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Democratic Support and Member Support
Chief Executive's Department

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#caringplymouth

CARING PLYMOUTH

Thursday 11 December 2014
2.00 pm
Council House

Members:
Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Bridgeman, Sam Davey, Dr. Mahony, Mrs Nelder, Mrs Nicholson, Parker-Delaz-Ajete, Dr. Salter, John Smith and Stevens.

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

CARING PLYMOUTH

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by panel members.

2. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

3. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. MINUTES (Pages 1 - 6)

To confirm the minutes of the last meeting held on 11 September 2014.

5. THRIVE PLYMOUTH (4-4-54) (Pages 7 - 18)

The panel to receive a presentation on Thrive Plymouth.

6. URGENT AND NECESSARY ACTIONS (Pages 19 - 40)

The panel to receive a report on urgent action being undertaken by NEW Devon CCG.

7. PENINSULA TREATMENT CENTRE (Pages 41 - 138)

The panel to receive a report on the Peninsula Treatment Centre.

8. DERRIFORD HOSPITAL FUNDING (Pages 139 - 146)

The panel to receive a presentation on Derriford Hospital Funding.

9. TRACKING RESOLUTIONS (Pages 147 - 152)

The panel to review and monitor the progress of tracking resolutions and receive any relevant feedback from the Co-operative Scrutiny Board.

10. WORK PROGRAMME (Pages 153 - 154)

The panel to review the Caring Plymouth Work Programme for 2014 – 15.

11. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

Nil.

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Caring Plymouth

Thursday 11 September 2014

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor James, Vice Chair.
Councillors Bridgeman, Sam Davey, Dr. Mahony, Mrs Nicholson, Parker, Dr. Salter, John Smith, Stevens and Jon Taylor.

Also in attendance: Karen Marcellino – Healthwatch Manager, Vicky Shipway – CEO Colebrook SW, Peter Edwards – Healthwatch Volunteer and Health and Wellbeing Board Member, Craig McArdle – Head of Co-operative Commissioning, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 1.00 pm and finished at 3.05 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

23. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Councillor Jon Taylor	Minute 27 – Better Care Fund	Employed by NEW Devon CCG.	Private

24. CHAIR'S URGENT BUSINESS

There were no items of chair's urgent business.

25. MINUTES

Agreed that –

1. the minutes of the meeting held on 7 August 2014 be confirmed.

2. the Caring Panel note the minutes of the review held on the 2 and 3 July 2014.

26. **HEALTHWATCH**

Karen Marcellino, Healthwatch Manager, Vicky Shipway, CEO Colebrook SW, Peter Edwards, Volunteer and Health and Wellbeing Board Member and Craig McArdle, Head of Co-operative Commissioning provided the panel with an update. It was reported that -

a) the Health and Social Care Act introduced the requirement for Healthwatch both locally and nationally and replaced the Local Involvement Network (LINks);

b) the local authority commissioned the £179,000 contract to Colebrook SW . Healthwatch is an independent consumer champion with three key functions –

- Influencing
- Signposting
- Watchdog

c) Colebrook SW set up the staffing, created a service base and looked at the transition from LINks to Healthwatch. Colebrook SW has the overall responsibility for the Healthwatch contract and wanted Healthwatch to be seen as independent as possible;

d) the key performance indictor regarding signposting people to services at the right time had proved quite difficult to achieve. As a result they changed their monitoring systems and reviewed how they gathered feedback and pinpoint gaps;

e) Healthwatch worked on Burrator Ward assessing the difficulties on that ward with dignity in care. Healthwatch made some recommendations to Plymouth Hospitals Trust, the Trust implemented the recommendations and invited Healthwatch back to the ward to look at the improvements;

f) Healthwatch were involved with the Pledge 90 review looking at mental health provision in the city and made several recommendations and has fed this into their work;

g) Healthwatch collected 2293 pieces of feedback from local people covering 4 themes –

- Staff attitudes
- Involvement and engagement
- Appointment booking service
- Access to a service

h) they were actively visiting care homes since last August feeding into Plymouth City Council's Quality Review process with experiences gathered from residents from nursing and residential homes across the city;

i) Peter Edwards as well as being a Healthwatch volunteer also sits on the Health and Wellbeing Board (HWB). His role on the board has an equal footing with other partners and gives him the opportunity to share local issues and to shape the plans for Healthwatch and the Health and Wellbeing Board;

j) there was a need to get the public engaged and take responsibility for their health. The remit of Healthwatch was to have that conversation with the public and to understand their views;

k) the Healthwatch Champions Project was designed to work with particular interest groups to support that community to provide feedback on health and social care matters. There were Healthwatch Champions in place within hard to reach groups e.g. learning disability and transgender groups;

l) that volunteers were an important part of Healthwatch. The volunteers represent Healthwatch on various forums, making the challenge and sharing people's views.

In response to questions raised, it was reported that -

m) they were aware of patients waiting 5 weeks to receive x-ray results but were not seeing this as a trend from the public. Healthwatch keeps an eye on local media and Councillors could liaise with Healthwatch and feedback concerns from ward residents;

n) they link in with other Healthwatch services and lobby on common themes. They work closely regionally and have access to a network across England to share best practice. Healthwatch England lobbies nationally;

o) Colebrook SW had no influence over Healthwatch they hold the contract and monitor the key performance indicators;

p) the Steering Group currently has 6 members with 2 more people waiting to join and advert for a the recruitment of a new Chair. The Octopus Project has a seat on the Steering Group and commencing in October an Advisory Forum open to all voluntary and community sector groups, the public and service providers is an open platform for people to share experiences, issues and concerns.

Agreed that –

1. Healthwatch is invited to return to the Caring Plymouth panel in 12 months' time to share their next Healthwatch Plymouth Annual Report.

2. Healthwatch share their recommendations with the Caring Plymouth panel to seek alignment and add weight to the Healthwatch recommendations on a quarterly basis.

27. **BETTER CARE FUND**

Craig McArdle, Head of Co-operative Commissioning provided the panel with an update on the Better Care Fund (BCF). It was reported that –

a) the Department of Health issued new guidance in July 2014 with built in checkpoints (temperature checks) to ensure the local authority and the clinical commissioning group (CCG) were on the right track. Following the first temperature check Plymouth qualified for additional external support;

b) they were keen in Plymouth to set the wider context with greater emphasis on emergency admissions, greater engagement with acute providers and out of hospital providers;

c) the BCF had potential to take us off track from the core business and important to cite the BCF within the wider context of the Integrated Health and Wellbeing Programme;

d) the clinical commissioning group 5 year Community Services Strategy to deliver better outcomes and general practice at scale with more care in the community are the CCG priorities we are working with;

e) a new metric on non-elective admissions linked to performance pay. A big focus on reducing non-elective admissions by 3.5% linked to a performance fund of £1.3m. If this is not achieved this money would go back to the acute sector;

f) the Health and Wellbeing Board HWB) received the most recent draft of the BCF plan and presentation on the key risks and issues with delegated authority to the Chair HWB to approve the plan for submission to the Department of Health on the 19 September 2014.

In response to questions raised, it was reported that -

g) with regard the performance related metric the £1.3m would be held in reserve and if you hit the target the money would be used within the community if not back into acute activities. The real issue was to change the balance of care in Plymouth and the current model of care was not currently sustainable;

h) we absolutely must support people as early as we can and this applies to dementia so that people can live well with dementia. We all have a part to play and this was our ambition to be a Dementia Friendly City and we all have a role to make sure we identifying people;

i) the BCF was nationally mandated.

The Chair raised concerns over the amount of time spent by officers adhering to tight deadlines and work undertaken on the BCF plan.

Agreed that -

1. the Caring Plymouth panel note the update on the Better Care Fund submission.

2. the Caring Plymouth Chair writes a letter to the Department of Health of her concerns with the tight deadlines officers had to work to.

28. TRACKING RESOLUTIONS

The panel noted the progress of the tracking resolutions.

29. WORK PROGRAMME

The panel noted the work programme and it was reported that the final business cases for the Integrated Health and Wellbeing programme would be available for the panel to look at end of October/November 2014 prior to the Final Business Cases going to Cabinet on 11 November 2014.

30. EXEMPT BUSINESS

There were no items of exempt business.

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thrive
Plymouth
Life, Health & Wellbeing

Positive choices for better health in a growing city

PLYMOUTH CITY COUNCIL

Four New Themes

- ‘4-4-54’ in all policies
- Supportive environments
- Engaged communities
- Capacity Building

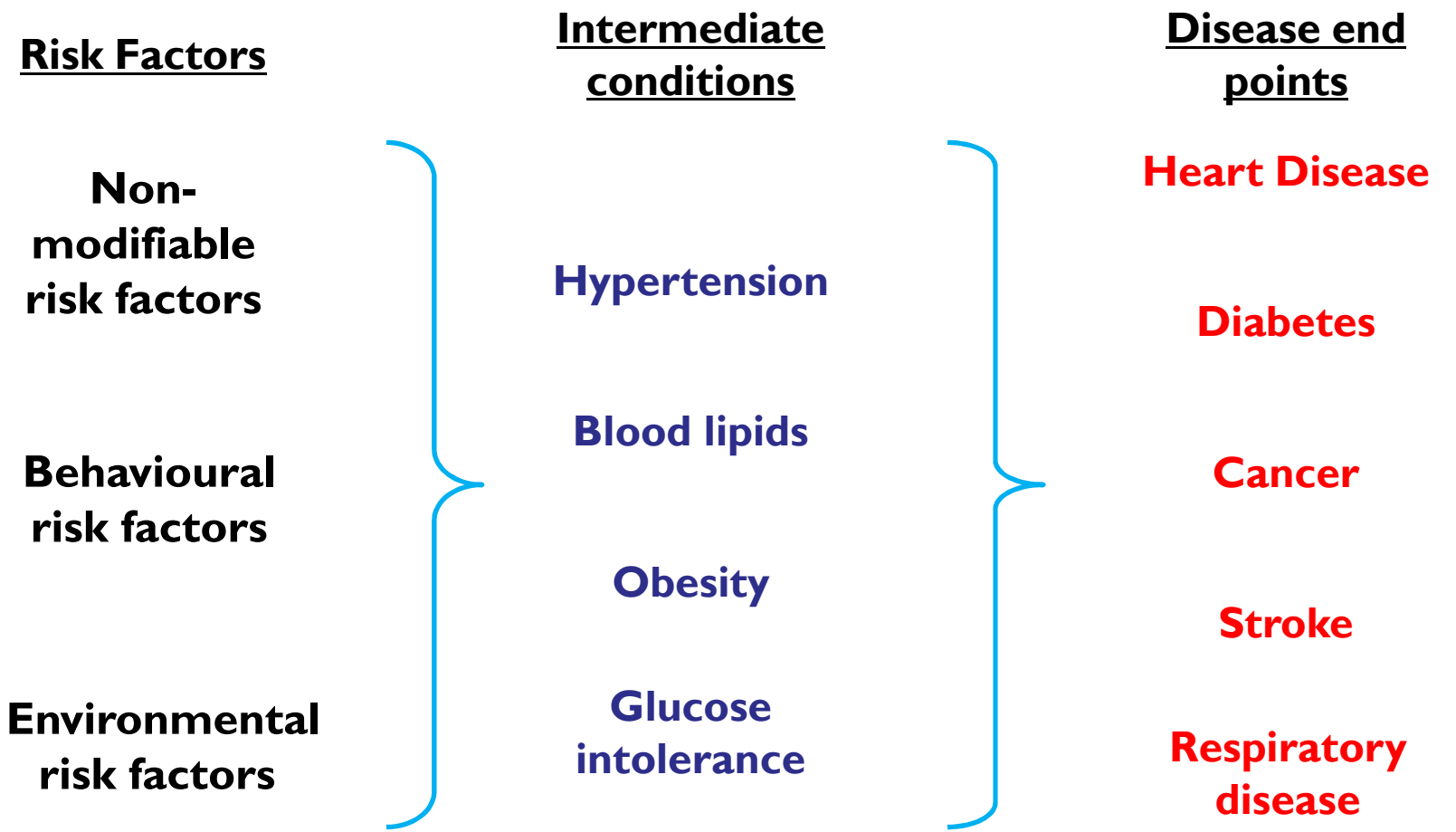
Three New Approaches

- **Population prevention**
- **Common risk factors**
- **Changing the context of choice**

(1) Population Prevention

Weight category	BMI distribution in Plymouth adults (>20yrs)	Diabetes risk in Plymouth over next 10 years	Population burden (new cases from 2015-2025)
Underweight	2%	3%	120
Healthy weight	31%	7%	4,340
Overweight	43%	10%	8,600
Obese	19%	21%	7,980
Morbidly obese	5%	32%	3,200

(2) Common risk factors



(3) Changing context of choice

Knowledge → **Attitudes** → **Behaviour**

Person

Possibilities

Place

Process

Social movement for healthier Plymouth

A New Focus Each Year

PLYMOUTH CITY COUNCIL

Year 1

Workforce health and wellbeing

Why workforce health & wellbeing?

Because employee health is critical to company culture and output

- Sickness absence costs employers 8.4 working days per employee per year
- 40% of sickness absence is estimated to be due to mental ill health
- Physically active workers take 27% fewer sick days
- Employees who have difficulty exercising during the work day are 96% more likely to have a drop in productivity
- Poor nutrition can contribute to stress, tiredness and effects capacity to work
- Alcohol is estimated to cause 3-5% of all absences from work; about 8 to 14 million lost working days in the UK each year.

Smoking cost calculator

PLYMOUTH CITY COUNCIL

Smoking Breaks

The calculations assume employee works an average of 7.5 hours per day for 40 weeks of the year (200 days).

Total number of employees within the company:	3,000
Smoking prevalence amongst all staff: England	21%
Estimated number of smokers:	630
Number of smoking breaks per day (outside of regular breaks):	1
Number of minutes spent on each smoking break away from workplace:	10
Estimation of average salary:	15000
Estimated number of hours lost by all smokers within the company over the course of one year through smoking breaks:	21,000
Time lost on smoking breaks expressed as full time staff equivalents* for one year:	14

Sickness Days

NICE suggest that, on average, a smoker will take an additional 33 hours off sick per year compared to a non smoker. This is equivalent to 4.4 days.

Total number of employees within the company:	3,000
Smoking prevalence amongst all staff:	21%
Based upon the estimated number of smokers in the company, the number of additional sick days per year:	2,772
Expressed as full time staff equivalents, the additional time taken off sick by smokers within the company over one year:	14
Estimation of average salary:	15000
Illustrative cost of smokers requiring additional sick days:	£207,900

Reset to Default

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HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

24 October 2014

By email

Dear colleague,

Re: Urgent and necessary measures to address patient demand

As a key stakeholder I am writing to inform you that we expect to announce a series of urgent and necessary measures to address a worsening of the CCG's financial situation.

As you will be aware, last year the CCG returned a £14.5 million deficit (known as the control total) and this year we have been predicting the same.

Our confidence in meeting the control total at the end of the current financial year has gradually declined as the situation has become clearer; in short, demand for services is outstripping what we can afford.

Whatever the actual cause of the increase in demand, it is having a serious effect on the financial position of our own organisation – and if we fail to deal with it now as the area's main commissioner, services will suffer.

We must act to protect essential services through our busiest winter months and ensure that care is there for our patients when they really need it.

The CCG has already begun to implement a series of measures designed to improve efficiency in the system and encourage patients to contribute to improving their own health outcomes.

This includes the following:

- Requiring morbidly obese patients to lose weight prior to routine surgery
- Requiring smokers to quit for at least six weeks prior to routine surgery
- Introduce criteria-based approval for routine procedures such as hernias, botox injections and cataracts

Chair: Dr Tim Burke
Chief Officer: Rebecca Harriott

Newcourt House, Old Rydon Lane, Exeter, EX2 7JU
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www.newdevonccg.nhs.uk

- Reduce unnecessary consultant to consultant referrals
- Suspend treatments where there is little or poor evidence of outcomes.

These measures bring the CCG into line with similar organisations in the NHS. However, they are not enough.

The CCG is working up a series of measures to prioritise those patients most in need, while at the same time, increasing efficiency in the wider system – and the CCG itself.

Our clinical chairs and managing directors are now busy working up proposals, in collaboration with NHS England and others, so that we can submit a paper to the next Governing Body on November 5.

This paper will be published on the CCG's website on October 29 – seven days before the meeting.

Throughout the implementation of our 'in-year' plan we will be prioritising those services and requirements laid out in the NHS Constitution.

They include (but are not limited to):

- Consultant-led treatment within a maximum of 18-weeks from referral for non-urgent conditions
- Maximum four-hour wait in A&E from arrival to admission
- Maximum seven day wait for follow-up after discharge from psychiatric in-patient care
- Being seen by a cancer specialist within a maximum of two weeks from GP referral where cancer is suspected
- Maximum 62-day wait from referral from an NHS cancer screening service to first treatment
- Patients waiting for a diagnostic test should have been waiting less than six weeks from referral
- Ambulance trusts to respond to 95 per cent of category A calls within 19 minutes of a request being made.

To meet the challenge of prioritising patient need while at the same time meeting our control total, the Governing Body will be asked to temporarily change how we work.

We are intending to split our management and administration resource between 'business as usual' and 'in-year priorities'.

'Business as usual' will be led by Jerry Clough while the in-year priority areas, below, will be led by the following:

- Acute contract management – Jerry Clough, chief operating officer and western managing director
- Urgent care – Caroline Dawe, managing director, northern
- Planned care – John Finn, managing director, eastern
- Continuing Healthcare – Lorna Collingwood-Burke, chief nurse
- CCG running costs – Hugh Groves, director of finance
- Prescribing / medicines management – John Finn, managing director, eastern
- Individual patient placements – Paul O'Sullivan, director of partnerships
- Other smaller contracts – Hugh Groves, director of finance.

Finally, just a reminder that the Governing Body paper detailing the proposals will be available on our website at www.newdevonccg.nhs.uk from October 29.

Should you have any questions about the paper when it is published your personal contact is: Nicola Jones, nicolajones7@nhs.net.

They will, of course, be happy to answer any queries that you have.

Thank you.

Yours sincerely,

Rebecca Harriott

Chief Officer

NHS Northern, Eastern and Western Devon Clinical Commissioning Group

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HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

14 November 2014

By email

Dear Colleague,

Re: Urgent and necessary measures

As a key stakeholder I am writing to update you about the series of urgent and necessary measures to address a worsening of the CCG's financial situation.

As you will be aware, last year the CCG returned a £14.5 million deficit (known as the control total) and this year we have been predicting the same.

You will also be aware that our confidence in meeting the control total at the end of the current financial year has gradually declined as demand for services continues to outstrip what we can afford. Dealing with this is vital to protect essential services particularly through our busiest winter months.

We told you previously that we had already begun to implement a series of measures designed to improve efficiency in the system and encourage patients to contribute to improving their own health outcomes.

Throughout the implementation of our 'in-year' plan we will be prioritising those services and requirements laid out in the NHS Constitution.

They include (but are not limited to):

- Consultant-led treatment within a maximum of 18-weeks from referral for non-urgent conditions
- Maximum four-hour wait in A&E from arrival to admission
- Maximum seven day wait for follow-up after discharge from psychiatric in-patient care
- Being seen by a cancer specialist within a maximum of two weeks from GP referral where cancer is suspected
- Maximum 62-day wait from referral from an NHS cancer screening service to first treatment

- Patients waiting for a diagnostic test should have been waiting less than six weeks from referral
- Ambulance trusts to respond to 95 per cent of category A calls within 19 minutes of a request being made.

In order to prioritise these areas, we must make choices about services which are of lesser priority. Our challenge is to prioritise those patients most in need, while at the same time, increasing efficiency in the wider system – and the CCG itself. The Governing Body paper is available on our website at www.newdevonccg.nhs.uk.

The current set of measures is being worked up for decisions to be taken in late November, for implementation from the beginning of December. We anticipate that there will be further measures identified during November and December for implementation from January. We will contact you again when we have further details on those.

Other measures will be evaluated during November for a full or partial suspension. Although the evaluation is still in progress we wish to be open with you at this stage about what we are considering. The services we are reviewing and currently considering are in the following areas:

- Ultrasound guided steroid injections, compared with steroid injections without ultrasound
- Shockwave therapy for some tendon problems
- Removal of ear wax done by hospitals
- Certain types of shoulder surgery
- The drugs we are choosing to use to treat Wet Age-Related Macular Degeneration (Wet AMD)
- The range of tests we use to diagnose Wet AMD
- The number of different drugs that are tried on the same patient to treat Wet AMD
- The necessity and timing of hospital follow-up appointments
- The number of medicines we prescribe which are actually available to buy over-the-counter
- Being more consistent in the way patients are followed up after a cataract operation
- Fertility Treatments
- Planned caesarean births where there is not a medical reason for it
- The numbers and types of joint injections
- Do we make best use of the range of treatments available for prostate cancer
- Aspects of the fibromyalgia services

- Aspects of the chronic fatigue services
- When does smoking increase people's surgical risk or give them worse outcomes?
- When does being very overweight increase people's surgical risk or give them worse outcomes?
- Various uses of botulinum toxin (botox) in medicine
- Hernias require an operation
- When should hospitals treat haemorrhoids and which treatment should be used
- When is the right time to treat cataracts and when is the right time to treat the second eye?
- When is the right time to treat bunions with surgery
- What is the right order of other treatments to try before undertaking a hysterectomy?

We can also clarify an earlier decision that has been widely reported. It has been agreed that patients with a Body Mass Index of 35 will be supported to lose weight before undergoing elective hip or knee surgery. This is being implemented with immediate effect for patients who have not yet had a commitment to surgery. A BMI of 35 will not be a threshold for allowing surgery but it is a trigger to indicate that a person's weight may complicate surgery and/or worsen the outcomes for the patient compared with being a healthier weight. We are working on the basis of 5 per cent weight loss over six months.

