5	Bromley	5	Bexley	5	Southwark	22	Lambeth	16	Lewisham	10	Greenwich	3	Bromley	3	Bexley	1
Lambeth	27																								
Southwark	26																								
Greenwich	6																								
Lewisham	5																								
Bromley	5																								
Bexley	5																								
Southwark	22																								
Lambeth	16																								
Lewisham	10																								
Greenwich	3																								
Bromley	3																								
Bexley	1																								

	<p><b>Non-complex cataracts</b> Cataract patients will predominately be affected in the boroughs of Bromley, Lewisham, Southwark and Lambeth</p> <p>During 2013/14, an average of 330 non-complex cataract cases per month were undertaken at Denmark Hill at PRUH</p> <p>No of patients planned to move per month for each borough is:</p> <table border="0"> <tr> <td>Bromley</td> <td>150</td> </tr> <tr> <td>Lewisham</td> <td>65</td> </tr> <tr> <td>Southwark</td> <td>39</td> </tr> <tr> <td>Lambeth</td> <td>30</td> </tr> <tr> <td>Greenwich</td> <td>10</td> </tr> <tr> <td>Bexley</td> <td>10</td> </tr> </table>	Bromley	150	Lewisham	65	Southwark	39	Lambeth	30	Greenwich	10	Bexley	10
Bromley	150												
Lewisham	65												
Southwark	39												
Lambeth	30												
Greenwich	10												
Bexley	10												
Changes that affect a group of patients accessing a specialised service	<ol style="list-style-type: none"> <li>1. Orthopaedic patients</li> <li>2. Female patients (gynaecology service)</li> <li>3. Cataract patients</li> </ol>												
Changes that affect particular communities or groups	N/A												
<b>4 Are changes proposed to the methods of service delivery? Briefly describe:</b>													
Moving a service into a community setting rather than being hospital based or vice versa	These services being moved to another hospital												
Delivering care using new technology	N/A												
Reorganising services at a strategic level	<p>These 3 service moves fit with the Trust's overall strategic plan to improve Emergency and RTT performance at both Denmark Hill &amp; 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"> <li>▪ Reduce the number of ED admitted breaches,</li> <li>▪ Reduce the time patients wait to be admitted from 'decision to treat'</li> <li>▪ Speed up the turnover of cubicles in Majors thus enabling other patients to be assessed quicker.</li> </ul> <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><b>Non-complex cataracts</b> 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"> <li>▪ Elective inpatient activity that is suitable for day surgery to move to day surgery</li> <li>▪ The creation of rapid access lists in DSU to reduce emergency admissions in general surgery, gynaecology, T&amp;O and urology</li> </ul> <p>Released day case capacity at Denmark Hill enables:</p> <ul style="list-style-type: none"> <li>▪ Rapid access operating lists to be established to support emergency ophthalmology pathways.</li> <li>▪ Ophthalmology to have access to sufficient DSU lists to meet demand and ensure RTT targets are delivered</li> <li>▪ An increase in rapid access lists for other specialties which reduces their demand for emergency beds</li> </ul>
Is this subject to a procurement exercise that would lead to commissioning outside of the NHS?	No
<b>5 What impact is foreseeable on the wider community? Briefly describe:</b>	
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
<b>6 What are the planned timetables &amp; timescales and how far has the proposal progressed ? Briefly describe:</b>	
What is the planned timetable for the decision making	The situation is urgent and we would like to move quickly
What stage is the proposal at?	<ol style="list-style-type: none"> <li>1. Elective inpatient orthopaedics: Currently running some elective inpatient adult orthopaedic services at Orpington Hospital</li> <li>2. Elective inpatient gynaecology: Currently running a pilot</li> <li>3. Non-complex cataract: Planning stages</li> </ol>
What is the planned timescale for the change(s)	<ol style="list-style-type: none"> <li>1. The Trust is proposing to move the remaining elective inpatient orthopaedic operating from Denmark Hill and PRUH to Orpington in mid-July'14.</li> <li>2. The Trust is proposing to move inpatient elective gynae services in mid-July 2014.</li> <li>3. The Trust is proposing to move the non-complex cataract</li> </ol>



	activity from Denmark Hill to QMH in November_2014
<b>7 Substantial variation/development</b>	<b>Briefly explain</b>
Do you consider the change a substantial variation / development?	<p><b>General</b></p> <p>We don't consider this to be a substantial variation, the service of 3 specialties being moved will be improved, specifically around reduction in waiting times and non-cancellation of procedures. In addition, these 3 service moves will help address emergency and RTT performance at both Denmark Hill &amp; PRUH.</p> <p>The Trust will be encouraging all non-complex cataract patients, elective inpatient gynae patient 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>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>
Have you contacted any other local authority OSCs about this proposal?	<p>Yes, all boroughs covered by King's College Hospital:</p> <p>Southwark Lambeth Lewisham Bromley Bexley Greenwich</p>