Evaluation will consider effectiveness, cost and the impact of suspending services. A range of criteria has been developed to support this judgement with contributions from GP practices, Patient Participation Groups and other patient and civic representatives.

To meet the challenge of prioritising patient need while at the same time meeting our financial control total, the Governing Body was asked to temporarily change how we work.

Our management and administration resource is now split between 'business as usual' and 'in-year priorities'.

'Business as usual' will be led by Jerry Clough while the in-year priority areas, below, will be led by the following:

- Acute contract management – Jerry Clough, chief operating officer and western locality managing director
- Urgent care – Caroline Dawe, managing director, northern locality
- Planned care – John Finn, managing director, eastern locality

- Continuing Healthcare – Lorna Collingwood-Burke, chief nurse
- CCG running costs – Hugh Groves, director of finance
- Prescribing / medicines management – John Finn, managing director, eastern locality
- Individual patient placements – Paul O'Sullivan, director of partnerships
- Other smaller contracts – Hugh Groves, director of finance.

Thank you.

Yours sincerely,

Rebecca Harriott

Chief Officer

Northern, Eastern and Western Devon Clinical Commissioning Group

Governing Body Meeting 5 November 2014
Financial Recovery Plan – Urgent and Necessary Measures

Background to Current Position

1. Introduction

1.1 Financial Plan 2014/15

Last year NEW Devon CCG returned a £14.6 million deficit (known as the control total) and this year the CCG had been planning the same.

The CCG's confidence in meeting the control total at the end of year has gradually declined as the situation has become clearer; and now – in month 6 – we are at a critical point. Demand for services is outstripping what we can afford.

The increase in demand is having a serious effect on the financial position of the CCG – and if we fail to do deal with it now as the area's main commissioner, services will suffer. While this is primarily an issue of resources, safe, high quality services are and always will be our priority.

The latest health profile of people in Devon (Health Profile 2014, Public Health England) shows that if you are fortunate enough to live here you are likely to have better health than the average person living in England. In Plymouth the picture is more varied.

This following paper outlines a financial programme to bring finances back to the agreed deficit position this year. A longer term project aims to rebalance the NHS in our area over the next five years.

We must act now to protect essential services through our busiest winter months to ensure that care is there for our patients when they really need it and in doing so, we are prioritising those services and requirements in the NHS constitution.

The CCG financial plan was set in the context of a £14.6m deficit in 2013/14 and with continuing upward trends in referrals, prescribing and continuing health care expenditure. An in year deficit of £14.7m was planned and approved for 2014/15 with financial risk associated with its delivery. The CCG has an approved resource limit of £1.072bn. The CCG generally records better outcomes compared with NHS England averages and has a higher access rate to health services, particularly on elective care and continuing healthcare. Following the settlement of contracts, some through arbitration, the plan contained minimal headroom, and contingency and a requirement to deliver £34m of

efficiency gains (called “QIPP” – quality, innovation, productivity and prevention in CCGs) together with the reversal or containment of trends experienced in 2013/14. Nevertheless, significant opportunities existed to improve on these patterns of expenditure, which were included in QIPP programme and many included in contracts.

The health system in Devon was identified as one of 11 challenged health communities which brought with it external support to develop sustainable local health services. The strategies that the CCG and the community have developed through this programme are consistent with the recent vision for the future set out by NHS England.

1.2 Current Position (month 6)

- Year to date position at month 6 is over plan by £4.7m - or 0.9% - against a budget to date of £538m
- Reported Forecast outturn above plan by £14.5m to give a revised in year deficit of £29.1m.
- The CCG also has a remaining net risk of delivering the above forecast of £3.0m after risk assessing the current emergency measures plan in place.

2. Analysis Month 6

The main areas of over performance are as follows:

- Royal Devon and Exeter NHS Foundation Trust contract - increase in non-elective activity in total & referral rate increases of 10% compared to 13/14
- Independent Sector - over performance
- Continuing healthcare – we currently support 1,565 patients and are seeing an average net increase in patient numbers of 34 per month (27%) compared to a plan of 5 per month or 4% based on previous experiences. Analysis shows higher unit prices of packages compared with benchmarks
- Care Coordination Team – £1.3m over plan due to increased activity to facilitate discharge from acute providers.
- Some of the above issues are offset through the release of contingency and we are delivering a running cost underspends in the administration of the CCG.

3. Forecast Outturn Summary at Month 6

The forecast outturn (acknowledged by the NHS England Area Team) moved in month 6 by £14.5m variance to report the expected over performance against planned deficit (£29.2m total in-year). The main areas of increase are as follows:

- Previously assessed risks of £19m worsened by £5.8m as a result of increased activity arising from referrals and packages of care within Royal Devon and Exeter NHS Foundation Trust, continuing healthcare and North Devon acute contracts.
- New risks materialised of £1.5m around for example, pricing of particular categories of prescriptions drugs through the national pharmacy contract negotiation.

This is offset by an Urgent and Necessary Measures plan of £11.8m (£6m month 5) of which:

- £7.5m are activity related plans or CCG focused (as summaries in the table in section 9)
- £4.3m are technical accounting issues to be resolved with NHS England (Plymouth Community Healthcare capital charges, Capital Grants, and specialist commissioning costs incorrectly charged).

Year to date over spend extrapolates to a straight line run rate over performance of £9.5m. Adjusting for non-recurrent items in the year to date position gives an adjusted run rate variance of £16m.

4. Key assumptions at month 6

The following key material assumptions have been made in arriving at our month 6 Forecast Outturn (FOT) position from our extrapolated year to date actual position:

- Savings yet to be delivered in acute providers in the form of QIPP schemes to the value of £2.7m.
- Benefit of additional national funding of £2.6m to support additional non elective and emergency activity over winter.
- Forecast delivery of an under spend in running costs of £2m.
- Delivery of contract challenges, technical adjustments and penalties totalling £2.2m to ensure the CCG is correctly charged for services provided.
- Delivery of initial Urgent and Necessary Measures plan of £11.8m.

5. Cash

The current forecast naturally impacts on the cash limit total allocated to the CCG and this presents the CCG with a challenging position. The CCG has therefore considered the steps which will need to be implemented to manage its cash flow during the remaining part of the year.

This is sound financial discipline and will also add to the wider awareness of the serious nature of the need for a sound financial recovery plan both internally and with key providers whose cooperation will also be invaluable in managing this position. In the meantime tighter controls on cash flow are being introduced.

6. Risk position in relation to updated forecast outturn

- The risk position is reported in month 5 now reflected in forecast outturn position.
- The month 6 position reported a £3m risk of non delivery against the Urgent and Necessary measures plan. This was an assessment on the risk of delivering the activity related schemes in full and a reflection of the need to negotiate on a number of technical issues.
- As well as these direct financial risks there are risks relating to the capacity of CCG staff and GPs to deliver these plans.

- The CCG's main providers and partners also have very challenging financial positions to deliver.
- Whilst full year opportunities have been identified and are available the key issue is the financial benefit that can be realised during the remainder of the financial year.

7. Efficiency (QIPP) and Recovery Plans

The CCG has a QIPP plan in place which at month 6 is forecast to deliver a financial saving of £26m against a plan of £34m leaving a shortfall of £8m, this is reflected fully in the month 6 outturn. This incorporates the activity related emergency measures.

In addition, a number of key strategic actions were targeted around the key risk areas of the 3 main acute hospitals, prescribing and continuing healthcare. These have been largely followed through, the actions were a necessary, but not sufficient condition, for the delivery of the individual financial targets.

Further supplementary plans and emergency measures were approved by the CCG in July through to the last Governing Body meeting on 1 October. Whilst an overall programme has met the plan requirement of £12m target identified at month 5, activity and further risks have materialised at the end of quarter 2 to largely offset any financial gains through the emergency measures programme. With headroom contingency having been applied to contract and little or no contingency these financial risks and adverse variations play through directly into the CCG's deficit position.

8. Provider Financial Positions and Forecast Outturn

One of the key risks and areas for mitigation are the main contracts. As well as ensuring that routine and robust contract monitoring remains in place, and where possible strengthened, it is vital that providers are aware of and engaged in the process of recovery. This needs to be established at the top of the organisations with Chairs and Chief Executives supporting the plan and actively committing to the Governing Body's resolve to achieving its year-end target. In addition this approach will need the support of NHS England, NHS Trust Development Authority and Monitor in order for the plan to be successful (being the regulator bodies of the NHS).

Additional communications with Chief Executives have been commenced and a meeting of all Chief Officers has been arranged for 29 October. In addition, individual meetings with providers have been set up to include, where appropriate, the NHS England Area Team.

Work is continuing to triangulate the CCG and provider assumptions on forecast outturn. Whilst differences will exist due to differing assumptions around items such as QIPP delivery and contract challenges it is important that those differences are understood to avoid any year end disputes. The CCG has already held a number of meetings with providers to assess the joint view of forecast outturn and no significant differences have been exposed beyond those expected as mentioned above. This is the position prior to the implementation of the urgent and necessary measures.

The CCG will also be linking with the NHS England triangulation process anticipated over the next few weeks which will ensure consistency of assumption within the provider and commissioning sectors within the NHS.

Recovery Plan – Urgent and Necessary Measures

9. Emergency Measures

- The current plan costed at £11.8m does not deliver the financial control total.
- Forecast over performance of £14.5m needs to be mitigated with further Emergency Measures plans. The total requirement is therefore £26.3m.
- Potential savings (column 1 below) total £34.71m and plans to date show £22.61m, however the CCG will continue to develop the programme to ensure that the target figure of £26.29m is planned.

The plan is summarised below:

Urgent and Necessary Measure type	Potential Savings £'m	Current Risk Assessment £'m	Target Risk Assessment £'m
Referrals Management	0.68	0.61	0.61
Reviewing elective thresholds	1.39	1.20	1.20
Further cost effective prescribing	0.58	0.52	0.52
Out of Area provision, AQP and Independent sector review	0.25	0.21	0.22
Continuing Healthcare Management	4.50	2.70	4.05
Urgent Care Management	2.51	1.29	1.29
Contract Management	4.35	3.01	3.61
Running costs further review	0.55	0.50	0.57
Technical Issues	6.71	4.86	4.94
Anticipated additional resource	5.00	3.72	4.23
Prioritisation of investment	3.50	2.10	3.15
Allocation Issues	4.70	1.90	1.90
Total	34.71	22.61	26.29

Savings Required	26.29	26.29	26.29
Assessment against target	-8.42	3.68	0

10. Process for development and Delivery

The additional recovery plan has been developed through a series of formal meetings of the CCG and with key providers and partners:

13 October - Operational Delivery Group
14 October - High level review, Audit Committee

15 October - CCG Executive
16 October - Extraordinary Governing Body Meeting
21 October - Finance Committee
22 October - Meetings with Key provider and Devon County Council
23 October - Executive meeting to review recovery plan
24 October - Review of draft plan with NHS England Area Team
28 October – Planning and Assurance meeting NHS England
29 October - Meeting with provider Chief Executives
31 October - Directors of Finance meeting

An additional monitoring process has been established that will provide rapid assessment of scheme impact. This will mitigate the one month time lag that exists before fully reconciled information is available.

In addition:

- Extended individual follow up with practices on referral and prescribing data
- Full involvement, understanding and commitment of the Governing Body to resolve and assure the position and actions being taken
- Active involvement of internal and external audit services

Communications with strategic stakeholders

Communication on this issue has been strategically managed with one approach across the whole CCG.

The head of communications worked with members of the Governing Body and a specific communications strategy was agreed. This highlighted why the proposed measures were necessary and how they would help the CCG to both reduce spend and prioritise the requirements laid out in the NHS Constitution.

A briefing video was produced in-house for staff and shown across the organisation at the monthly staff briefing. This was backed by a written briefing for the organisation.

Verbal briefings with key strategic stakeholders began three days prior to the public launch with clinicians and managers using agreed messages. MPs and other elected officials were also updated.

Communications with locality stakeholders

Localities followed a similar process above (with GP members, district and parish councils, councillors and key locality stakeholders)

Media

The communications team coordinated the media response, sending a prepared press release after stakeholders had been contacted to all media in the area on Sunday evening. Interviews were offered and the following morning Dr David Jenner conducted a series of interviews with local radio and TV to ensure the main messages were conveyed. Chief Officer Rebecca Harriott also carried out interviews throughout the day.

The delivery arrangements will include formal review dates involving the Governing Body and the NHS England Area Team and follows:

End of November 2014
3rd Week of December 2014
2nd Week of January 2015
1st Week of February 2015
1st Week of March 2015

11. Urgent and Necessary Measures

The full recovery plan has been developed in two parts – a) and b) below. Henceforth it will be consolidated into a single integrated recovery plan and programme of delivery.

a) Those plans approved at the Governing Body meeting on 1 October totalling £11.8m the benefit of which is included in the CCG's month 6 outturn forecast position. It is important that these are incorporated into the new programme of work.
b) Additional recovery plan measures which have an overall target of £26.29m (see section 9) with the objective of fully covering the adverse forecast variance of £14.5m.

The CCG has developed a quality and equality impact assessment tool (QEIA). The QEIA will take into account the evidence base and clinical effectiveness, safety, and the impact on patient experience for each of the measures. It is proposed that this QEIA is applied to the measures which are set out within the recovery programme, and will also be informed by the health economist work which is undertaken in early November.

The Governing Body is asked to support the temporary suspension of access to services ahead of the usual consultation process, following an overall positive quality and equality impact assessment. A revised permanent commissioning policy will be implemented following consultation. This does not prevent applications by individuals to the CCG's exceptional treatment panel.

In the event where a decision to cease access to services is taken following the QEIA, and is overturned following consultation, individuals affected by the suspension will be treated under the revised commissioning policy.

The key recovery measures are set out below.

12. Acute Contracts

This is a targeted programme of work ensuring that all contract conditions are strictly adhered to; it will include a review of all penalties, detailed review of coding, and delivery of referral to treatment targets.

A review and resolution of outstanding referral to treatment allocations and performance to ensure for example that the appropriate funding of orthopaedic backlog is made and that premium rates are agreed in line with NHS England guidelines at no loss to the health economy.

13. Continuing Healthcare

Indicative comparative data on continuing health care provision suggests that the CCG invests £20m more on continuing health care compared to other CCGs in the south of England. The existing Quality Improvement Effectiveness plan will be continued with a particular focus on the following:

a) Undertaking a review of all new cases to fully understand the relationship between cases presented and the underlying need and the appropriate use of the full range of potential funding streams to ensure packages of care meet the needs of the individual and satisfy the relevant criteria.

b) To ensure there is no unwarranted variation which would undermine the CCG's duty to provide an equitable service that makes best use of resources available

c) The CCG recognises that the retrospective claims should be resolved as quickly as possible in order to bring closure for families, noting that risk pooled monies are available for eligible cases.

d) Work with social care partners to ensure effective market and provider management is in place in order that individuals receive the right level of care that meets their needs, ensuring quality, safety and clinical and cost effectiveness.

e) A review across all thresholds to ensure that decision-making processes are appropriately configured to address the ongoing needs of the individual and provide assurance quality, safety and clinical and cost effectiveness of that ongoing provision by virtue of this a subsequent reviews at appropriate intervals.

f) Concerns arising from the Quality and Capacity Audit require consideration of the most appropriate future configuration for the provision of the assessment process. Potential options for consideration are repatriation to the CCG of assessment and approval functions, repatriation of the approval function with the assessments continuing with community providers or embedding of CCG clinical teams within the existing arrangements.

14. Referral Management

A series of plans have been developed. These are largely approved and in place. Those with an in year benefit of greater than £250k are set out below:

a) <u>Dermatology</u>

Three different audits have been undertaken with secondary care, GPs with a special interest, and GPs. The results have been used to produce new planning assumptions based on a significantly higher proportion of activity being undertaken by GPs with a special interest, ensuring full utilisation of those clinics. This will result in much greater access for patients to dermatology services as they move from acute hospital settings to doctors' surgeries. These ways of working are already in place in some areas of Devon and will now be rolled out across the CCG bringing benefits to patients across the area.

GPs with a special interest are now working with the Devon Referral Support Service to ensure correct triage decision and support to the administration team.

Financial impact: **In-year £360,000 full year effect £720,000**

b) Approval of new threshold limits for elective activity: Body Mass Index (BMI) >35 for hips and knees

NICE guidance recommends weight loss and exercise as a core treatment for osteoarthritis – the main cause of hip and knee elective activity. Patients with a higher Body Mass Index have a greater surgical risk and worse outcomes than patients with a healthy Body Mass Index.

During 2012/13 GPs were required to include Body Mass Index, smoking status and other measures relevant to surgical procedures for all referrals where they anticipated surgery. Body Mass Index was then captured within the referral database for each patient. This data has been matched to the surgical procedures those patients went on to have.

The calculated impact is based on a 6 month's weight loss programme for those patients. The capacity of the weight management service in Devon was tripled from January 2014, this is commissioned and funded from public health.

As yet, no assumption is made about the success of weight loss and patients who would subsequently go on to have surgery. Patients who are morbidly obese will not be funded, unless via the treatment appeals panel.

The Referral pathways will be completed in October 2014 as implementation of this policy was agreed by Governing Body at the beginning of October.

Financial Impact: **In-year £521,000 full year effect £1,383,000**

c) Morbid Obesity for routine surgery

Given the better outcomes described above for some surgeries, the CCG intends to increase the range of procedures that require weight loss. The CCG will now work with public health colleagues and other partners to see where this approach can bring real benefit to patients.

The dataset is the same as for patients with a Body Mass Index (BMI) >35 for hips and knees detailed above.

Patients excluded from the analysis:
- those with a diagnosis of cancer
- those undergoing neurological procedures
- those undergoing cardiology procedures

Financial impact: **In-year £286,000 full year effect £1,371,000**

15. Referrals

This work intends to ensure that patients are seen in the right place, first time.

As part of the process associated with 'Urgent Measures' NEW Devon CCG has been examining all existing and proposed work streams and transformation projects. One of the limiting factors identified in accelerating such projects is the workforce, workload and financial pressures in General Practice.

In the coming weeks NEW Devon CCG will draw up a proposal to release clinical (GP and Nursing) capacity from elements of the Quality and Outcome Framework and the Unplanned Admissions and Extended Hours Directed Enhanced Services towards the identified emergency measures. This will retain patient benefits where appropriate but provide a vital clinical focus on the recovery plan.

The financial impact will be determined as part of the detailed development of the proposal: **In year and full year effect to be agreed.**

16. Prioritisation of investment

Investment decisions are required to ensure we meet our aim of prioritising health services and requirements as set out in the NHS Constitution.

The CCG has secured the assistance of a health economist and international expert on priority setting and methods of reallocation of health resources.

In particular this will involve rapid reprioritisation methods to overcome a deficit position before moving on to strategically reallocate budget to explicit health priorities and services.

Our intention is to make this a sustainable resource allocation process, firstly to tackle the deficit and implement a sustainable trajectory; secondly, to allocate funds strategically and explicitly disinvest or decommission areas of lesser priority.

The implementation plan together with recommendations and the commensurate financial impact will be presented to Part 2 of the Governing Body on 5 November. This will also make a recommendation for areas of temporary immediate suspension of service provision in advance of a critical examination of the key priorities. The Governing Body will also devolve the implementation process to the CCG executive committee. This will involve a quality and equality impact assessment to be undertaken for each proposal and ensuring that there are appropriate mechanism to approve exceptional cases of clinical need where this is appropriate.

This is a key part of the financial recovery programme. Examples of area for dis-investment that will be considered are: shoulder impingement, shockwave therapy for tendonopathies, ultrasound guided steroid injections. The scope of the work will also include prescribing.

Financial impact: **In year and full year effect to be agreed but will have a minimum in year target of £3.5m.**

17. Prescribing

The Prescribing team is continually looking at ways to deliver cost reductions without compromising the quality of patient safety and care. The following are some areas of prescribing focus:

- Review patients on high intensity statins moving to one with lower acquisition costs in line with NICE guidance
- Review of gonaderelin analogues as per revised formulary choice.
- Review of strong opioid medication to lower acquisition cost options in line with local formulary choices.
- Continue to ensure the use of low cost Pen needles and Blood Glucose Testing Strips where clinically appropriate.
- Review of hypnotic prescribing moving to drugs of lower acquisition costs.

Financial impact: **In-year £225,000**

Home Oxygen - There are currently significant challenges in validating invoices from our oxygen provider due to information governance requirements. This project will focus on developing an invoice reconciliation and business intelligence process within information governance requirements. Whilst the full benefit may be in 2015/16 there may be some benefit which is realised in 2014/15.

18. Urgent Care

Importantly this will tie in with the operational plan for resilience during the next 5 months and the associated financial plan. A review of financial allocations has been undertaken to direct resources to areas of certain and unavoidable expenditure. There are additional schemes which will have a direct operational and economic benefit during the last period of the financial year. The schemes with an economic benefit of over £250k in 2014/15 are set out below:

a) <u>Reduce A&E attendances and emergency admissions</u>

To obtain data from the ambulance service. Working with the ambulance service to identify themes/patient cohorts and agree remedial/mitigating actions. Consistent with action 8 of the urgent care action plan to review projects funded by the first tranche of winter resilience monies to support actions identified by the ambulance service.

b) <u>Review all projects funded in local providers</u>

Projects focusing on reduced length of stay will be reconsidered against projects aimed at reducing total attendances and admissions.

c) <u>Appraise all Locality urgent care QIPP schemes</u>

The urgent care project team will with Locality commissioning leads share QIPP plans confirm progress against implementation and opportunities to share best practice across

the CCG. Revised QIPP plans will be agreed by 31 October. The CCG will lead the production of Locality based System Resilience Groups (SRGs) recovery plans aimed at specifically reducing A&E attendances and emergency admissions.

The above actions will have a financial impact of **£520,000 in year**

d) Special Patient Messages

Quicker access to a clinician has been shown to reduce hospital admissions. We intend to introduce flagging on calls to the urgent NHS 111 number to identify patients who need quicker access to the out-of-hours doctor service in Devon. They will then be transferred to a clinician more quickly. We aim to ensure that this service is available for at least 2 per cent of the population in our area.

To ensure that the NHS 111 service is able to use the Special Patient Messages as an indication that a patient either has an LTC or a predetermined management plan and to allow rapid access to a GP consultation.

Financial Impact: **In year £1,080,000**

e) GP Visiting Service

To introduce a GP home visiting service across the CCG, starting each morning, to anticipate the care needs of particularly frail people. It builds on the example provided by the Beacon practices in West Devon and is a pilot scheme funded from the Prime Ministers' Challenge Fund.

Beacon practices in Western locality integrated a home visiting service using an additional GP to undertake visits starting at 9am each morning. The scheme has only been operational since the beginning of October. Visits are averaging about 3 a day, but in the first three weeks they estimate they have saved 9 admissions. The scheme has cost £48,000 for a six month pilot – taking the service closer to the patient and making savings for investment in the NHS.

Financial Impact: **In year £400,000**

19. Other Budgets and Contracts including Any Qualified Provider (AQP)

A review of contracts was completed in August with some financial benefit. A focus on other budgets and contracts included Any Qualified Provider to ensure appropriate financial controls are in place including when choice is being exercised. A reduction of £200k has been identified as part of the programme agreed by the Governing Body on 1 October.

20. Running Costs

At month 6 the forecast underspend is projected to be £2m and this allows for additional support for NHS Futures and a strengthening of internal governance structure relating to corporate services, finance and contracting. A small group of the CCG Executive Team has been established to ensure delivery of an additional £950k target using general austerity measures across the CCG. These will include central control of recruitment,

planned slippage in IT developments and Organisational Development programmes. As well as delivering savings, these plans also provide an important signal and backdrop to staff and members regarding the importance of all actions in the delivery of the CCGs financial target.

21. Technical Schemes

There are a number allocation issues that the CCG needs to resolve which particularly impact on where resource changes have been made which had unplanned or an unintended adverse impact on the CCG budget. The CCG believes it has a sound case to ensure these are corrected through the matching of income and expenditure for these services.

22. Capacity and Resources to Support the Plan

The CCG Governing Body and its Executive Team have undertaken a short term capacity review to ensure there is the appropriate level of internal and additional short term resources focused on the recovery plan. Executive and other senior clinicians and commissioning staff have been aligned to each programme. In addition arrangements have been made to ensure important business as usual tasks are covered with the appropriate level of seniority and capacity. Additional capacity is being procured in the form of an Interim Turnaround Director, Interim OD capacity to review the structure and capacity and further expertise in relation to continuing health care and contracting.

23. Impact on 2015/16 plan and NHS Futures programme

The CCG is currently leading and supporting, with a number of its' senior staff, NHS Futures work which aims to deliver the implementation of the community's sustainable financial and service strategy for the next 5 years. This is a critical programme of work. However, it is inevitable with the additional focus now required in delivering the 2014/15 financial target that two risks in relation to NHS Futures now emerge:

a) The planned timetable for the delivery of detailed project initiation documents and business cases planned for the end of November may now not have sufficient staffing and leadership capacity.
b) The collaborative approach to planning, contracting and resource allocation may be put at risk as a more transactional and robust approach is adopted during the last part of the financial year in order to maximise any financial benefit to the CCG.
c) These risks will be mitigated through the NHS Futures governance groups and incorporation of some of the short term measures into the priority work-streams.

24. Summary

- Without decisive action CCG is heading for an over performance against plan of £14.5m which would result in a cumulative deficit of £43.7m.
- A deficit of this magnitude will have a significant impact on the CCG as under the Resource Accounting and Budgeting finance regime the CCGs allocation in 2015/16 would be reduced by this value.

- A Financial Recovery Programme is in place which will require detailed and focused action to ensure the necessary scale of financial savings are delivered to ensure the CCG meets its 2014/15 control total.

25. Recommendations

The Governing Body is requested to:

- Note and review the financial forecast at month 6.
- Approve the financial recovery programme to ensure delivery of the CCGs financial plan for 2014/15.
- The Governing Body is asked to support the temporary suspension of access to services ahead of the usual consultation process, following an overall positive quality and equality impact assessment. A final revised commissioning policy would be implemented following consultation.
- Require the CCG Executive to continue to identify further areas for cost saving as necessary to ensure delivery of the financial plan.
- Require the Chief Finance Officer to assess the financial impact of this programme on the recurrent financial position of the CCG, and on the NHS Futures programme of work.

Hugh Groves
Chief Finance Officer
29 October 2014

PROPOSED SERVICE CHANGE OR DEVELOPMENT: IMPACT ASSESSMENT

Caring Plymouth Panel

Originating NHS Organisation	NEW Devon Clinical Commissioning Group
Impact assessment completed by	Karen Kay, Head of Locality Commissioning (Planned Care)
Date of submission to Committee	1st December 2014
Ongoing point of contact and contact details	Karen Kay Head of Locality Commissioning (planned care) NEW Devon CCG – Western Locality Windsor House, Tavistock Road Plymouth PL6 5UF Tel: 01752 398706 Mobile: 07917050411 Email: karen.kay2@nhs.net
OSC area(s) impacted by proposals	Healthcare commissioning
Brief overview of proposal or service development	Commissioning decision – not to commission replacement surgical capacity when the Treatment Centre contract ends with Care UK. This decision has the potential to release resources for delivery of a vision for an integrated model of elective orthopaedic care which shifts resources towards the provision of more advice and options for patients for prevention and active conservative management of orthopaedic conditions. NB the decision does not involve re-consideration of the current contract as this is a fixed term contract with no discretion for further extension without the prospect of legal challenge.
Anticipated timetable	Decision taken 26th November 2014
Brief overview of factors which have led to this proposal or service development	• The number of elective orthopaedic surgical procedures has reduced over the last few years • We do more elective orthopaedic surgical procedures than in other comparable areas and intervene on younger people at earlier stages of their disease, when clinical guidance proposes that surgery should only be used for people with severe symptoms who have tried all other options first. • Wait times have improved across all providers but there is a significant imbalance in waiting times across the locality with evidence of over-supply eg Care UK reporting extremely short waiting times for orthopaedics that are well

	below the NHS Constitutional requirements for referral to treatment within 18 weeks. • We have a clear plan to invest in a prevention and conservative management approach that will see the requirement for surgical intervention reduce further. This has widespread clinical and managerial support across the community & is in line with national good practice. • There is therefore little evidence of need to commission a volume of additional surgical activity over the next few years • Whilst the Treatment Centre does offer patients choice and is of high quality, both in terms of environment and outcomes, the CCG is assured that the other choices and quality of providers is sufficient for local need. See attached presentation for more detail
Overall objective of proposals (e.g. improving quality of services, more cost effective service etc)	To ensure resource allocation better reflects population need ie Releasing resources for investment in other areas of care where population needs are not currently met. To release resources for investment upstream into prevention and conservative management of orthopaedic conditions in line with the orthopaedic clinical community's vision. To ensure sufficient capacity to meet future demand for services like weight management, GP specialists in orthopaedics, patient initiated direct access to physiotherapy, support for patients to make informed choices about their care.
Details of public and patient <u>involvement</u> undertaken to date and how this has shaped proposals	Two interactive workshops to design the vision of orthopaedic care for the future involved consultants, GPs, physiotherapists, representatives from Healthwatch, Public Health, three 'expert' patients and others. Agreed the 'system characteristics' of the future elective orthopaedic care model. The decision not to commission more surgical capacity is designed to free the resources to deliver the vision. Next steps include development of more service specific proposals and an invitation to a wider public discussion to finalise these.
Other NHS organisations impacted by proposal or service development and their views from involvement	Kernow Clinical Commissioning Group have formally indicated that they will abide by the decision of NEW Devon CCG. All local providers and commissioners of services in the elective orthopaedic care pathway have been involved in the Clinical Pathway Group which meets every two months and has been the driving force for development of the future vision. (including PHNT, Nuffield, Care UK,

	Sentinel, Plymouth Community Healthcare, Peninsular Community Healthcare, Kernow CCG) Other local providers of elective orthopaedic surgery have indicated that they are able to temporarily increase their capacity to minimise impact on waiting times in the short period between the end of the Care UK contract and the full implementation of conservative management options.
Views of Patient Representatives involvement to date	Patients and patient representatives have been involved in and supportive of the vision and direction of travel. In relation to the specific decision about not commissioning replacement activity at the end of the Care UK contract Healthwatch have asked for assurance about how the impact on patients will be managed (see also attached feedback from healthwatch)

1. Impact upon access to services

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Eligibility of patients to receive the service	no impact	eligibility unaffected by this decision	
B	Ability of patients to access the service	no impact	2 other providers in immediate vicinity	
C	Waiting times to receive service	-	waiting times not consistent – vary by provider. Care UK currently much shorter than NHS constitution target (18 wks)	Temporary increase in other provider capacity; delivery of commissioning plans; contract monitoring to ensure compliance with 18 wk standard consistently across all providers see also demand and capacity model
D	Longer term sustainability of the service	+	Decision potentially reduces oversupply in the face of diminishing demand which might otherwise threaten financial viability of local providers	
E	Reducing health inequalities	+	will facilitate investment into prevention services like weight management	

2. Impact upon quality of services

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Clinical performance/outcomes	none		
B	Statutory NHS targets	-	waiting times not consistent – vary by provider. Care UK currently much shorter than NHS constitution target (18 wks)	Temporary increase in other provider capacity; delivery of commissioning plans; contract monitoring to ensure compliance with 18 wk standard consistently across all providers see also demand and capacity model
C	Patient Choice	none	2 other providers in immediate vicinity. 6 providers within 45 minute drive	
D	Cohesion with wider NHS strategies	+	One of first tangible examples of large scale shift of health resources towards prevention and earlier intervention	
E	Operational effectiveness			

3. Impact upon patients and carers

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Patient care standards	none	all local NHS providers of elective orthopaedic care have satisfied regulators and commissioners that care is of a satisfactory standard	
B	Privacy and dignity	none	all local NHS providers of elective orthopaedic care have satisfied regulators and commissioners that	

			they meet standards for privacy and dignity	
C	Patient care journeys/pathways	+	Will release resources to inest in improved pathways of care for orthopaedics & other under resourced areas of care	
D	Patient experience	-	all local NHS providers of elective orthopaedic care high levels evidence high levels of patient satisfaction (as defined by friends and Family Test). However it is acknowledged that patients who have used the Treatment centre report high levels of satisfaction with the physical environment and benefits such as free wifi which are harder to replicate in a busy acute hospital.	Commissioners continue to hold all providers to account for improving patient experience and showing learning from patient feedback.
E	Carer experience	none		
F	Psychological	none		

4. Impact upon wider community

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Local economy	-	The decision to close or not is for Care UK to make who employ around 100 staff (clinical and administrative)	Care UK have recently indicated they are highly likely to continue to operate from the building despite commissioning decision, which they are entitled to do under national regulations. If Care UK

				do close the treatment centre they have indicated they will work closely with other providers to redeploy as many staff as possible.
B	Transport	none		
C	Community Safety	none		
D	Environment	none		
E	Social Care	none		
F	Cohesion with Community Strategy	+	increased focus on the prevention of ill health.	

5. Partnership working/ involvement

How have commissioners involved the following groups in the development of these proposals?	Details
Patient & Public Involvement	In workshops to design the future model of care as set out above
Staff / Human Resources / Unions	Not applicable as the CCG is not the employing organisation

6. Financial Impact

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Implications for NHS organisation	+	releases resources required for investment elsewhere	
B	Implications for Health Community	+	helps to deliver on agreed commissioning priorities	
C	Implications for Peninsula	+	helps to deliver on agreed commissioning priorities	
D	Implications for Local Authorities	+	frees resources for investment into prevention and early intervention which has a positive impact on health and	

			wellbeing increasing independence	
E	Implications for Voluntary Sector	none		
F	Implications for patient/ patient's family	none		

7. Anticipated climate of Opinion

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A	Clinical opinion	+	orthopaedic clinical community support the direction of travel that this decision will facilitate	
B	Local community	none	existing provision will continue to meet the needs of the community and local media reports have generated little comment from citizens	
C	Political	+	supports the community wide direction of travel to promote health and wellbeing	
D	Media	-	the potential resulting closure (if Care UK choose to close) of a popular service provider has generated a small amount of local media interest	
E	Staff	-	staff employed by Care UK will be concerned about their future whilst there is uncertainty	

8. Any other impacts not covered above

Ref	Aspect	+ or - impact	Details	Plans to minimise negative impact
A				
B				

C				
NHS comments on impact assessment and view on whether the proposed change is substantial	The CCG is optimistic that the completion of this impact assessment supported by the documents which were presented to the Western Locality Board will provide the Overview and Scrutiny panel with the assurance that they require and provides sufficient evidence to support the CCGs view that the decision not to commission replacement surgical capacity does not constitute substantial change. The most significant factors in the CCG reaching that view are: 1. elective orthopaedic surgery continues to be provided by other providers in the area. 2. this decision will not impact upon access criteria for those services. 3 other providers are available within the immediate vicinity so travel access times are unaffected. 4. Patients continue to have a choice of provider. We do however expect the improvements set out in our wider vision for the future of orthopaedic care to constitute significant and very positive change and will continue to involve patients and their representatives in those proposals as they are developed.			

Northern, Eastern and Western Devon
Clinical Commissioning Group

Supply and demand model

November 2014

This supply and demand model has been developed to better understand the potential impact of Care UK ceasing to provide services from the Peninsula NHS Treatment Centre. This model has been developed jointly between NEW Devon CCG and Kernow CCG.

Assumptions

- Baseline activity is based upon all activity that is linked to orthopaedic non-trauma (HB), ophthalmology (cataracts), mouth head neck & ears (CZ)

- Other significant actitivty undertaken by Care UK being included for the purpose of agreeing mitigation

- Baseline activity includes elective inpatient/ daycase, non-elective inpatients (Kernow only), 1st outpatients and follow-up outpatients

- Demographic growth has been included at an estimated 1.0% pa from 15/16 and is equivalent to the level expected based upon population projections even though orthopaedic demand has reduced

- Impact of Care UK contract ceasing has been based upon 13/14 level of activity as this is the last full year of activity (base year for all calculations)

- Initial demobilisation assumption that Care UK would deliver 50% of regular activity in Q4 2014/15 reducing to zero from Q1 2015/16

- Market shift to other providers limited to previous activity levels ie returning to 13/14 levels of orthopaedic activity in 15/16 and to 11/12 levels in 16/17. This is the resulting market shift that would happen without further action

- Patient choice to go to other providers in the health community will naturally change in response to changes in supply. Assumption 33% of patients in South Hams and West Devon will choose a provider outside of Plymouth ie SDHFT, RDE etc

- Model is based upon likely case scenario ie 100% delivery of existing QIPP schemes. A worst case scenario has been calculated based upon 50% delivery of existing QIPP schemes

- Model represents the potential gap between supply and demand if no further action is undertaken to close this gap (ie expansion of other providers/ further QIPP schemes). More work will be undertaken which is as yet unquantified and not included in this model. This includes expansion of Beacon pilot and redesigning models of follow-up care to focus on patient initated follow-up etc.

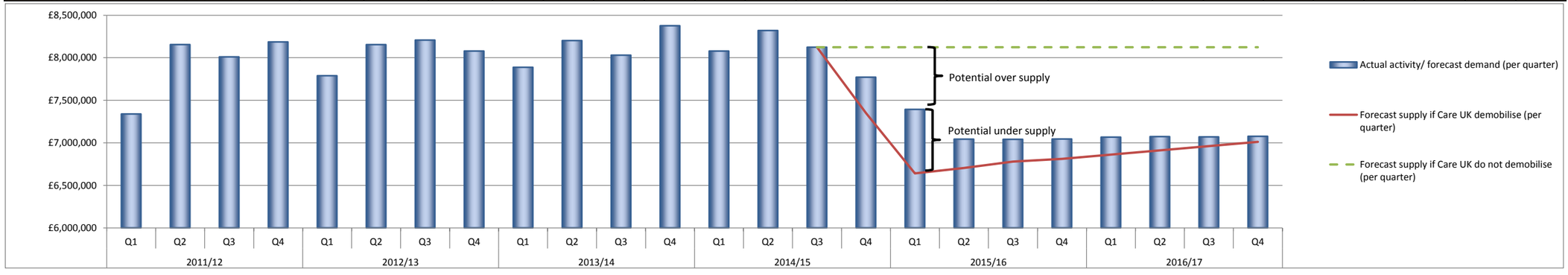
- Model does not take into account of the short term mitigating actions which are in the process of being developed across the health community. This will address any potential under-supply during transition

NEW Devon CCG (Western Locality) supply and demand model (base case)

(ophthalmology, orthopaedics non-trauma, and other activity undertaken by Care UK)

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Demand	Baseline	£7,338,447	£8,154,351	£8,009,756	£8,185,770	£7,788,297	£8,153,809	£8,207,401	£8,078,435	£7,887,629	£8,201,495	£8,030,146	£8,375,810	£8,078,288	£8,319,978										
	1st outpatient (T&O and ophthalmology)	£872,511	£876,361	£935,600	£943,338	£1,013,743	£980,732	£936,806	£831,253	£1,025,682	£924,895	£889,977	£927,745	£1,056,145	£956,960										
	FU outpatient (T&O and ophthalmology)	£981,653	£1,066,184	£1,078,503	£1,243,924	£1,156,860	£1,210,395	£1,227,695	£1,160,340	£1,230,114	£1,215,767	£1,338,013	£1,303,544	£1,205,520	£1,160,296										
	Inpatient (HB, CZ and other selected HRGs)	£2,937,084	£3,629,612	£3,418,757	£3,277,195	£3,170,884	£3,248,951	£3,337,302	£3,246,835	£2,845,124	£3,259,469	£2,832,288	£3,050,212	£2,892,241	£2,969,104										
	Daycase (HB, CZ and other selected HRGs)	£2,547,200	£2,582,194	£2,576,895	£2,721,313	£2,446,809	£2,713,732	£2,705,598	£2,840,007	£2,786,710	£2,801,364	£2,969,868	£3,094,309	£2,924,381	£3,233,618										
	Projected activity from 13/14 baseline															£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770
	Expected QIPP impact	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£352,975	£810,334	£1,163,309	£1,163,309	£1,163,309	£1,215,193	£1,215,193	£1,215,193	£1,215,193
	Scheme 1 - ophthalmology															£0	£17,722	£35,445	£53,167	£53,167	£53,167	£53,167	£53,167	£53,167	£53,167
	Ophthalmology PHNT backlog clearance																	£104,384	£104,384	£104,384	£104,384	£104,384	£104,384	£104,384	£104,384
	Scheme 2 - Hip replacements																£126,547	£253,093	£379,640	£379,640	£379,640	£379,640	£379,640	£379,640	£379,640
	Scheme 3 - Knee replacements																£89,241	£178,481	£267,722	£267,722	£267,722	£267,722	£267,722	£267,722	£267,722
	Scheme 4 - Shoulder procedures																£35,524	£71,047	£106,571	£106,571	£106,571	£106,571	£106,571	£106,571	£106,571
	Scheme 5 - Arthroscopy																£27,034	£54,068	£81,102	£81,102	£81,102	£81,102	£81,102	£81,102	£81,102
	Scheme 6 - Carpal tunnel																£13,936	£27,873	£41,809	£41,809	£41,809	£41,809	£41,809	£41,809	£41,809
	Scheme 7 - Foot & ankle																					£51,885	£51,885	£51,885	£51,885
	Orthopaedics outpatients																£42,972	£85,944	£128,915	£128,915	£128,915	£128,915	£128,915	£128,915	£128,915
	Demographic growth at 1% pa																	£78,876	£82,015	£80,301	£83,758	£157,753	£164,030	£160,603	£167,516
	Actual activity/ forecast demand (per quarter)	£7,338,447	£8,154,351	£8,009,756	£8,185,770	£7,788,297	£8,153,809	£8,207,401	£8,078,435	£7,887,629	£8,201,495	£8,030,146	£8,375,810	£8,078,288	£8,319,978	£8,123,770	£7,770,795	£7,392,313	£7,042,476	£7,040,763	£7,044,219	£7,066,329	£7,072,607	£7,069,180	£7,076,093

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Supply	Baseline	£7,338,447	£8,154,351	£8,009,756	£8,185,770	£7,788,297	£8,153,809	£8,207,401	£8,078,435	£7,887,629	£8,201,495	£8,030,146	£8,375,810	£8,078,288	£8,319,978	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770
	Care UK contract	£1,396,881	£1,700,377	£1,641,670	£1,562,074	£1,426,237	£1,384,967	£1,662,926	£1,750,557	£1,436,761	£1,587,458	£1,603,282	£1,563,235	£1,915,953	£2,019,384	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	1st outpatient (T&O and ophthalmology)	£72,288	£76,396	£73,013	£66,730	£70,837	£76,883	£88,123	£75,049	£83,584	£96,598	£97,853	£95,109	£88,342	£97,713										
	FU outpatient (T&O and ophthalmology)	£78,076	£83,551	£74,309	£76,156	£84,832	£86,304	£88,247	£98,839	£85,530	£94,919	£110,412	£103,677	£97,201	£113,302										
	Inpatient (HB, CZ and other selected HRGs)	£791,738	£1,074,297	£1,047,797	£1,027,601	£906,489	£799,338	£990,074	£1,038,850	£761,838	£832,311	£667,662	£697,580	£979,390	£943,809										
	Daycase (HB, CZ and other selected HRGs)	£454,779	£466,133	£446,551	£391,586	£364,078	£422,442	£496,481	£537,819	£505,810	£563,630	£727,355	£666,869	£751,020	£864,560										
	End of care UK contract	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£773,842	£1,547,684	£1,547,684	£1,547,684	£1,547,684	£1,547,684	£1,547,684	£1,547,684	£1,547,684
	Capacity growth other providers	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£64,250	£128,500	£203,750	£235,000	£285,000	£335,000	£385,000	£435,000
	Market shift (PHNT - limited to historical activity)																	£26,250	£52,500	£78,750	£105,000	£150,000	£195,000	£240,000	£285,000
	Market shift (other providers - limited to historical activity)																	£5,000	£10,000	£15,000	£20,000	£25,000	£30,000	£35,000	£40,000
	Patient choice to go other providers (outside WL)																	£33,000	£66,000	£110,000	£110,000	£110,000	£110,000	£110,000	£110,000
	Forecast supply if Care UK demobilise (per quarter)	£7,338,447	£8,154,351	£8,009,756	£8,185,770	£7,788,297	£8,153,809	£8,207,401	£8,078,435	£7,887,629	£8,201,495	£8,030,146	£8,375,810	£8,078,288	£8,319,978	£8,123,770	£7,349,928	£6,640,336	£6,704,586	£6,779,836	£6,811,086	£6,861,086	£6,911,086	£6,961,086	£7,011,086
	Forecast supply if Care UK do not demobilise (per quarter)	£7,338,447	£8,154,351	£8,009,756	£8,185,770	£7,788,297	£8,153,809	£8,207,401	£8,078,435	£7,887,629	£8,201,495	£8,030,146	£8,375,810	£8,078,288	£8,319,978	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770	£8,123,770



	2014/15	2015/16	2016/17
Actual activity/ forecast demand (per quarter)	£32,292,831	£28,519,771	£28,284,209
Forecast supply if Care UK demobilise (per quarter)	£31,871,964	£26,935,843	£27,744,343
Potential gap	-£420,867	-£1,583,928	-£539,866
Gap as a % of total activity	-1.3%	-5.6%	-1.9%

Assumptions

Full QIPP impact achieved from Q2 15/16. Equivalent to top quartile levels of activity across Southern Region based upon Standardised Admission Rates (Dr Foster). SARs are both age and deprivation standardised. Phased impact from Q4 14/15
Additional QIPP impact based upon urgent and necessary measures
Orthopaedic outpatient activity has been reduced in proportion to the reduction in inpatient/ daycase QIPP
Ophthalmology activity in Care UK is backlog clearance so is not recurrent activity
Additional QIPP activity included in 16/17 around foot and ankle even though detailed plans not fully developed
A natural market shift would occur if supply is reduced. It has been assumed that existing providers will return to 13/14 levels of orthopaedic activity in 15/16 and to 11/12 levels in 16/17.
Patient choice to go to other providers in the health community will naturally change in response to changes in supply. Assumption 33% of patients in South Hams and West Devon will choose a provider outside of Plymouth ie SDHFT, RDE etc

Summary

The potential gap in activity in 14/15 could be delivered as a result of the over performance in RTT in the treatment centre ie waiting times are around 5 weeks
The potential gap between supply and demand reduces from £1.58m in 15/16 (5.6% of activity) to £540k from 16/17 (1.9% of activity) and is expected to continue at this level going forward without additional supply being created.
This would give an estimated gap of £2.7m over the next 3 years
Worst case scenario would give a gap of £3.6m (11.8% of activity) in 2015/16 reducing to £2.9m (9.5%) in 2016/17. This would give a total gap of £9.3m over the next 3 years
Worst case is equivalent to current level of QIPP improvement being maintained going forward and is unlikely to be realistic if level of supply is reduced (ie Care UK demobilise from the Peninsula Treatment Centre)

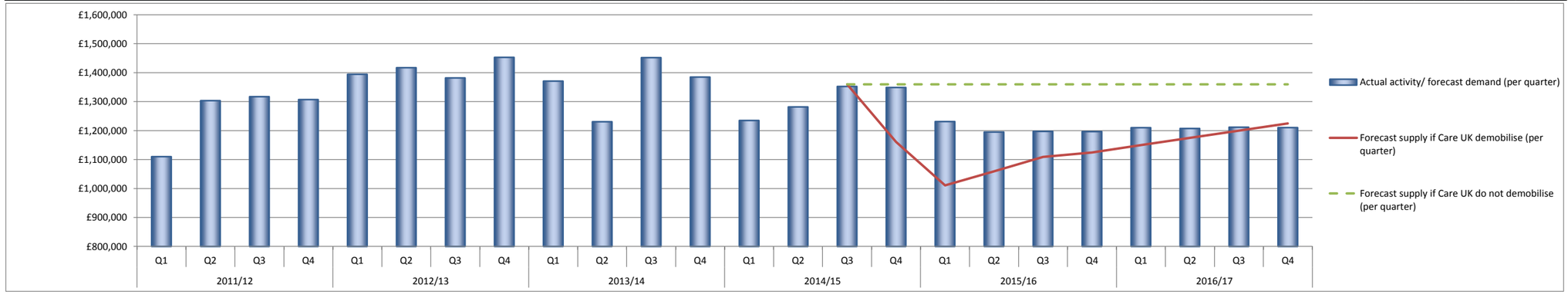
Kernow CCG supply and demand model - East Cornwall Locality (base case)

(ophthalmology, orthopaedics non-trauma, and other activity undertaken by Care UK)

Notes: Excludes Probus Treatment Centre

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Demand	Baseline	£1,110,136	£1,303,516	£1,317,245	£1,307,221	£1,394,458	£1,417,202	£1,381,903	£1,452,971	£1,370,961	£1,230,614	£1,451,980	£1,384,900	£1,235,059	£1,281,827										
	1st outpatient (T&O and ophthalmology)	£152,303	£168,286	£175,967	£181,197	£191,013	£173,153	£173,198	£157,925	£165,741	£163,708	£154,224	£142,918	£144,189	£155,042										
	FU outpatient (T&O and ophthalmology)	£213,205	£228,872	£229,465	£275,970	£246,997	£248,772	£258,646	£232,514	£215,124	£218,137	£264,596	£255,734	£229,765	£213,252										
	Elective Inpatient (HB, BZ and other selected HRGs)	£344,773	£432,137	£453,877	£347,284	£415,559	£452,147	£443,702	£515,209	£435,875	£339,918	£475,682	£490,977	£371,722	£411,939										
	Non Elective Inpatient (HB, BZ and other selected HRGs)	£65,292	£102,705	£69,785	£61,832	£71,928	£83,945	£62,399	£83,897	£109,192	£77,040	£77,933	£71,582	£63,231	£79,828										
	Daycase (HB, BZ and other selected HRGs)	£334,563	£371,516	£388,151	£440,938	£468,961	£459,185	£443,958	£463,426	£445,029	£431,811	£479,545	£423,689	£426,152	£421,766										
	Projected activity from 13/14 baseline															£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614
	Expected QIPP impact	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£7,128	£10,692	£142,082	£176,877	£176,877	£176,877	£176,877	£176,877	£176,877	£176,877
	Redesign of MSK Interface, including:																								
	- Expansion of MSK Interface (feet & ankles) - 1st OPs																	£1,428	£1,428	£1,428	£1,428	£1,428	£1,428	£1,428	£1,428
	- Expansion of MSK Interface (feet & ankles) - Inpats																	£3,848	£3,848	£3,848	£3,848	£3,848	£3,848	£3,848	£3,848
	- Develop MSK/primary care integrated model - 1st OPs																	£5,950	£5,950	£5,950	£5,950	£5,950	£5,950	£5,950	£5,950
	- Develop MSK/primary care integrated model - FU OPs																	£2,450	£2,450	£2,450	£2,450	£2,450	£2,450	£2,450	£2,450
	- Develop MSK/primary care integrated model - Inpats																	£105,000	£105,000	£105,000	£105,000	£105,000	£105,000	£105,000	£105,000
	Procedures of Low Clinical Benefit, including:																								
	- Arthroscopy															£7,128	£10,692	£14,256	£14,256	£14,256	£14,256	£14,256	£14,256	£14,256	£14,256
	- Carpal tunnel																	£2,160	£2,160	£2,160	£2,160	£2,160	£2,160	£2,160	£2,160
	- Cataracts																	£6,990	£6,990	£6,990	£6,990	£6,990	£6,990	£6,990	£6,990
	Ophthalmology PHNT backlog clearance																		£34,795	£34,795	£34,795	£34,795	£34,795	£34,795	£34,795
	Demographic growth at 1% pa																	£13,710	£12,306	£14,520	£13,849	£27,419	£24,612	£29,040	£27,698
	Actual activity/ forecast demand (per quarter)	£1,110,136	£1,303,516	£1,317,245	£1,307,221	£1,394,458	£1,417,202	£1,381,903	£1,452,971	£1,370,961	£1,230,614	£1,451,980	£1,384,900	£1,235,059	£1,281,827	£1,352,486	£1,348,922	£1,231,241	£1,195,043	£1,197,257	£1,196,586	£1,210,156	£1,207,349	£1,211,776	£1,210,435

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Supply	Baseline	£1,110,136	£1,303,516	£1,317,245	£1,307,221	£1,394,458	£1,417,202	£1,381,903	£1,452,971	£1,370,961	£1,230,614	£1,451,980	£1,384,900	£1,235,059	£1,281,827	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614
	Care UK contract	£262,837	£440,180	£514,204	£487,225	£485,427	£410,361	£513,823	£424,517	£393,422	£323,260	£421,611	£451,710	£434,144	£335,589	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	1st outpatient (T&O and ophthalmology)	£25,454	£19,448	£25,454	£20,020	£22,194	£22,879	£25,893	£20,961	£18,952	£21,358	£22,387	£19,122	£18,516	£19,720										
	FU outpatient (T&O and ophthalmology)	£14,706	£18,318	£23,478	£22,446	£27,307	£24,070	£22,825	£26,560	£21,087	£17,618	£21,774	£20,539	£19,805	£23,204										
	Elective Inpatient (HB, BZ and other selected HRGs)	£138,042	£278,220	£348,492	£315,558	£334,999	£258,552	£312,659	£277,809	£225,865	£173,649	£235,563	£249,678	£254,542	£106,831										
	Non Elective Inpatient (HB, BZ and other selected HRGs)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0										
	Daycase (HB, BZ and other selected HRGs)	£84,635	£124,194	£116,780	£129,201	£100,927	£104,860	£152,446	£99,187	£127,518	£110,635	£141,887	£162,371	£141,281	£185,834										
	End of care UK contract	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£198,750	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501
	Capacity growth other providers	£84,635	£124,194	£116,780	£129,201	£100,927	£104,860	£152,446	£99,187	£127,518	£110,635	£141,887	£162,371	£141,281	£185,834	£0	£198,750	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501	£397,501
	Market shift (PHNT - limited to historical activity)																	£13,125	£26,250	£39,375	£52,500	£75,000	£97,500	£120,000	£142,500
	Market shift (other providers - limited to historical activity)																	£2,500	£5,000	£7,500	£10,000	£12,500	£15,000	£17,500	£20,000
	Patient choice to go other providers (outside PHNT catchment)																	£33,000	£66,000	£100,000	£100,000	£100,000	£100,000	£100,000	£100,000
	Forecast supply if Care UK demobilise (per quarter)	£1,110,136	£1,303,516	£1,317,245	£1,307,221	£1,394,458	£1,417,202	£1,381,903	£1,452,971	£1,370,961	£1,230,614	£1,451,980	£1,384,900	£1,235,059	£1,281,827	£1,359,614	£1,160,863	£1,010,738	£1,059,363	£1,108,988	£1,124,613	£1,149,613	£1,174,613	£1,199,613	£1,224,613
	Forecast supply if Care UK do not demobilise (per quarter)	£1,110,136	£1,303,516	£1,317,245	£1,307,221	£1,394,458	£1,417,202	£1,381,903	£1,452,971	£1,370,961	£1,230,614	£1,451,980	£1,384,900	£1,235,059	£1,281,827	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614	£1,359,614



	2014/15	2015/16	2016/17
Actual activity/ forecast demand (per quarter)	£5,218,294	£4,820,127	£4,839,716
Forecast supply if Care UK demobilise (per quarter)	£5,037,363	£4,303,702	£4,748,452
Potential gap	-£180,930	-£516,425	-£91,264
Gap as a % of total activity	-3.5%	-10.7%	-1.9%

Assumptions

Baseline activity is based upon all activity for the East practices that is linked to orthopaedic non-trauma (HB), ophthalmology (cataracts), mouth head neck & ears (CZ) plus other selected HRG actitivty undertaken by Care UK
Baseline activity includes non-elective inpatients, elective inpatient & daycase, 1st outpatients and follow-up outpatients
A natural market shift would occur if supply is reduced. It has been assumed that existing providers will return to 13/14 levels of orthopaedic activity in 15/16 and to 11/12 levels in 16/17.
Patient choice to go to other providers in the health community will naturally change in response to changes in supply.

Summary

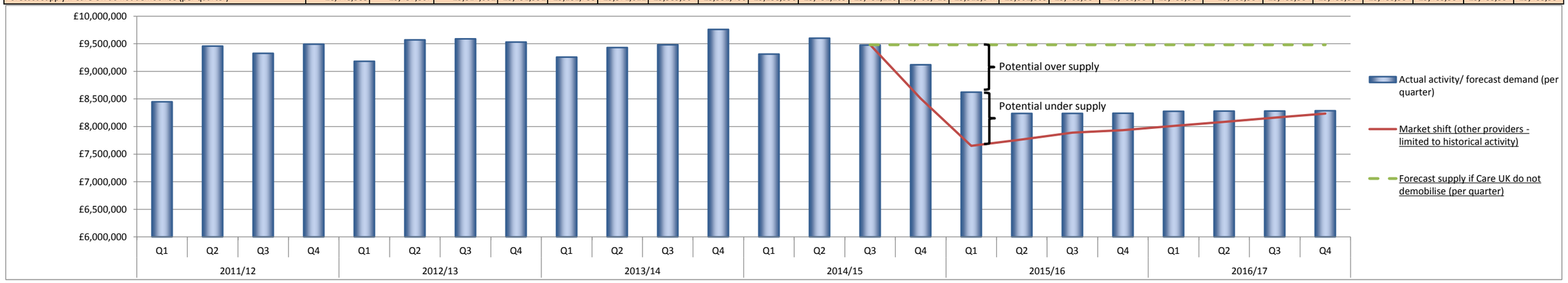
The potential gap in activity in 14/15 could be delivered as a result of the over performance in RTT in the treatment centre ie waiting times are around 5 weeks
The potential gap between supply and demand reduces from £516k in 15/16 to £91k from 16/17 and is expected to continue at this level going forward without additional supply being created.
This would give an estimated gap of £699k over the next 3 years

Combined Western Locality & Kernow supply and demand model (base case)

(ophthalmology, orthopaedics non-trauma, and other activity undertaken by Care UK)

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Demand	Baseline	£8,448,583	£9,457,867	£9,327,001	£9,492,991	£9,182,755	£9,571,011	£9,589,304	£9,531,406	£9,258,590	£9,432,109	£9,482,126	£9,760,710	£9,313,347	£9,601,805	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	1st outpatient (T&O and ophthalmology)	£1,024,814	£1,044,647	£1,111,567	£1,124,535	£1,204,756	£1,153,885	£1,110,004	£989,178	£1,191,423	£1,088,603	£1,044,201	£1,070,663	£1,200,334	£1,112,002	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	FU outpatient (T&O and ophthalmology)	£1,194,858	£1,295,056	£1,307,968	£1,519,894	£1,403,857	£1,459,167	£1,486,341	£1,392,854	£1,445,238	£1,433,904	£1,602,609	£1,559,278	£1,435,285	£1,373,548	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Inpatient (HB, CZ and other selected HRGs)	£3,281,857	£4,061,749	£3,872,634	£3,624,479	£3,586,443	£3,701,098	£3,781,004	£3,762,044	£3,280,999	£3,599,387	£3,307,970	£3,541,189	£3,263,963	£3,381,043	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Non Elective Inpatient (HB, BZ and other selected HRGs)	£65,292	£102,705	£69,785	£61,832	£71,928	£83,945	£62,399	£83,897	£109,192	£77,040	£77,933	£71,582	£63,231	£79,828	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Daycase (HB, CZ and other selected HRGs)	£2,547,200	£2,582,194	£2,576,895	£2,721,313	£2,446,809	£2,713,732	£2,705,598	£2,840,007	£2,786,710	£2,801,364	£2,969,868	£3,094,309	£2,924,381	£3,233,618	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Projected activity from 13/14 baseline															£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384
	Expected QIPP impact	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£7,128	£363,667	£952,416	£1,340,186	£1,340,186	£1,340,186	£1,392,070	£1,392,070	£1,392,070	£1,392,070
	Demographic growth at 1% pa																	£92,586	£94,321	£94,821	£97,607	£185,172	£188,642	£189,643	£195,214
	Actual activity/ forecast demand (per quarter)	£8,448,583	£9,457,867	£9,327,001	£9,492,991	£9,182,755	£9,571,011	£9,589,304	£9,531,406	£9,258,590	£9,432,109	£9,482,126	£9,760,710	£9,313,347	£9,601,805	£9,476,256	£9,119,717	£8,623,554	£8,237,519	£8,238,019	£8,240,805	£8,276,485	£8,279,956	£8,280,956	£8,286,528

		2011/12				2012/13				2013/14				2014/15				2015/16				2016/17			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Supply	Baseline	£8,448,583	£9,457,867	£9,327,001	£9,492,991	£9,182,755	£9,571,011	£9,589,304	£9,531,406	£9,258,590	£9,432,109	£9,482,126	£9,760,710	£9,313,347	£9,601,805	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384
	Care UK contract	£1,659,718	£2,140,557	£2,155,874	£2,049,299	£1,911,664	£1,795,328	£2,176,749	£2,175,074	£1,830,183	£1,910,718	£2,024,893	£2,014,945	£2,350,097	£2,354,973	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	1st outpatient (T&O and ophthalmology)	£97,742	£95,844	£98,467	£86,750	£93,031	£99,762	£114,016	£96,010	£102,536	£117,956	£120,240	£114,231	£106,858	£117,433	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	FU outpatient (T&O and ophthalmology)	£92,782	£101,869	£97,787	£98,602	£112,139	£110,374	£111,072	£125,399	£106,617	£112,537	£132,186	£124,216	£117,006	£136,506	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Inpatient (HB, CZ and other selected HRGs)	£929,780	£1,352,517	£1,396,289	£1,343,159	£1,241,488	£1,057,890	£1,302,733	£1,316,659	£987,703	£1,005,960	£903,225	£947,258	£1,233,932	£1,050,640	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Non Elective Inpatient (HB, BZ and other selected HRGs)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	Daycase (HB, CZ and other selected HRGs)	£539,414	£590,327	£563,331	£520,787	£465,005	£527,302	£648,927	£637,006	£633,328	£674,265	£869,242	£829,240	£892,301	£1,050,394	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
	End of care UK contract	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£972,592	£1,945,185	£1,945,185	£1,945,185	£1,945,185	£1,945,185	£1,945,185	£1,945,185	£1,945,185
	Capacity growth other providers	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£112,875	£225,750	£350,625	£397,500	£472,500	£547,500	£622,500	£697,500
	Market shift (PHNT - limited to historical activity)																	£39,375	£78,750	£118,125	£157,500	£225,000	£292,500	£360,000	£427,500
	Market shift (other providers - limited to historical activity)																	£7,500	£15,000	£22,500	£30,000	£37,500	£45,000	£52,500	£60,000
	Patient choice to go other providers (outside WL)																	£66,000	£132,000	£210,000	£210,000	£210,000	£210,000	£210,000	£210,000
	Forecast supply if Care UK demobilise (per quarter)	£8,448,583	£9,457,867	£9,327,001	£9,492,991	£9,182,755	£9,571,011	£9,589,304	£9,531,406	£9,258,590	£9,432,109	£9,482,126	£9,760,710	£9,313,347	£9,601,805	£9,483,384	£8,510,791	£7,651,074	£7,763,949	£7,888,824	£7,935,699	£8,010,699	£8,085,699	£8,160,699	£8,235,699
	Forecast supply if Care UK do not demobilise (per quarter)	£8,448,583	£9,457,867	£9,327,001	£9,492,991	£9,182,755	£9,571,011	£9,589,304	£9,531,406	£9,258,590	£9,432,109	£9,482,126	£9,760,710	£9,313,347	£9,601,805	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384	£9,483,384



	2014/15	2015/16	2016/17
Demand	£37,511,124	£33,339,898	£33,123,925
Supply	£36,909,327	£31,239,545	£32,492,795
Potential gap	-£601,797	-£2,100,352	-£631,130
Gap as a % of total activity	-1.6%	-6.3%	-1.9%

Assumptions

Combined model is based upon the total of the likely case scenarios for NEW Devon CCG and Kernow CCG

Summary

The potential gap between supply and demand reduces from £2.1m in 15/16 (6.3% of activity) to £631k from 16/17 (1.9% of activity) and is expected to continue at this level going forward without additional supply being created.
This would give an estimated gap of £3.36m over the next 3 years
More work will be undertaken which is as yet unquantified and as yet not included in this model. Expansion of Beacon pilot and redesigning models of followup care to focus on patient initated follow-up etc.
Model does not take into account of the short term mitigating actions which are in the process of being developed across the health community. This will address any potential under-supply during transition.

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: ***Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool.***

Begin the tool by completing this sheet and then complete Safety assessment first.

Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white.. Calculations are then automated.
You will also need to complete the Equality Impact Assessment (EIA). Results are displayed in the summary sheet.

Menu

Please feedback any suggestions / changes to Simon Polak
simon.polak@nhs.net

On completion please send a copy to the CNO via the following email.
D-CCG.SafetySystems@nhs.net

HEALTHY PEOPLE
living healthy lives in healthy communities

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Title:	in May2014 not to comission for surgical capcacity when the current cont

Summary description of the change proposal:

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting times. At the time demand was outstripping capacity and there was need to commission additional capacity to successfully meet the 18 week RTT target.
The Peninsula NHS Treatment Centre (PTC) opened in 2005 following an award of the contract to Care UK.
The contract comes to a natural end on 31 March 2015 and was extended (at risk) for one year to March 2015. The decision to extend was taken on the basis that commissioners were in the midst of productive dialogue with all providers, including Care UK, about an improved integrated model for elective orthopaedic care. The short extension would allow time for clinicians to conclude those debates and the commissioners have reviewed whether to re-commission.
Northern, Eastern and Western Devon Clinical Commissioning Group are the lead commissioners working with KERNOW CCG and South Devon CCG. Vision of the future of Elective Orthopaedic Services workstream has been within our Orthopaedics Clinical Pathway Group alongside all our local providers including Care UK and wider group of stakeholders has been taken over the last 2yrs to move to more active conservative management,in line with our NEW Devon CCG commissioning intentions.

Completed by:	Karen Murray Commisioning and Engagment Manager
Date:	01/09/2014
Initial or Review	Initial

Reviewed by:	Review by Local Service	**Outcome**	Not Considered
Date:			

Notes

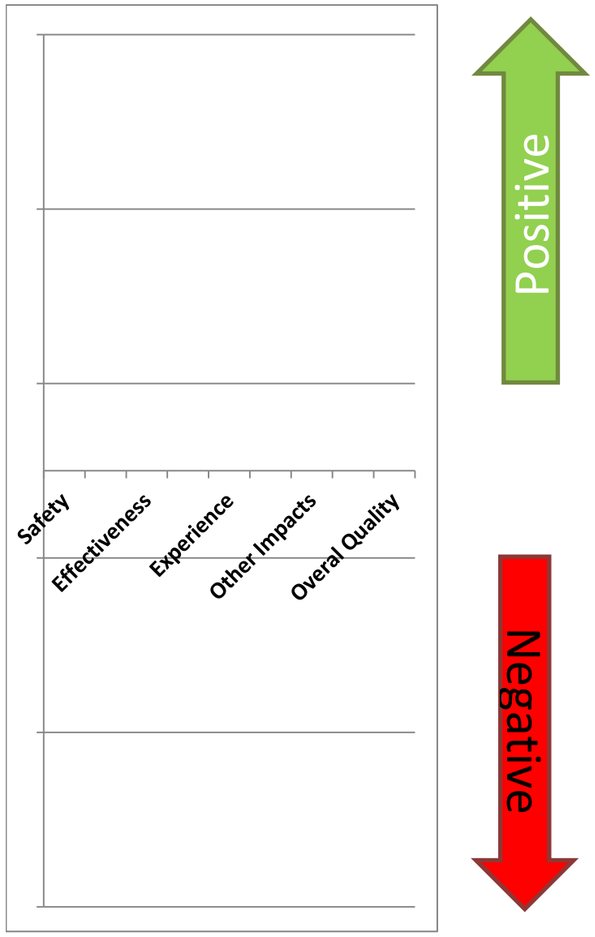
76% Complete

Summary of Quality & Equality Impact Assessment

Date of print: 21/11/2014

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Quality Impact Assessment Overview



Title of change proposal

The provisional decision taken by Western Locality Board in May2014 not to comission for surgical capcacity when the current contract for Pe

Change Proposal

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting

Total Impact of change	0	Review by Local Service
Overall Quality (sum of positive and negative impacts)	-	No overall change
Other impacts	-	No overall change
Equality Impact Assessment: Groups affected	5	Consider actions to mitigate
Sum of +ve and -ve impacts	50	
Completed by:	Karen Murray Commisioning and Engagment Manager	
Reviewed by:	Review by Local Service	
Outcome of Review:	Not Considered	
Date of Review:	00/01/1900	

HEALTHY PEOPLE
living healthy lives in healthy communities

Click to return to menu

Safety

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a*

Description	What is the impact on the SAFETY of patients of implementing the change proposed? (Please add a description of evidence)
Consider: Harm to patients Impact of Human Factors Infrastructure Clean environment Safe environment Training Treatment procedures Communication Administration Attach key documents	*No harm to patients to envisaged there will be two other providers within 15 minutes of the Peninsula Treatment Centre in the Plymouth area.,and others within the wider Devon geographical area.* *There may be some impact on the workforce of Care UK but this is unknown at present until final decision is made by Western Locality board in on 26th November 2014. The communications team have worked with us to prepare a communications and media plan. The building is curently leased from NHS PropCo by Care UK, it will not be in the gift of the Western Locality commissioning team to influence how or who may use the current building in the future.We have a ISTC project group attended by all stakeholders*

0	Total Impact Score for safety from -5 (Catastrophic) to 5 (Enhanced)		
5	Number of patients effected in the bands 0 - 5 per week.	>200 patients	
5	Number of weeks / year patients are affected by the change in the bands 0 - 5	> 40 weeks	

Impact Description

No effect either positive or negative

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Click to return to menu

Effectiveness

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	What is the impact on the EFFECTIVENESS of care or treatment for patients of implementing the change proposed? (Please add description of evidence)
Consider: Tangibles Leadership Competence Reliability Responsiveness Use of Evidence Attach key documents	*This is not a service change,However it will support the development of active conservative management which will enable patients to manage their own health with support and advice to enable them to consider alternative options to surgery that may enhance their overall healtrh and wellbeing.*

0 Total Impact Score for effectiveness from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

No effect either positive or negative

Click to return to menu

Patient Experience

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	What is the impact on the PATIENT EXPERIENCE of implementing the change proposed? (Please add description of evidence)
Consider: Dignity Informed Choice Control of care Responsiveness Empathy & Caring Family & Friends Test Feedback complaints Feedback from PALs Attach key documents	*We as commissioners recognise that the Peninsula Treatment Centre /CARE UK have provided a quality service this has never been in quaetion.*

0 Total Impact Score for experience from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

No effect either positive or negative

Click to return to menu

Other Impacts

Area applied:	A description of the clinical area(s) the change impacts on.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	Please describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change. (Please add a description informing the score)
Consider: Impact on other services impact on employees and other staff, contractual, reputational , visitors and temporary residents, & carers. Is there sufficient change management in place?	*This is not a service change. The recommendation to allow the Peninsula Treament Centre contract to end on 31st March 2015 was arrived at following an Option Appraisal process.We are mindful there may be impacts that we will need to consider more fully once the decision is made. We have in place a prepare communication and media plan ,a draft capacity plan,and all local providers are aware of the decision making process currently being undertaken. we have the capabilty with in our Commissioning organisation to manage any change process that arises following decision making*

		Choose Impact Type
0	Total Impact Score from -5 (Catastrophic) to 5 (Enhanced) and link to Impact Type >>	Human resources/ organisational development/staffing/
5	Number of patients affected by the change from 0 - 5	>200 patients

Impact Description

No effect either positive or negative

4

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Click to return to menu

Measurement

How will the Impact of Safety, Effectiveness and Experience described above be measured?

PROMS,Freiends and Family test ,Patient satisfaction surveys Contract monitoring ,Performance monitoring .N/A at present until decision is made at WLB 26th November 2014

Attach relevent documents or links to data below:

Click to return to menu

Equality Impact Assessment

Do I need to complete this analysis?
- If you are introducing change to the Trust, you should complete this analysis.
What do I need to do?
- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this document

When considering the potential impact on those that share protected characteristics, think about:
- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff
Have you identified any potential discrimination or adverse impact that cannot be legally justified?

Area applied:	**A description of the clinical area(s) the change impacts on.**
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity Orthopaedic Improvement plan is aimed at further reducing Secondary Care activity, and there is a view that over supply is driving demand.*

Protected Groups	**Potential People with protected characteristics**	**Impact Score**	**No's people affected**	**Score**	**Action to be taken / Evidence of action (should include engagement or consultation with the groups affected and/or any mitigation actions)**
Sex / Gender					
	Women	2	5	10	Minor impact of public perception of closure of health facility .Will be intending to have Public engagement as required once the final decision is made by WLB 26th Nov 2014
	Men	2	5	10	
Race / Ethnic Group					
	Asian	0	0	0	
	Asian British	0	0	0	
	Black	0	0	0	
	Black British	0	0	0	
	Chinese	0	0	0	
	Gypsy or Roma	0	0	0	
	Irish	0	0	0	
	Mixed Heritage	0	0	0	
	White	0	0	0	
	White British	0	0	0	
	other ethnic backgrounds	0	0	0	
Disability					
	Physical	0	0	0	
	Sensory (hearing and/or partial sight)	0	0	0	
	Deaf people	0	0	0	
	Learning Disabilities	0	0	0	
	Mental Health	0	0	0	
	Dementia	0	0	0	
	Other long term conditions	0	0	0	
Sexual Orientation					
	Lesbian, gay men and bisexual	0	0	0	
Gender reassignment					

	Men to women	0	0	0	
	Women to men	0	0	0	
	Trans	0	0	0	
Age					
	<5 years old	0	0	0	
	5 - 18 years old	0	0	0	
	18 - 65 years old	2	5	10	
	65 - 80 years old	2	5	10	
	>80 years old	2	5	10	
Faith or Belief		0	0	0	
Maternity and Pregancy		0	0	0	
Marriage and Civil Partnership		0	0	0	
Others					
	Asylum seekers and refugees	0	0	0	
	Travellers	0	0	0	
	Economically challenged	0	0	0	
	Rurally Isolated	0	0	0	
	Any others….	0	0	0	
Total number of groups affected		5		50	
EIA Completed?					

Click to return to menu

Guide to completion of the tool

A copy of the policy can be found here: XXXX

1. Fullscreen. Sometimes it is easier to work in fullscreen mode to see as much as possible on the screen. Buttons to enter and exit fullscreen mode are on the main menu.

Navigation. Use the Hyperlinks or the buttons to navigate around the workbook - hyperlinks are always underlined in blue. These go purple after they have been clicked. You may then return to the main menu by clicking on the return to menu in the top left hand corner of the worksheet.

Work in turn on each worksheet from Safety, Effectiveness, Experience and other impacts using the NEXT buttons. Finally review the summary (which can be printed).

2. Any white area requires your input into the tool, either with narrative, inserting documents or using the drop down lists. Orange areas show information that has been entered or feedback from figures entered into scoring.

3. Where you add narrative please describe the evidence behind any assertions made or the score chosen. In addition detailed evidence such as papers, links to data etc may be added in each section by embedding the document as an object (see help files in excel to do this).

4. The calculation in the QIA matrix is designed to give a graphical view of the relative scores. Scores can be positive or negative - larger scores in either case will need to be considered in line with the thresholds for review here:

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

5. To ensure consistency of scoring please use the decision matrix tab which gives a narrative guidance to the score meaning.

Click to return to menu

Review body - threshold for authorisation

Total Score

Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Safety	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Minimal injury requiring no/minimal intervention or treatment. No time off work	No effect either positive or negative	Minimal benefit requiring no/minimal intervention or treatment.	Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Moderate benefit requiring professional intervention Reduction in length of hospital stay by 4-15 days	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects	Incident leading to enhanced benefit Multiple permanent benefit or irreversible positive health effects
Effectiveness	Totally unacceptable level or effectivenss of treatment	Non-compliance with national standards with significant risk to patients if unresolved	Treatment or service has significantly reduced effectiveness	Overall treatment suboptimal	Peripheral element of treatment suboptimal	No effect either positive or negative	Peripheral element of treatment optimal	Overall treatment optimal	Treatment has significantly improved effectiveness	Compliance with national standards with significant benefit to patients	Totally acceptable level of effective treatment
Experience	Gross failure of experience if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards	Multiple complaints/ independent review Low performance rating Critical report	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Formal complaint (stage 1) Local resolution Single failure to meet internal standards	Informal complaint/inquiry	No effect either positive or negative	Informal positive expression/inquiry	Letter of praise Local recognition Meets internal standards	Letter of praise to board Local recognition Repeatedly meets internal standards	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards	Consistently exceeds local and national standards of experience verified by external scrutiny.
Patient Numbers						0	1-10 patients	10-50 patients	50 - 100 patients	100 - 200 patients	>200 patients

Other Impacts Scorer

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Human resources/ organisational development/staffing/ competence	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Low staffing level that reduces the service quality	Short-term low staffing level that temporarily reduces service quality (< 1 day)	No effect either positive or negative	Short-term over staffing level leading to improvement in service quality (<1 day)	Increased staffing level that improves the service quality	Early delivery of key objective/ service due to icreased staff Safe staffing level or improved competence (>1 day) High staff morale improved attendance for mandatory/key training	Delivery of key objective/service due to increased staff Safe staffing level or competence (>5 days) Access to key staff High staff morale All staff attending mandatory/ key training	Early delivery of key objective/service due to incraesed staff Ongoing Safe staffing levels or high competence Access to several key staff All staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Single breech in statutory duty Challenging external recommendations/ improvement notice	Breech of statutory legislation Reduced performance rating if unresolved	No or minimal impact or breech of guidance/ statutory duty	No effect either positive or negative	Improved ability to avoid breech of guidance/ statutory duty	No breech of statutory legislation Sustained performance rating	No breech in statutory duty Positive external recommendations/ no improvement notice	No action No breeches in statutory duty No improvement notices Good performance rating Positive report	No breeches in statutory duty Excellent systems in place Best performance rating Best practice report
Adverse publicity/ reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House), Total loss of public confidence	National media coverage with <3 days service well below reasonable public expectation	Local media coverage – long-term reduction in public confidence	Local media coverage – short-term reduction in public confidence , Elements of public expectation not being met	Rumours and potential for public concern	No effect either positive or negative	Positive rumours and potential public support	Local media coverage – short-term enhancement in public confidence Elements of public expectation being met	Local media coverage – long-term enhancement in public confidence	National media coverage with <3 days service well above reasonable public expectation	National positive media coverage with >3 days service well above reasonable public expectation. MP support (questions in the House) Excellent public confidence
Business objectives/ projects	Incident leading >25 per cent over project budget, schedule slippage, Key objectives not met	Non-compliance with national 10–25 per cent over project budget, schedule slippage, Key objectives not met	5–10 per cent over project budget, schedule slippage	<5 per cent over project budget, schedule slippage	Insignificant cost increase/ schedule slippage	No effect either positive or negative	On budget and project target.	<5 percent under project budget and on target	5 - 10 percent under budget and on target	Compliance with national 10–25 per cent under project budget On Target Key objectives met	Incident leading >25 per cent under project budget On target Key Objectives met
Finance including claims	Non-delivery of key objective/ Loss of >1 per cent of budget, Failure to meet specification/ slippage, Loss of contract / payment by results, Claim(s) >£1 million	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget, Claim(s) between £100,000 and £1 million, Purchasers failing to pay on time	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss of 0.1–0.25 per cent of budget, Claim less than £10,000	Small loss Risk of claim remote	No effect either positive or negative	Small increase in budget No Claims	Improvement of 0.1–0.25 per cent of budget No Claims	Improvement of 0.25–0.5 per cent of budget No Claims	Delivery of key objective/improvement of 0.5–1.0 per cent of budget No Claims Purchasers pay ahead of time	Delivery of key objective/ Improvement of >1 per cent of budget. Meet specification. Meet all contract and PBR No Claims
Service/business interruption Environmental impact	Permanent loss of service or facility,Catastrophic impact on environment	Loss/interruption of >1 week Major impact on environment	Loss/interruption of >1 day, Moderate impact on environment	Loss/interruption of >8 hours, Minor impact on environment	Loss/interruption of >1 hour , Minimal or no impact on the environment	No effect either positive or negative	Improvement of service delivery of >1 hours Minimal or no enhancement of environment	Improvement of service delivery of >8 hours Minor enhancement of environment	Improvement of service delivery of >1 day Moderate enhancement of environment	Improvement of service delivery of >1 week Major enhancement to environment	Access to new service or facility Important enhancement impact on environment

Data Lists - do not edit

-5	Catastrophic
-4	Major
-3	Moderate
-2	Minor
-1	Negligible
0	Neutral
1	Negligible
2	Minor
3	Moderate
4	Major
5	Excellence

Patient S

0
1
2
3
4
5

Min

Ma

	Yes
	No

icorer

0
1-50 patients
51-200 patients
201 - 500 patients
500 - 1000 patients
>1000 patients

Weeks Scorer

0	0
1	1- 4 weeks
2	5 - 12 weeks
3	13 - 26 weeks
4	26 - 39 weeks
5	> 40 weeks

impact	patient	weeks	total
5	5	5	125
5	5	5	125
			0

other impacts scorer

Human resources/ organisational	4
Statutory duty/ inspections	5
Adverse publicity/ reputation	6
Business objectives/ projects	7
Finance including claims	8
Service/business interruption Env	9

Engage	<0 to -10
Consult	-10 to -20
Mitigate	>-20

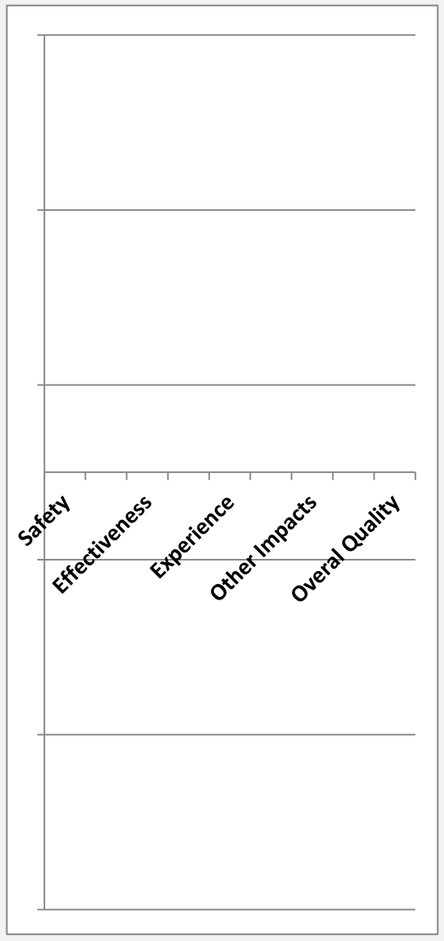
Not Considered
Authorised
Not supported - further info. required
Rejected imapct on quality

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Click to return to menu

Quality Impact Table and Weighting adjustment

0 Defect (-ve) / Benefit (+ve)	1 +ve / -ve impact score per pt (-10 to 10)	2 No. pts affected by defect / benefit (by band)	3 No. wks pt affected (max 52)	4 Weighting	5 Outcome Score
Safety	0	5	5	100%	-
Effectiveness	0	5	5	100%	-
Experience	0	5	5	100%	-
Total Score (scale of all domain scores)					0
Overal Quality (total include positive benefits score and negative disbenefits scores)					-
Other Impacts	0	5	5	100%	-
Global Quality Impact Score					0



[Decision Matrix Guidance]

(Use hyperlink to review detailed guidance

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

Quality & Equality Impact Assessment

Instructions

There are 4 domains relating to patient care: ***Safety, Effectiveness, Experience and Impacts and an Equality Impact Assessment in this tool.***

Begin the tool by completing this sheet and then complete Safety assessment first.

Please work through this tool to identify the impact of your proposed service changes against the status quo. Complete the four worksheets with either text or using the drop down boxes in highlighted in white.. Calculations are then automated.
You will also need to complete the Equality Impact Assessment (EIA). Results are displayed in the summary sheet.

Menu

Please feedback any suggestions / changes to Simon Polak
simon.polak@nhs.net

On completion please send a copy to the CNO via the following email.
D-CCG.SafetySystems@nhs.net

HEALTHY PEOPLE
living healthy lives in healthy communities

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

Title:	in May2014 not to comission for surgical capcacity when the current cont

Summary description of the change proposal:

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting times. At the time demand was outstripping capacity and there was need to commission additional capacity to successfully meet the 18 week RTT target.
The Peninsula NHS Treatment Centre (PTC) opened in 2005 following an award of the contract to Care UK.
The contract comes to a natural end on 31 March 2015 and was extended (at risk) for one year to March 2015. The decision to extend was taken on the basis that commissioners were in the midst of productive dialogue with all providers, including Care UK, about an improved integrated model for elective orthopaedic care. The short extension would allow time for clinicians to conclude those debates and the commissioners have reviewed whether to re-commission.
Northern, Eastern and Western Devon Clinical Commissioning Group are the lead commissioners working with KERNOW CCG and South Devon CCG. Vision of the future of Elective Orthopaedic Services workstream has been within our Orthopaedics Clinical Pathway Group alongside all our local providers including Care UK and wider group of stakeholders has been taken over the last 2yrs to move to more active conservative management,in line with our NEW Devon CCG commissioning intentions.

Completed by:	Responsible Manager
Date:	Karen Murray Commissioning Manger Western Locality
Initial or Review	Initial

Reviewed by:	Review by Local Service	**Outcome**	Not Considered
Date:	01/09/2014		

Notes

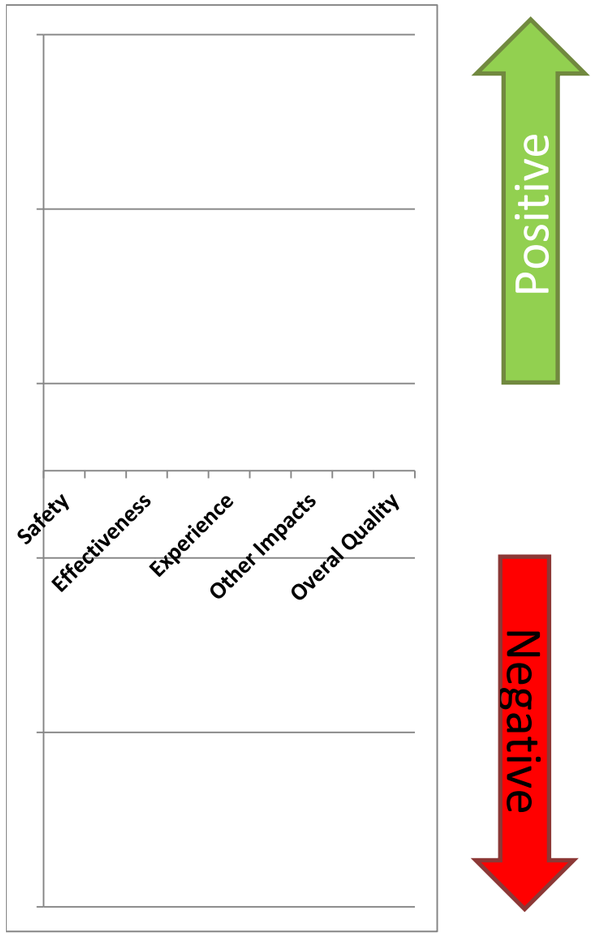
82% **Complete**

Summary of Quality & Equality Impact Assessment

Date of print: 21/11/2014

Northern, Eastern and Western Devon Clinical Commissioning Group

Quality Impact Assessment Overview



Title of change proposal

The provisional decision taken by Western Locality Board in May2014 not to comission for surgical capcacity when the current contract for Pe

Change Proposal

In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting

Total Impact of change	0	Review by Local Service
Overall Quality (sum of positive and negative impacts)	-	No overall change
Other impacts	-	No overall change
Equality Impact Assessment: Groups affected	5	Consider actions to mitigate
Sum of +ve and -ve impacts	50	
Completed by:		Responsible Manager
Reviewed by:		Review by Local Service
Outcome of Review:		Not Considered
Date of Review:		01/09/2014

HEALTHY PEOPLE living healthy lives in healthy communities

Click to return to menu

Safety

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a*

Description	What is the impact on the SAFETY of patients of implementing the change proposed? (Please add a description of evidence)
Consider: Harm to patients Impact of Human Factors Infrastructure Clean environment Safe environment Training Treatment procedures Communication Administration Attach key documents	*No harm to patients to envisaged there will be two other providers within 15 minutes of the Peninsula Treatment Centre in the Plymouth area.,and others within the wider Devon geographical area.* *There may be some impact on the workforce of Care UK but this is unknown at present until final decision is made by Western Locality board in on 26th November 2014. The communications team have worked with us to prepare a communications and media plan. The building is curently leased from NHS PropCo by Care UK, it will not be in the gift of the Western Locality commissioning team to influence how or who may use the current building in the future.We have a ISTC project group attended by all stakeholders*

0	Total Impact Score for safety from -5 (Catastrophic) to 5 (Enhanced)	
5	Number of patients effected in the bands 0 - 5 per week.	>200 patients
5	Number of weeks / year patients are affected by the change in the bands 0 - 5	> 40 weeks

Impact Description

No effect either positive or negative

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Click to return to menu

Effectiveness

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	What is the impact on the EFFECTIVENESS of care or treatment for patients of implementing the change proposed? (Please add description of evidence)
Consider: Tangibles Leadership Competence Reliability Responsiveness Use of Evidence Attach key documents	*This is not a service change,However it will support the development of active conservative management which will enable patients to manage their own health with support and advice to enable them to consider alternative options to surgery that may enhance their overall healtrh and wellbeing.*

0 Total Impact Score for effectiveness from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

No effect either positive or negative

Click to return to menu

Patient Experience

Area applied:	Describe the change proposed and the clinical area(s) the change applies to.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	What is the impact on the PATIENT EXPERIENCE of implementing the change proposed? (Please add description of evidence)
Consider: Dignity Informed Choice Control of care Responsiveness Empathy & Caring Family & Friends Test Feedback complaints Feedback from PALs Attach key documents	*We as commissioners recognise that the Peninsula Treatment Centre /CARE UK have provided a quality service this has never been in quaetion.*

0 Total Impact Score for experience from -5 (Catastrophic) to 5 (Enhanced)

Impact Description

No effect either positive or negative

Click to return to menu

Other Impacts

Area applied:	A description of the clinical area(s) the change impacts on.
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*To allow ISTC contract with Care UK to lapse at the end of March 2015,this is not a service change as patients will still be able to receive treatment via two other providers in the Plymouth area. The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity*

Description	Please describe how the change proposed may impact on other parts of the health and social care economy or other services or ability to deliver the change. (Please add a description informing the score)
Consider: Impact on other services impact on employees and other staff, contractual, reputational , visitors and temporary residents, & carers. Is there sufficient change management in place?	*This is not a service change. The recommendation to allow the Peninsula Treament Centre contract to end on 31st March 2015 was arrived at following an Option Appraisal process.We are mindful there may be impacts that we will need to consider more fully once the decision is made. We have in place a prepare communication and media plan ,a draft capacity plan,and all local providers are aware of the decision making process currently being undertaken. we have the capabilty with in our Commissioning organisation to manage any change process that arises following decision making*

		Choose Impact Type
0	Total Impact Score from -5 (Catastrophic) to 5 (Enhanced) and link to Impact Type >>	Human resources/ organisational development/staffing/
5	Number of patients affected by the change from 0 - 5	>200 patients

Impact Description

No effect either positive or negative

4

1	1-50 patients	1	1- 4 weeks
2	51-200 patients	2	5 - 12 weeks
3	201 - 500 patients	3	13 - 26 weeks
4	500 - 1000 patients	4	26 - 39 weeks
5	>1000 patients	5	> 40 weeks

Click to return to menu

Measurement

How will the Impact of Safety, Effectiveness and Experience described above be measured?

PROMS,Freiends and Family test ,Patient satisfaction surveys Contract monitoring ,Performance monitoring .N/A at present until decision is made at WLB 26th November 2014

Attach relevent documents or links to data below:

Click to return to menu

Equality Impact Assessment

Do I need to complete this analysis?
- If you are introducing change to the Trust, you should complete this analysis.
What do I need to do?
- Be proportionate to your work - you will know the significance of the work you are carrying out
- Be reasonable in your judgement and completion of the analysis
- Be honest in your appraisal and actions that you will undertake to address any (negative/ positive) issues
- Use intelligent information for your analysis that helps you to understand who are your customers and how they will be affected by your project/ plan
- Share your work with the Equality & Diversity lead, especially if you have any concerns and/or do not understand anything in this document

When considering the potential impact on those that share protected characteristics, think about:
- if there are any unintentional barriers to particular communities
- whether your project/ plan will bring about positive improvements
- if it creates good opportunities for accessing services
- will it improve personal choice for one particular group and not another
- the consequences for individual people; people can have more than one protected characteristic
- both people who use the service and staff
Have you identified any potential discrimination or adverse impact that cannot be legally justified?

Area applied:	**A description of the clinical area(s) the change impacts on.**
Reduction in capacity for Elective Orthopaedic surgery within the Western Locality NEW DEVON CCG	*The "Vision of the future of Orthopaedic services" is in line with our Orthopaedic commissioning intentions.We have a workplan to support the move to more active conservative management which has been devoloped over the last to 2yrs utililising our clinical pathway group which is attended by all our local providers and a wider group of stakeholders. We held two events in April and May 2013 to inform the design and agree the Vision for the future Orthopaedis Serives model. There is supporting evidence of a reducing trend in Orthopaedic surgical Activity Orthopaedic Improvement plan is aimed at further reducing Secondary Care activity, and there is a view that over supply is driving demand.*

Protected Groups	Potential People with protected characteristics	Impact Score	No's people affected	Score	Action to be taken / Evidence of action (should include engagement or consultation with the groups affected and/or any mitigation actions)
Sex / Gender					
	Women	2	5	10	Minor impact of public perception of closure of health facility .Will be intending to have Public engagement as required once the final decision is made by WLB 26th Nov 2014
	Men	2	5	10	
Race / Ethnic Group					
	Asian	0	0	0	
	Asian British	0	0	0	
	Black	0	0	0	
	Black British	0	0	0	
	Chinese	0	0	0	
	Gypsy or Roma	0	0	0	
	Irish	0	0	0	
	Mixed Heritage	0	0	0	
	White	0	0	0	
	White British	0	0	0	
	other ethnic backgrounds	0	0	0	
Disability					
	Physical	0	0	0	
	Sensory (hearing and/or partial sight)	0	0	0	
	Deaf people	0	0	0	
	Learning Disabilities	0	0	0	
	Mental Health	0	0	0	
	Dementia	0	0	0	
	Other long term conditions	0	0	0	
Sexual Orientation					
	Lesbian, gay men and bisexual	0	0	0	
Gender reassignment					
	Men to women	0	0	0	
	Women to men	0	0	0	
	Trans	0	0	0	
Age					
	<5 years old	0	0	0	
	5 - 18 years old	0	0	0	
	18 - 65 years old	2	5	10	
	65 - 80 years old	2	5	10	
	>80 years old	2	5	10	
Faith or Belief		0	0	0	
Maternity and Pregancy		0	0	0	
Marriage and Civil Partnership		0	0	0	
Others					
	Asylum seekers and refugees	0	0	0	
	Travellers	0	0	0	
	Economically challenged	0	0	0	
	Rurally Isolated	0	0	0	
	Any others....	0	0	0	
Total number of groups affected		5		50	
EIA Completed?					

Click to return to menu

Guide to completion of the tool

A copy of the policy can be found here: XXXX

1. Fullscreen. Sometimes it is easier to work in fullscreen mode to see as much as possible on the screen. Buttons to enter and exit fullscreen mode are on the main menu.

Navigation. Use the Hyperlinks or the buttons to navigate around the workbook - hyperlinks are always underlined in blue. These go purple after they have been clicked. You may then return to the main menu by clicking on the return to menu in the top left hand corner of the worksheet.

Work in turn on each worksheet from Safety, Effectiveness, Experience and other impacts using the NEXT buttons. Finally review the summary (which can be printed).

2. Any white area requires your input into the tool, either with narrative, inserting documents or using the drop down lists. Orange areas show information that has been entered or feedback from figures entered into scoring.

3. Where you add narrative please describe the evidence behind any assertions made or the score chosen. In addition detailed evidence such as papers, links to data etc may be added in each section by embedding the document as an object (see help files in excel to do this).

4. The calculation in the QIA matrix is designed to give a graphical view of the relative scores. Scores can be positive or negative - larger scores in either case will need to be considered in line with the thresholds for review here:

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

5. To ensure consistency of scoring please use the decision matrix tab which gives a narrative guidance to the score meaning.

Review body - threshold for authorisation

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Safety	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Minimal injury requiring no/minimal intervention or treatment. No time off work	No effect either positive or negative	Minimal benefit requiring no/minimal intervention or treatment.	Minor benefit, requiring minor intervention Reduction in length of hospital stay by 1-3 days	Moderate benefit requiring professional intervention Reduction in length of hospital stay by 4-15 days	Major benefit leading to long-term improvement/reduction in disability Reduction in length of hospital stay by >15 days Improvement in management of patient care with long-term effects	Incident leading to enhanced benefit Multiple permanent benefit or irreversible positive health effects
Effectiveness	Totally unacceptable level or effectivenss of treatment	Non-compliance with national standards with significant risk to patients if unresolved	Treatment or service has significantly reduced effectiveness	Overall treatment suboptimal	Peripheral element of treatment suboptimal	No effect either positive or negative	Peripheral element of treatment optimal	Overall treatment optimal	Treatment has significantly improved effectiveness	Compliance with national standards with significant benefit to patients	Totally acceptable level of effective treatment
Experience	Gross failure of experience if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards	Multiple complaints/ independent review Low performance rating Critical report	Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards	Formal complaint (stage 1) Local resolution Single failure to meet internal standards	Informal complaint/inquiry	No effect either positive or negative	Informal positive expression/inquiry	Letter of praise Local recognition Meets internal standards	Letter of praise to board Local recognition Repeatedly meets internal standards	Multiple letters of praise / positive independent review Repeatedly exceeds internal standards	Consistently exceeds local and national standards of experience verified by external scrutiny.
Patient Numbers						0	1-10 patients	10-50 patients	50 - 100 patients	100 - 200 patients	>200 patients

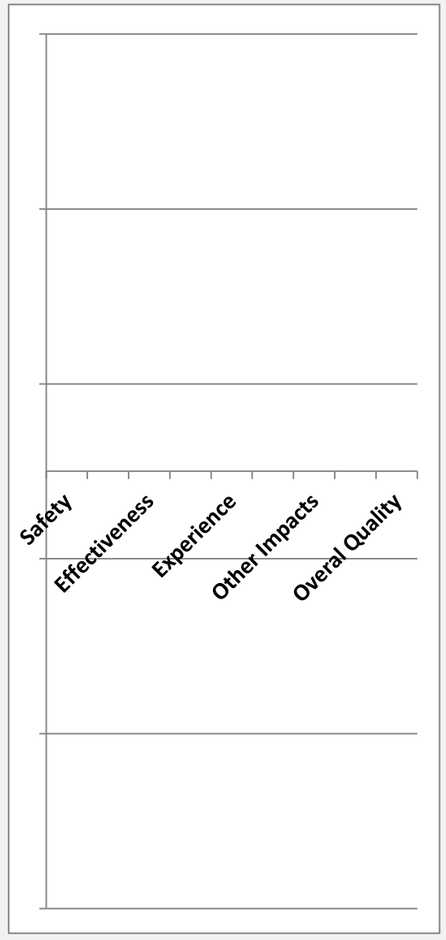
Other Impacts Scorer

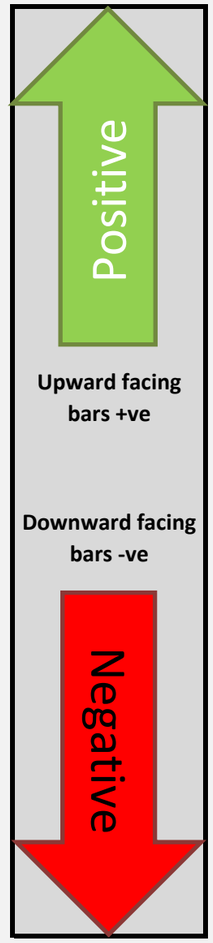
	-5	-4	-3	-2	-1	0	1	2	3	4	5
	Negative					Neutral	Positive				
	Catastrophic	Major	Moderate	Minor	Negligible	Neutral	Negligible	Minor	Moderate	Major	Excellence
Human resources/ organisational development/staffing/ competence	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Low staffing level that reduces the service quality	Short-term low staffing level that temporarily reduces service quality (< 1 day)	No effect either positive or negative	Short-term over staffing level leading to improvement in service quality (<1 day)	Increased staffing level that improves the service quality	Early delivery of key objective/ service due to icreased staff Safe staffing level or improved competence (>1 day) High staff morale improved attendance for mandatory/key training	Delivery of key objective/service due to increased staff Safe staffing level or competence (>5 days) Access to key staff High staff morale All staff attending mandatory/ key training	Early delivery of key objective/service due to incraesed staff Ongoing Safe staffing levels or high competence Access to several key staff All staff attending mandatory training /key training on an ongoing basis
Statutory duty/ inspections	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Single breech in statutory duty Challenging external recommendations/ improvement notice	Breech of statutory legislation Reduced performance rating if unresolved	No or minimal impact or breech of guidance/ statutory duty	No effect either positive or negative	Improved ability to avoid breech of guidance/ statutory duty	No breech of statutory legislation Sustained performance rating	No breech in statutory duty Positive external recommendations/ no improvement notice	No action No breeches in statutory duty No improvement notices Good performance rating Positive report	No breeches in statutory duty Excellent systems in place Best performance rating Best practice report
Adverse publicity/ reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House), Total loss of public confidence	National media coverage with <3 days service well below reasonable public expectation	Local media coverage – long-term reduction in public confidence	Local media coverage – short-term reduction in public confidence , Elements of public expectation not being met	Rumours and potential for public concern	No effect either positive or negative	Positive rumours and potential public support	Local media coverage – short-term enhancement in public confidence Elements of public expectation being met	Local media coverage – long-term enhancement in public confidence	National media coverage with <3 days service well above reasonable public expectation	National positive media coverage with >3 days service well above reasonable public expectation. MP support (questions in the House) Excellent public confidence
Business objectives/ projects	Incident leading >25 per cent over project budget, schedule slippage. Key objectives not met	Non-compliance with national 10–25 per cent over project budget, schedule slippage, Key objectives not met	5–10 per cent over project budget, schedule slippage	<5 per cent over project budget, schedule slippage	Insignificant cost increase/ schedule slippage	No effect either positive or negative	On budget and project target.	<5 percent under project budget and on target	5 - 10 percent under budget and on target	Compliance with national 10–25 per cent under project budget On Target Key objectives met	Incident leading >25 per cent under project budget On target Key Objectives met
Finance including claims	Non-delivery of key objective/ Loss of >1 per cent of budget, Failure to meet specification/ slippage, Loss of contract / payment by results, Claim(s) >£1 million	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget, Claim(s) between £100,000 and £1 million, Purchasers failing to pay on time	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Loss of 0.1–0.25 per cent of budget, Claim less than £10,000	Small loss Risk of claim remote	No effect either positive or negative	Small increase in budget No Claims	Improvement of 0.1–0.25 per cent of budget No Claims	Improvement of 0.25–0.5 per cent of budget No Claims	Delivery of key objective/improvement of 0.5–1.0 per cent of budget No Claims Purchasers pay ahead of time	Delivery of key objective/ Improvement of >1 per cent of budget. Meet specification. Meet all contract and PBR No Claims
Service/business interruption Environmental impact	Permanent loss of service or facility,Catastrophic impact on environment	Loss/interruption of >1 week Major impact on environment	Loss/interruption of >1 day, Moderate impact on environment	Loss/interruption of >8 hours, Minor impact on environment	Loss/interruption of >1 hour , Minimal or no impact on the environment	No effect either positive or negative	Improvement of service delivery of >1 hours Minimal or no enhancement of environment	Improvement of service delivery of >8 hours Minor enhancement of environment	Improvement of service delivery of >1 day Moderate enhancement of environment	Improvement of service delivery of >1 week Major enhancement to environment	Access to new service or facility Important enhancement impact on environment

Click to return to menu

Quality Impact Table and Weighting adjustment

0 Defect (-ve) / Benefit (+ve)	1 +ve / -ve impact score per pt (-10 to 10)	2 No. pts affected by defect / benefit (by band)	3 No. wks pt affected (max 52)	4 Weighting	5 Outcome Score
Safety	0	5	5	100%	-
Effectiveness	0	5	5	100%	-
Experience	0	5	5	100%	-
Total Score (scale of all domain scores)					0
Overal Quality (total include positive benefits score and negative disbenefits scores)					-
Other Impacts	0	5	5	100%	-
Global Quality Impact Score					0





Decision Matrix Guidance

(Use hyperlink to review detailed guidance

Total Score				
Composite or any individual Quality score	<20	20-50	51 - 80	>80
	Local Service	Provider Governance	Locality Board	Governing Body

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Jerry Clough
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Western Locality
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Tavistock Road
Plymouth
PL6 5UF

12 November 2014

Dear Jerry,

NON-RENEWAL OF CONTRACT FOR ORTHOPAEDIC SURGERY AT PENINSULA TREATMENT CENTRE

Ref: Plymouth Evening Herald Story posted on-line 28 October and in printed edition 29 October 2014.

Following the publication of the story at the Reference, Healthwatch Plymouth has received considerable comment from the patient population of Plymouth, the South Hams of Devon and S.E. Cornwall. The main themes of these comments are:

- Excellence and efficiency of the service provided from initial referral to operation
- Concern over the service at the Peninsula ending/or closure of the Peninsula
- Concerns over the ability of Derriford being able to cope with future requirements

At the Annexes to this letter are the actual comments received from Service users as well as comments from our feedback database for Peninsula and Derriford Orthopaedic Departments received prior to the Herald article for comparison.

Healthwatch Plymouth has analysed the feedback generated by the Herald article and has the following comments based on this data:

- As one would expect the age groups providing feedback are predominately 65-79 (48%) and 80+ (33%)
- 94% of those who contacted Healthwatch Plymouth were Service Users. 94% of respondents commented on Orthopaedic surgery
- The vast majority see the Peninsula as an integral part of the healthcare facilities in Plymouth
- Concerns raised over the (perceived) ability of Derriford to pick up the additional workload from the cancellation of the orthopaedic contract/closure of the Peninsula
- People who have provided feedback do not understand the reason for the cessation of orthopaedic surgery at the Peninsula, particularly as they are being told by government and the media that ‘the UK is an ageing population’. Their observation is that more surgery will be required in the future and that it is false economy to take this service away now

- Patient Experience rated very highly including:
    - Service Efficiency – time taken from initial referral to Peninsula and subsequent operation procedure was well received particularly by those who were in significant pain and discomfort
    - Support given during post op recovery, ensuring that equipment (walking frames etc) for support in the home was delivered to the patient's home address to coincide with discharge
    - Post op check-ups were timely with the appointment being on time
    - Patients felt valued and where 'treated as an individual and not a number'
    - Professionalism of the Staff
    - Standard of the Treatment Centre infrastructure, particularly the cleanliness and standard of meals provided.

Conclusions drawn from the feedback are as follows:

- Service Users see the Peninsula as an excellent facility that is part of the health care framework within Plymouth and neighbouring areas
- Respondents view the Peninsula treatment pathway as highly efficient and hugely beneficial to their well-being and subsequent recovery from elective surgery
- The public understand from the media that the Peninsula Centre is potentially closing and not just a cessation of the orthopaedic contract when it is due to be renewed
- They do not understand the reasons behind the future decisions over the Peninsula contract

Yours sincerely,

K Marcellino
Manager, Healthwatch Plymouth

Annex A. Peninsula Treatment Centre Patient Feedback (Post Herald Article)
Annex B. Peninsula Treatment Centre Patient Feedback (Pre Herald Article)
Annex C. Derriford Orthopaedic Service Patient Feedback (Pre Herald Article)

Annex A – Peninsula Treatment Centre Patient Feedback (Post Herald Article)

Date of Contact	Commentator Type	Sentiment	Comments	Service	When	Service Type
30/10/2014	**Service User**	Positive, the comment is positive in nature	After 3 separate operations (both hips and Achilles tendon as a result of cancer treatment) at the peninsula, I cannot praise the service highly enough. You were a name not a number	Peninsula Treatment Centre	Jul 10/Feb 11/Oct 11	Orthopaedics
30/10/2014	**Relative**	Positive, the comment is positive in nature	My husband had a hip replacement operation. The service was really good, the staff were brilliant and the care was second to none. This facility should not be closed.	Peninsula Treatment Centre	Apr-11	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	The centre is fantastic. When I had my operation, everything was done efficiently and I was kept informed at all times. The staff were brilliant.	Peninsula Treatment Centre	Oct-08	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	The service I received for my operation was first class. The place was spotless and the staff were very efficient and friendly. I find it hard to believe they are closing the centre.	Peninsula Treatment Centre		Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I had two knee operations and both have worked wonderfully. I found the place very clean and everything was very, very professional. I do hope it can be saved.	Peninsula Treatment Centre		Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	The service and care I received were first class. The surgeon was brilliant and the staff were friendly and efficient	Peninsula Treatment Centre	Aug-14	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I had a knee joint replacement last July. The services provided were excellent including meals and the cleanliness. Efficiency of the staff was brilliant.	Peninsula Treatment Centre	Jul-14	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I have had two operations 8 years apart and on both occasions the service I received was first class. The staff were great and from first appointment to surgery the service was efficient and more than met my expectations.	Peninsula Treatment Centre	2006 & 2014	Orthopaedics

30/10/2014	**Relative**	Positive, the comment is positive in nature	My wife had her knee done in 2008. It takes people away from Derriford. It is well run and efficient. The surgeon is very nice. The cleanliness is spot on - you could eat off the floor. After the operation my wife was walking in no time. They have proper doctors and nurses caring for you - that's what people want.	Peninsula Treatment Centre	2008	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I experienced 2 years of pain due to problems with my shoulder. I had physio at Derriford then paid for more private physio at Nuffield. I had a consultation at Peninsula regarding operation on my shoulder last Tuesday. I arrived at the Peninsula at 8.45 for my 9.00am and went in for an x-ray at 8.55. They ran several tests and picked up that I have a heart problem (bundle branch blockage) through an ECG. They referred me to cardiology at Derriford and there is a backlog so now I have to wait - I don't know how long. It's a fantastic unit and they were quick to share info with my GP. My operation for my shoulder has been put on hold due to complications. Mr Beardsmore (consultant) is brilliant. Peninsula is too important, I can't praise it highly enough. They possibly saved my life by discovering my heart problem.	Peninsula Treatment Centre	21-Oct-14	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I am very disappointed to hear of the plans to close Peninsula. I have had 2 knee replacements there, one 7 years ago and one almost 2 years ago. My hip is currently playing me up and I am worried in case anything does go wrong because I don't want to go to Derriford. My sister had two knee replacements. One was done at Derriford and it is still playing up, the other was done at Peninsula which has caused no problems. There is no waiting around, I went in on Thursday lunch time and soon had my operation. I returned 5 weeks later for a follow-up appointment. I have no complaints about the food; the place is spotless. I am allergic to certain kinds of metal, which was a consideration during my treatment and a special type of metal was used. I have no complaints. Everything was taken care of. Everyone rushes at Derriford.	Peninsula Treatment Centre	2007 & 2012	Orthopaedics

30/10/2014	**Service User**	Positive, the comment is positive in nature	The closure of Peninsula would be a disaster for Plymouth. I had a full hip replacement in 2011. I went in on the Tuesday and was out by Thursday. I was briefed in advance about absolutely everything including what I would be feeling afterwards. I was walking a day after a full hip operation, the next day I was walking up and down stairs. I was in absolute agony prior to the op. The staff are professional to the nth degree. Food was healthy and there was some choice. The wards were spotless. The surgeon was at my bedside the morning after my operation with a physio to get me out of bed. They sent me home with crutches and advised to use both crutches for 1 week, then 1 crutch the following week and finally to walk with no crutches the week after that. My recovery was fine and I'm now very fit and active after 4 years of pain. I saw my surgeon (Mr Evans) for my follow up 6 later. Routine follow ups were superb, we discussed the angle of my knees when sitting down to aid recovery. I had my treatment during an MRSA breakout at Derriford - Peninsula provided me with a special gel to wash with prior to being admitted. There is visible hand wash everywhere, even at the bottom of the beds and staff always check everyone including visitors use the anti-bacterial hand wash. I don't think Derriford could handle an additional 16,000 patients, their capacity is not enough. A relative of mine was kicked out at 10pm at night. Derriford is a dirty word, Peninsula is the best hospital in Plymouth. I chose Peninsula based on recommendations and would do so again. When you meet other people who have received treatment at Peninsula it's like a fan club.	Peninsula Treatment Centre	Aug-11	Orthopaedics

29/10/2014	**Service User**	Positive, the comment is positive in nature	I don't think Plymouth needs to lose the Peninsula. I had a minor operation there. It was spotless and more like a private service. I have a heart issue and was disappointed about the impact this has on hip operations. I am grateful for Derriford and the number of people it looks after, but Peninsula is a treat. It makes you feel valued. If you don't feel very well you need something. I was made to feel so comfortable and not ignored. I just don't want it to go.	Peninsula Treatment Centre		Orthopaedics
29/10/2014	**Service User**	Positive, the comment is positive in nature	I had two knee operations at Peninsula. I was asked where I wanted to go and was given a choice of Nuffield, Torquay, Derriford and Peninsula. I chose Peninsula because my wife had gone there by chance to have a bunion removed. The atmosphere has struck a chord with me. It is as a hospital should be run. The staff, consultants, everybody was fantastic. It is immaculately clean, you can eat off the floor. Even the cleaning lady was great. Staff have time to do their jobs properly. It eases the pressure on Derriford. To close Peninsula down would be ludicrous, such a sad shame. On the TV you see all about Exeter which is the big hub now. Plymouth could be as good as Exeter if it didn't get rid of Peninsula and stop closing places down. I have an appointment at Peninsula on the 6 Nov and will ask about petitions against the closure.	Peninsula Treatment Centre		Orthopaedics
29/10/2014	**Service User**	Positive, the comment is positive in nature	I think it is wrong if they close Peninsula due to my personal experience of it. From assessments to the operation, they are efficient and I can't fault it. The staff are pleasant. I suggest decreasing Derriford and moving beds over to Peninsula to keep it open.	Peninsula Treatment Centre		Orthopaedics

29/10/2014	**Service User**	Positive, the comment is positive in nature	I was one of the first patients treated at Peninsula and had a great experience. It is by far the best hospital. I have had 16 operations at Derriford and 10 at the Peninsula. Derriford cannot take on extra patients - they are too stretched at the moment. No way can they take on patients from the Peninsula, it won't be the same level of care. It is the safest place. Derriford nurses are not up to the same standard. Peninsula is so good you can't measure it. I have had 3 orthopaedic operations and the waiting times at the two hospitals are completely different. I don't want to denigrate Derriford, but I will be watching what goes on re the closure.	Peninsula Treatment Centre		Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I am sad about the horror story of Peninsula closing. I can't praise it highly enough. I was admitted a couple of days after it opened. I couldn't go 50 yards without pain, the op has turned my life around. You have a lovely talk with the surgeon, they explain everything to you. Aftercare is wonderful. My left knee had gone bow shaped and affected my walking damaging my hip. My consultant gave my knee 5/5 for everything in my follow up consultations. My husband had been treated there too and we have reassured others who have gone to have ops at the Peninsula. I can't see that Derriford would be able to provide the same level of service. My husband and I can now go on holidays, walk everywhere and swim. We can do anything.	Peninsula Treatment Centre		Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I have had 2 hip replacements at the Peninsula. My consultant (Mr John Beardsmore) explained everything and listened to my concerns. The Peninsula is such a lovely clean place and everyone is so attentive. The food is lovely (like a 5* hotel) and there is no hassle. There is no waiting time and it is such a wonderful and caring place. I cannot fault it.	Peninsula Treatment Centre	2010 & 2013	Orthopaedics

30/10/2014	**Service User**	Positive, the comment is positive in nature	Closure would be terrible for Plymouth. I have been there twice. It is like a 5* hotel with only 4 to a ward. You are looked after day & night and it is wonderful. I witnessed the manager personally check the wards were clean before the doctors arrived. My consultant was open to questions, but I already had all the info I needed at pre and post op check-up.	Peninsula Treatment Centre	Jan 2013 & Oct 2014	Orthopaedics
30/10/2014	**Service User**	Positive, the comment is positive in nature	I was referred for treatment and had an option of places to choose from. I chose Peninsula even over Nuffield, because of the good recommendations I had heard about. My initial consultation re my hip was 3 years ago. This year while I was on holiday, I experienced a lot of pain in my hip. My GP referred me and I was given an appointment at Peninsula much quicker than my GP told me to expect. The staff are very pleasant, the surgeon is very helpful and the service is efficient. I was informed that my hip doesn't require treatment now, but it will in the next couple of years. I was hoping that further treatments I have would be at Peninsula because of all the good recommendations.	Peninsula Treatment Centre	ongoing	Orthopaedics
29/10/2014	**Service User**	Positive, the comment is positive in nature	Broke my hip 2.5 years ago. Had trouble with opposite knee and was referred to Peninsula. Didn't want to have both legs done at the same time. Lots of praise for the Peninsula from other people.	Peninsula Treatment Centre	2011	Orthopaedics
29/10/2014	**Service User**	Positive, the comment is positive in nature	Two replacement knees and a hip replacement in the last 10 years all done at the Peninsula. I cannot fault them. I felt totally safe and they are highly organised. The surgeon, consultant and anaesthetists all spoke with me and it was a well explained and very smooth process. They have wonderful staff at all levels.	Peninsula Treatment Centre	2004 - 2014	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a hip replacement this year. The service was exemplary.	Peninsula Treatment Centre	Feb-14	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a hip operation. The service was amazing. The care I received was wonderful and first class. The place is spotless. My experience was fantastic.	Peninsula Treatment Centre	2007	Orthopaedics

31/10/2014	**Service User**	Positive, the comment is positive in nature	I am disappointed to hear about the closing of the peninsula Treatment Centre. As an elderly person I was well treated throughout my stay for a knee operation. The service is exemplary and the staff are fantastic. The information booklets explain everything and is easy to understand and was well produced. Everything for discharge was organised before I left the centre and support equipment was delivered on time to my home.	Peninsula Treatment Centre	Mar-14	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I am devastated that the Peninsula may close. It is a first class facility. I was well cared for and the staff were excellent. The facility should not be lost.	Peninsula Treatment Centre	2007	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I saw consultant (James Brown) in July for knee replacement. Service was excellent and I was well cared for during my stay. At my age the service provided was of great comfort.	Peninsula Treatment Centre	8-22 Jul 14	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	Three years ago I had a hip replacement at the Peninsula. It was absolutely a first class service. I was made to feel like an individual and not just a number. I have nothing but praise for the service.	Peninsula Treatment Centre	2011	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a second hip replacement in 2007. The first replacement was done in Torquay in 2004. The Peninsula was first rate. Seven years on my hips are fine and I walk unaided even navigating a total of 42 steps each day to get to my front door. The service was friendly and efficient.	Peninsula Treatment Centre	2007	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a hip replacement and had complications during the procedure. The service I received was second to none. I am concerned that with an ever growing aging population that this facility will be required and therefore is it not short sighted to close it.	Peninsula Treatment Centre	2006	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a hip replacement 3 years ago and the service I received and my experience were marvellous. I have nothing but praise for the Peninsula and its Staff.	Peninsula Treatment Centre	2011	Orthopaedics

31/10/2014	**Service User**	Positive, the comment is positive in nature	I had keyhole surgery last week. It is a wonderful place, clean and well-kept with a welcoming reception. The service was fantastic. Two days after discharge I had a curtesy call from the team to see how I was. This was a brilliant experience for an ex-health professional. The Peninsula should be kept open even if that means moving more services from Derriford.	Peninsula Treatment Centre	Oct-14	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had a knee replacement and the service I received was very good. I was admitted on the Monday and discharged on the Saturday and have not had any problems with it. My other knee has also been replaced. This was scheduled by Derriford with Haslar Hospital in Portsmouth. I was one of 10 patients who underwent surgery and four of us have had ongoing issues with our knees.	Peninsula Treatment Centre	Jun-05	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I have had both knees replaced at the Peninsula. My experience on both occasions was marvellous. The staff are brilliant, friendly and informative and the centre is run efficiently. It is a model of how hospital services should be run.	Peninsula Treatment Centre	2009/2010	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I have had two operations and had excellent service both times. I would recommend the Peninsula to anyone.	Peninsula Treatment Centre	2009 & 2013	Orthopaedics
31/10/2014	**Service User**	Positive, the comment is positive in nature	I had hip replacement surgery. Everything about the service was really good. I cannot fault the service in anyway.	Peninsula Treatment Centre	Apr-13	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	I'm devastated about the possible closure of the Peninsula. I have had two operations there and I have had a really good experience on both occasions. Both operations have been a great success and the surgeon (Mr Champolini) was brilliant.	Peninsula Treatment Centre	2011 & 2013	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	I had a hip replacement and everything was really good. I couldn't fault anything.	Peninsula Treatment Centre	2010	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	I had my left knee replaced. I was well looked after, the staff were friendly and the place was spotless.	Peninsula Treatment Centre	Mar-09	Orthopaedics
03/11/2014	**Relative**	Positive, the comment is positive in nature	My husband had a new hip. The service he received was fantastic. The staff were excellent and very friendly and efficient. The place was spotless.	Peninsula Treatment Centre	2008	Orthopaedics

03/11/2014	**Service User**	Positive, the comment is positive in nature	I had a cataract operation. The staff were very friendly and I was treated like a queen.	Peninsula Treatment Centre	Aug-14	Ophthalmology
03/11/2014	**Service User**	Positive, the comment is positive in nature	I had day surgery. It is a fantastic place.	Peninsula Treatment Centre		Orthopaedics
03/11/2014	**Service User**	Mixed, the comment is both positive & negative	I went for a cataract operation and am very happy with the service. Everything was a plus rather than all negatives as Derriford. The Peninsula is totally opposite to Derriford - anytime something works they close it down.	Peninsula Treatment Centre		Ophthalmology
03/11/2014	**Service User**	Mixed, the comment is both positive & negative	I would like to express my horror that they are closing the Peninsula Medical Centre. I have had a bad experience at Derriford and think that this is a bad decision. Derriford care was bad and I used the orthopaedics. If something works why stop it?	Peninsula Treatment Centre	2009	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	The peninsula is second to none. Staff from the bottom up are helpful and there is always someone to talk to. Cleanliness is unbelievable and there's always cleaning staff around. I was extremely happy with the service. It would be a very, very sad loss. I don't think Derriford could take on the extra work.	Peninsula Treatment Centre	2011	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	I didn't know the treatment centre existed until I got referred there for treatment. Full marks for the service provided and in my opinion it has never been advertised enough. I'm very, very surprised about this announcement.	Peninsula Treatment Centre	Dec-13	Orthopaedics
03/11/2014	**Service User**	Positive, the comment is positive in nature	I had both my hips done by Mr Evans who has now retired. They provide first class treatment. The food is beautiful, the wards are clean and the staff are wonderful. If they shut Peninsula down I think it would be horrendous. I was in shock when I heard the news. If I had trouble with my knees or back I'd want to go there. You get looked after.	Peninsula Treatment Centre	2006 & 2007	Orthopaedics

04/11/2014	**Service User**	Positive, the comment is positive in nature	I had a hip operation in Derriford and Peninsula. Staff are extremely good, the service was brilliant. Food and cleanliness were first class	Peninsula Treatment Centre	Pre 2004 and 2012	Orthopaedics
04/11/2014	**Service User**	Positive, the comment is positive in nature	I had a hip operation. I could not fault the service. Everything was perfect, staff were brilliant. A waste of investment if Peninsula closes. Derriford is overloaded, keep the Peninsula to ease the pressure on Derriford.	Peninsula Treatment Centre	Jun-14	Orthopaedics
04/11/2014	**Service User**	Positive, the comment is positive in nature	The Peninsula is excellent. I am so sad. It's a wonderful little hospital. You could eat off the floor it's so clean. Everything was spotless. I am happy with the treatment and aftercare. It takes the pressure off Derriford. I couldn't fault them	Peninsula Treatment Centre	Jul-05	Orthopaedics
05/11/2014	**Service User**	Positive, the comment is positive in nature	I've had two operations there. They are patient friendly, much more relaxing. There is no charge for parking. I would not choose Derriford in places of Peninsula. Peninsula is such a quiet place in comparison. I did not have to wait very long for operations. I am concerned waiting lists will increase due to closure. No minuses about it, just excellent service.	Peninsula Treatment Centre	2013	Orthopaedics
06/11/2014	**Service User**	Positive, the comment is positive in nature	I had a cataract operation. I had another one previously at Derriford, but I was told there would be a 3 month wait so for my second operation I chose Peninsula. I was in and out within 1 hour. I didn't mind waiting for appointments. Very good surroundings, excellent staff. I would have minded being an inpatient. It was very clean and a pleasure to be there	Peninsula Treatment Centre	Sep-13	Ophthalmology

07/11/2014	**Service User**	Positive, the comment is positive in nature	I have had two hip replacements, one at Derriford and one at Peninsula and a hip reconstruction operation. I cannot praise the Peninsula enough, especially the speed and efficiency of the service I have received. When in pain you want relief from that pain as soon as possible. The staff at the Peninsula are fantastic and it is clean and a nice place to be. It would be sad if it closes. I am also scheduled for two cataract operations at Peninsula in the near future.	Peninsula Treatment Centre	2005, 2012 & 2014	Orthopaedics
07/11/2014	**Service User**	Positive, the comment is positive in nature	I have had several operations at the Peninsula including two knee replacements, surgery on my wrist and cataract removals. I feel it will be a loss and I don't know how Derriford will cope without it. I also feel waiting times will increase as patients will now have to go back to Derriford. From my experience, operations at the Peninsula were never cancelled and always happened as planned.	Peninsula Treatment Centre	2006 & 2013	Orthopaedics

Annex B – Peninsula Treatment Centre Patient Feedback (Pre Herald Article)

06/09/2013	**Service User**	Positive, the comment is positive in nature	Had a lovely room, 2 to a room- private phone, Wi-Fi.	Peninsula Treatment Centre	Jul-13	
06/09/2013	**Service User**	Positive, the comment is positive in nature	I went in a 7am Friday, op at 11am and onward by 2:30. I was home at 4pm Sunday. Very quick service. Excellent, can't complain about anything	Peninsula Treatment Centre	Jul-13	
24/09/2013	**Service User**	Positive, the comment is positive in nature	I went for assessment on my hip and knee and everyone was absolutely amazing, nothing was too much trouble. Talked me through everything that was going to happen and when I went in for the operation they couldn't have been more considerate and helpful, including the window cleaners, catering staff and clinical professionals!	Peninsula Treatment Centre	Jul-13	Outpatients
06/10/2013	**Unknown**	Positive, the comment is positive in nature	Hip & Knee Operation at Peninsula - very good service, attention, information, treatment.	Peninsula Treatment Centre		Orthopaedics
06/10/2013	**Unknown**	Positive, the comment is positive in nature	Free car park!	Peninsula Treatment Centre		Orthopaedics
10/10/2013	**Relative**	Positive, the comment is positive in nature	My mum saw the consultant and the waiting time from referral to operation was within 2 months.	Peninsula Treatment Centre	Sep-12	Orthopaedics
10/10/2013	**Relative**	Negative, the comment is negative in nature	One downfall was after care on ward. My mum asked for bowl of water to have a wash and the nurse said "no we don't have a healthcare assistant". So my mum having had knee surgery hobbled to get it herself. There were only 3 patients on the ward, so in theory they should surely have got the attention they needed, healthcare assistant or no healthcare assistant.	Peninsula Treatment Centre	Jan-12	Orthopaedics
01/11/2013	**Professional**	Negative, the comment is negative in nature	There is a distinct issue in the difference in co-ordinating discharges in Cornwall, Ivybridge and Yealmpton, in comparison with Plymouth. We are not able to arrange a patient discharge until they are ready to go home and then this can take over a week to be arranged by ASC. There seems to be a lack of beds, staff and timeline - everything is vague. If the model used by Liskeard Orthopaedic team could be rolled out across the country it would be a great service. Sadly even this is now stopping due to funding cuts. Which will impact further on our ability to arrange safe discharges.	Peninsula Treatment Centre	on-going	Continuing Care

13/11/2013	**Service User**	Positive, the comment is positive in nature	It was like having private treatment on National Health	Peninsula Treatment Centre	2012	
18/11/2013	**Service User**	Mixed, the comment is both positive & negative	Went to Peninsula TC for hip op. When I came home, I had a bed sore on my ankle which they hadn't noticed. They took one pressure sock off but not the other and that was the one which was sore. My daughter-in-law made a phone call. Nurses came out but didn't do much so I went to nurse at surgery and asked for a second opinion from GP. They said it can take 6+ months to heal. I was given creams and all OK.	Peninsula Treatment Centre	Jan-13	
18/11/2013	**Service User**	Positive, the comment is positive in nature	Meals were beautiful and had to ask for less.	Peninsula Treatment Centre	Jan-13	
29/11/2013	**Carer and Relative**	Positive, the comment is positive in nature	Went in for outpatient app re cataracts. From referral- 2 app was 2-3 weeks v. quick. Had to wait but way she was seen by different people i.e. nurse, doctor was very professional/organised. GP also decided as she didn't drive he didn't deem it necessary to do op just keep an eye on it. Doc was informative and I know the situation and can rest & explain to my mum and dad. A very inclusive process which allows for relatives to sit in when patients are happy. This is good to help understand what's going on.	Peninsula Treatment Centre	Nov-13	
12/12/2013	**Service User**	Positive, the comment is positive in nature	Peninsula : Excellent treatment & aftercare	Peninsula Treatment Centre	2011	Hospital services
07/02/2014	**Service User**	Negative, the comment is negative in nature	I went to the Peninsula Hospital to have an operation on my knees done. When I eventually saw the surgeon after the operation I was spoken to very rudely. It was a case of "what do you expect me to do". I was shocked. I just sat there, I was really upset.	Peninsula Treatment Centre		Hospital services
05/03/2014	**Service User**	Negative, the comment is negative in nature	I had a cataract removed and my eye was left bruised	Peninsula Treatment Centre	Sep-13	

05/03/2014	**Service User**	Negative, the comment is negative in nature	They had previously said they would keep me in after my cataract removal, but 10 minutes after my procedure they said I could go home. I told them my husband couldn't get there till later so they told me to sit in reception and wait	Peninsula Treatment Centre	Sep-13	
05/03/2014	**Service User**	Negative, the comment is negative in nature	I was supposed to have my other eye operated on a few weeks after having a cataract removed but I haven't been able to. I have had an experience of trying to call in and not able to get an answer	Peninsula Treatment Centre	Sep-13	
08/03/2014	**Service User**	Positive, the comment is positive in nature	One word- brilliant. Made me feel at ease and that they wanted to help. They certainly eased my worry. I am recommending this place to all my friends	Peninsula Treatment Centre	2008	
08/03/2014	**Service User**	Positive, the comment is positive in nature	It's wonderful. No qualms at all. I've had 5 ops and wife had 2. Excellent staff. Surgeon was brilliant. I recommend to friends. All the pre-assessment/x-ray was brilliant	Peninsula Treatment Centre	2011	
08/03/2014	**Service User**	Positive, the comment is positive in nature	It's clean	Peninsula Treatment Centre	2011	
08/03/2014	**Service User**	Positive, the comment is positive in nature	Staff were brilliant. Nurse looked after me. Physio was very good indeed. Anaesthetic advice was excellent	Peninsula Treatment Centre	Dec-12	
08/03/2014	**Service User**	Positive, the comment is positive in nature	Food was good	Peninsula Treatment Centre	Dec-12	
25/03/2014	**Service User**	Positive, the comment is positive in nature	Always been treated well at Peninsula Medical Centre. Dr John Beardsmore has performed surgery on my many times and all pre-op and post-op surgery treatment has been second to none	Peninsula Treatment Centre	on-going	
21/05/2014	**Service User**	Mixed, the comment is both positive & negative	I have no complaints at all. I had a hip replacement 4 years ago. When the catheter was removed, I lost control of the bladder which is still not right, and the GPs don't seem interested. Other than that everything is OK	Peninsula Treatment Centre	Ongoing	
12/07/2014	**Service User**	Positive, the comment is positive in nature	Very good, excellent organisation, treatment and planning	Peninsula Treatment Centre	Dec-13	
12/07/2014	**Service User**	Positive, the comment is positive in nature	When I was discharged, the medication was already, no need to hang around	Peninsula Treatment Centre	Dec-13	
12/07/2014	**Service User**	Positive, the comment is positive in nature	Well-staffed	Peninsula Treatment Centre	Dec-13	

12/07/2014	**Service User**	Positive, the comment is positive in nature	At the first appointment, you see the nurse, anaesthetist and consultants and x-rays. This is their standard practice	Peninsula Treatment Centre	Dec-13	
25/07/2014	**Service User**	Positive, the comment is positive in nature	Parking is OK	Peninsula Treatment Centre	2014	
25/07/2014	**Service User**	Positive, the comment is positive in nature	If there is an elderly patient or a patient who is hard of hearing a staff member will go with them	Peninsula Treatment Centre	2014	
25/07/2014	**Service User**	Negative, the comment is negative in nature	The café is not greatly healthy. Could the hospital not have someone advise them re healthy eating	Peninsula Treatment Centre	2014	
11/08/2014	**Service User**	Negative, the comment is negative in nature	I had 2 appointments booked for treatment and both were cancelled on the day. I am allergic to local anaesthetics and had an anaphylactic shock in April. My first appointment was meant to be on 14th June and they called me on the day to cancel my surgery, saying there was no anaesthetist available that day. Being unable to use anaesthetics due to my allergy, this should not affect me anyway but they refused to treat me. My surgery was rescheduled for 2nd July and I phoned them the day before to confirm that my surgery was still going ahead. I arrived for my treatment, was prepped and about to go into theatre when I was told that my surgery was cancelled. They told me the cancellation was down to my allergy, which they had known about since before I was originally booked in for treatment because it was in my paperwork.	Peninsula Treatment Centre	June-July 2014	
11/08/2014	**Service User**	Negative, the comment is negative in nature	I have written a letter of complaint about my treatments being cancelled on the day, and I received a response saying I will hear back from them by 2nd August. That date passed over a week ago and I have heard nothing	Peninsula Treatment Centre	June-July 2014	Ophthalmology

Annex C – Derriford Orthopaedic Service Patient Feedback (Pre Herald Article)

29/06/2013	**Service User**	Positive, the comment is positive in nature	Very good throughout	Derriford Hospital		Orthopaedics
13/09/2013	**Relative**	Negative, the comment is negative in nature	Husband was in Derriford for four weeks (broken hip) moved to Mount Gould which was much better. Staff were always there to help/care for him. Nurses at Derriford are more medical.	Derriford Hospital	May-13	Orthopaedics
13/09/2013	**Relative**	Positive, the comment is positive in nature	Husband was in Derriford for four weeks (broken hip) moved to Mount Gould which was much better. Staff were always there to help/care for him. Nurses at Derriford are more medical.	Mount Gould Hospital	May-13	Orthopaedics
27/09/2013	**Service User**	Mixed, the comment is both positive & negative	Staff are very good, but could not organise their time, appointments lengthy due to this.	Derriford Hospital	Feb 2013-Ongoing	Orthopaedics
10/10/2013	**Service User**	Mixed, the comment is both positive & negative	They were running a bit late but that's normal, the care was good.	Derriford Hospital	2006	Orthopaedics
05/02/2014	**Relative**	Positive, the comment is positive in nature	Husband had plate put in arm they were really good. Nurses were lovely.	Derriford Hospital	2010	Orthopaedics
05/04/2014	**Service User**	Positive, the comment is positive in nature	Sentiment based on Experience Description	Derriford Hospital	On-going	Orthopaedics
03/05/2014	**Service User**	Positive, the comment is positive in nature	Excellent service. On time. Treatment very successful. Home by lunchtime	Derriford Hospital	Feb-14	Orthopaedics
21/05/2014	**Service User**	Negative, the comment is negative in nature	I have been waiting to have a ganglion on my wrist seen to at the hospital because of the pain and lack of feeling it is causing me. I have been waiting for a few months	Derriford Hospital	Ongoing	Orthopaedics
21/05/2014	**Service User**	Negative, the comment is negative in nature	I had an appointment to see the specialist about the ganglion on my wrist 3 weeks ago at 9:15. My husband and I just left the house and were closing the door when the phone rang. I answered it and was astounded to be told it was the hospital and my appointment had been cancelled at the doctor was away. What would have happened if we had actually left I don't know. Turn up and be told to go away I suppose	Derriford Hospital	Ongoing	Orthopaedics
01/06/2014	**Service User**	Negative, the comment is negative in nature	I came in yesterday at 7am for a knee replacement. I had not eaten since the previous evening or had anything to drink since 2am. My letter had the wrong time on it and it should have been 11:30am. I could have eaten and drank up to 6:30am. Needless to say, I wasn't happy	Derriford Hospital	27/06/2014	Orthopaedics

01/06/2014	**Service User**	Negative, the comment is negative in nature	I was due to have a knee replacement and had to be in by 7am. I had to leave at 6am to make sure we could pack. I got to the ward (Fal) and they couldn't find me on the list even though I had the letter in my hand. At 8:30 the consultant came up most apologetic and put me on today's list. I'd had no food since the previous day (5:30pm) as I couldn't eat	Derriford Hospital	26/06/2014	Orthopaedics
01/06/2014	**Service User**	Positive, the comment is positive in nature	I was lucky enough to get a cancellation with my consultant. I saw him and had an op date of 6 weeks which I think is very, very good. The whole timeline was less than 3 months	Derriford Hospital	Jul-14	Orthopaedics
01/06/2014	**Service User**	Negative, the comment is negative in nature	I have been waiting since February 2013 for this operation on my tendons. I have had four pre-ops so far. Yesterday, I had a phone call and was told there was a cancellation if I wanted it	Derriford Hospital	26/06/2014	Orthopaedics
06/06/2014	**Service User**	Negative, the comment is negative in nature	I had yet another appointment to go and see the Consultant re: my wrist. The day before I was due to go we had another phone call cancelling. I was very upset, my husband took over the phone call. The upshot was I was told to come in and they would fit me in somehow. I have been waiting over a year after all. I turned up on the Wednesday, saw the Consultant who said I should have been seen months ago and I had the operation Friday that week.	Derriford Hospital	Jun-14	Orthopaedics
11/06/2014	**Carer and Relative**	Negative, the comment is negative in nature	I took my wife who is disabled for a pre-op medical assessment. She was called in to see a nurse for blood pressure and weight checks. Then she had to wait to see a Sister who went through her medical history and medication. Then we had to wait for her to see a consultant for another chat and to sign a consent form. Then we had to wait for an ECG. Then we had to wait for another appointment. No one explained there would be several waits. We were there for over three hours	Derriford Hospital	30/05/2014	Orthopaedics
11/06/2014	**Service User**	Positive, the comment is positive in nature	They were great. Helpful. A good advert for the hospital	Derriford Hospital	May-14	Orthopaedics

11/06/2014	**Service User**	Positive, the comment is positive in nature	My appointment was on time	Derriford Hospital	May-14	Orthopaedics
28/06/2014	**Service User**	Positive, the comment is positive in nature	Everything was good. It was friendly, caring and cheerful	Derriford Hospital	2012	Orthopaedics
28/06/2014	**Service User**	Positive, the comment is positive in nature	It was clean	Derriford Hospital	2012	Orthopaedics
28/06/2014	**Visitor**	Negative, the comment is negative in nature	In January the patient had an accident and broke his ankle. It needed operating on. They had a bolt and pin put in. Everything was OK. They went to get the plaster off, and the consultant said everything was fine and told him to get back to work. There was no follow-up and they were not given contacts if there was a problem. They went to the GP who signed him off sick, and they are still suffering due to recovery of 1-2 years	Derriford hospital	Jan-14	Orthopaedics
01/07/2014	**Service User**	Positive, the comment is positive in nature	Very pleased with the service. I had gangula taken out of my wrist	Derriford Hospital	Nov-13	Orthopaedics
09/07/2014	**Service User**	Positive, the comment is positive in nature	I have been waiting for a hip replacement operation. I was starting to fret that nothing was happening. Suddenly I got a phone call giving me a date for the operation, (next week). It will be 16 weeks to the day that I saw the doctor, so I cannot complain.	Derriford Hospital	On-going	Orthopaedics
09/07/2014	**Relative**	Negative, the comment is negative in nature	My husband has been waiting 2 years for an operation to remove his lower right leg. When we got the date we were told to be at the hospital for 7am. We were assured he was first on the list because he is diabetes/ we were assured his diabetes would be controller on the ward. When we got there he was not first on the list and the ward could not do anything for his diabetes. He eventually went into surgery at 3pm. we were both worried about his blood sugar levels as he had not eaten since the previous evening.	Derriford Hospital	Jun-14	Orthopaedics
19/07/2014	**Relative**	Positive, the comment is positive in nature	A practitioner understands our difficulty and have given us open access to avoid any delays	Derriford Hospital	Ongoing	Orthopaedics
29/07/2014	**Service User**	Positive, the comment is positive in nature	Surgeon very good	Derriford Hospital	Jul-14	Orthopaedics
26/08/2014	**Service User**	Positive, the comment is positive in nature	Excellent service. Had fracture plastered, in and out in 30 minutes. I fell down and broke right wrist (right handed)	Derriford Hospital	Aug-14	Orthopaedics

26/08/2014	**Service User**	Positive, the comment is positive in nature	Had last course of physio today. I have arthritis in the knee. Had strengthening exercises on the knee. Now have to have orthopaedics.	Derriford Hospital	Aug-14	Orthopaedics
26/08/2014	**Service User**	Negative, the comment is negative in nature	Broke right ankle, was operated on and had pins put in. Went straight into a boot which did not fit properly. I wore the boot for 6 weeks, 24 hours a day. Because the boot was loose when I was in bed my foot moved to the right. Once the boot was removed in the Fracture Clinic foot was set at a 45 degree angle. This was not noticed by the staff, I had to point this out. Response was that the ankle would be re-broken and pinned.	Derriford Hospital	Dec-13	Orthopaedics
26/08/2014	**Service User**	Negative, the comment is negative in nature	I was discharged straight after the operation, home 2 days before Christmas with no help.	Derriford Hospital	Dec-13	Orthopaedics
09/09/2014	**Relative**	Negative, the comment is negative in nature	Whilst my husband was on Sharp Ward an old man came in with two broken ankles and was still in the same clothes the next day that he came in with. He was also expected to get himself to the toilet etc. with no support. It was my husband who had helped him and was horrified when he went home.	Derriford Hospital		Orthopaedics
09/09/2014	**Relative**	Negative, the comment is negative in nature	My husband returned to Derriford and was re-admitted to Sharp Ward where he handed over his medicines on arrival. However, his medicines were not issued to him on a daily basis.	Derriford Hospital	Ongoing	Orthopaedics
09/09/2014	**Relative**	Negative, the comment is negative in nature	Staff turned down volume on buzzers	Derriford Hospital		Orthopaedics
09/09/2014	**Relative**	Negative, the comment is negative in nature	A man died while my husband was there and they pulled the curtain around. Porters came to remove his body and one said, "he liked his food". Then a nurse pulled the curtain back and handed his walking frame to another patient without even wiping it down.	Derriford Hospital		Orthopaedics
02/10/2014	**Service User**	Negative, the comment is negative in nature	Appointment to clinic - had to wait 4 hours. There was nowhere to rest my leg.	Derriford Hospital		Orthopaedics
23/09/2014	**Service User**	Positive, the comment is positive in nature	Consultant is fabulous but travel required to Truro as that is the nearest consultant. Has received good support about new condition and training	Hospital	23/09/2014	Orthopaedics

Musculoskeletal Interface Service
Patient Experience Survey

Jane Mitchell MSc MCSP
Musculoskeletal Clinical Lead
January 2013

Patient Comments

- Would have like a pre-booked appointment rather than an open invitation to contact them at a later date if I wished
- The lady I have seen today was lovely and very helpful
- Very good service, made to feel at ease and very helpful advice and everyone very friendly
- Really happy. Very impressed. Thanks.
- It all seems to have gone very well
- Absolutely brilliant
- Very good
- Absolutely brilliant. Gave me answers to things I've been really worried about. Lovely man. Helpful kind, thoughtful. A credit to the team you run
- Very good!
- I was impressed with the efficiency and professionalism of "Mr X" in the Musculoskeletal Interface Service, Thank you
- Very satisfactory
- V. good & clear help + advice for managing o/arthritis situation
- I had excellent clear explanations of the damage and the possible remedy
- On meeting Miss X she instantly stated she knew the private physio Mr X with whom I had had lots of treatment's, this made me feel so at ease and able to explain in details what was my problem and we discussed his approach to treatments I'd received already from him.
- All very good. Care & attention to all of what I was asking. Felt I was being treated in the correct manner.
- The service I have just received was excellent. Thank you

- I feel I have complete trust in Dr X. I understood everything he explained & appreciate very much the help he can provide. As I am disabled it is so very convenient to be treated by my local hospital.
- The treatment I received was very thorough and I felt the clinician had my best interests in view
- Very happy with the service
- Feel it was informative & that queries were answered wish service was offered with onset of first x-ray etc and subsequent diagnosis
- Excellent
- Very satisfied
- Saw Ms X who I thought was excellent. An expert at her job and explained everything to me. Also she was polite and cheerful. Couldn't have asked for better
- I am very pleased with the service I was given today but disappointed that the exercises were not given to be to do seven years ago or the benefits of exercise not explained to me previously
- Good

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Clinical Commissioning Group

Commissioning Intentions/QIPP: Reducing Orthopaedic Surgical Capacity 2015/16

Western Locality Board 26th November 2014

Content

- Recommendation
- Vision and rationale for the future model of elective orthopaedic care
- Process of developing vision & commissioning intentions with stakeholders.
- Supporting evidence for the direction of travel
- Work programme (aka QIPP schemes) to deliver (including reduce elective orthopaedic secondary care surgical supply, releasing resources for investment upstream)
- Today's decision
  - Options appraisal and decision making process leading to today's decision.
  - Factors for consideration and rationale for why this is considered to be the right decision
  - Quality and equality impact assessment,
  - Feedback from Health watch & initial feedback from Overview and Scrutiny, Plymouth and Cornwall (10)
  - Capacity Plan & further work
  - Risk and Mitigation

Recommendation

It is recommended that:

- The Western Locality Board agree that replacement surgical capacity will not be commissioned when the current contract for the Peninsula Treatment Centre ends on 31st March 2015.

- The Board note that Kernow CCG have confirmed that they will abide by the decision of the Western Locality Board as lead commissioners on their behalf.

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Section 1
Vision and rationale for the future model of elective orthopaedic care

Developing Commissioning Intentions and Vision for future Orthopaedic services

- Commissioners and providers across the Derriford footprint have been working together over the last couple of years, with input from patient representatives, towards an Integrated Model of Care for Elective Orthopaedic Services, in line with national guidance, designed to provide more options for conservative management as an alternative to surgery.

- In developing the vision & commissioning intentions we have held two stakeholder events in April 2013 and May 2013. Those involved included:
  - a range of clinicians and staff from health service providers in Primary, Secondary and Community care.
  - Patient and Liaison services (PALS), Healthwatch and patient and service user representatives
  - Public Health
  - Commissioners (clinical and managerial)

Stakeholder events 2013

We heard what needed to be improved and agreed the ‘system characteristics’ we were looking for in the future:

- A need for efficient, value adding pathways with clear criteria for access to services
- Reduce duplication in the system
- Common referral pathways across Derriford footprint for all providers
- Virtual consultation - face to face with patients only where it adds value
- Direct access by patients to services where appropriate
  e.g. Physiotherapy
- Restrictions to access are appropriately managed & clinically evidenced
  e.g. LVP, BMI

Stakeholder events 2013 contd

We heard what needed to be improved and agreed the ‘system characteristics’ we were looking for in the future:

- Localised information from all providers of Orthopaedic Care to inform discussion in Primary Care – Shared Patient Decision Making
- A patient is only referred out of General Practice once discussion has taken place regarding the benefits of the different management options
- Direct referral to the community service for conservative management/ assessment and onward referral of ‘prepared patient’ for surgery when appropriate
- Uniformity of procedure/ most cost effective prostheses to be used/ uniformity of rehabilitation.

Commissioning Intentions and Vision for future elective orthopaedic services

The agreed community wide vision formed the basis of NEW Devon CCG Commissioning intentions 2014/15 onwards:

- We will implement an evidence based, integrated model of elective care, intervening at the optimum point for maximum benefit. This will improve value for patients, reduce costs and ensure future sustainability in the face of increasing demand.

- There will be an increasing focus on prevention; effective conservative management will be the cornerstone of care. Individuals will be empowered to make decisions and initiate care. GPs will be better informed to support patient choices.

- We will encourage direct access to services wherever appropriate and encourage the use of alternatives to the traditional face to face contacts and commission face to face contacts with patients only where there is demonstrable clinical value to patients.

Supporting evidence – more surgery than in comparative populations

- There is a widely held view that elective orthopaedic surgery should usually be “for people with severe symptoms who have tried other treatments first” as illustrated on the NHS Right Care website in shared decision aids for osteoarthritis of hip and knee click for decision aid and go to 'compare options'

- There is evidence to suggest that in our population people are having surgery at a relatively young age and when their symptoms are comparatively less severe (when compared to other similar populations). This can, unfortunately, mean that they then may have to undergo further replacement surgery later on as replacements do have a limited lifespan. Each time a joint is replaced , there is the risk of post-operative complication to consider. This is something we would want to avoid for our population.

- There is evidence to suggest that when comparing outcomes from surgery with the above less severe health state prior to surgery, the health gain is lower than in comparative populations and there is less VALUE for patients from that investment.

- Historically our population has a higher rate of surgery than would be expected when compared nationally. (Dr Foster Standardised Admission Rates –next slide)

Supporting evidence- NEW Devon spend on Orthopaedic and Ophthalmology procedures and SAR's

NEW Devon CCG has historically operated on more patients than would be expected nationally. The table to the right shows this. (Dr Foster Standardised Admission Rates).

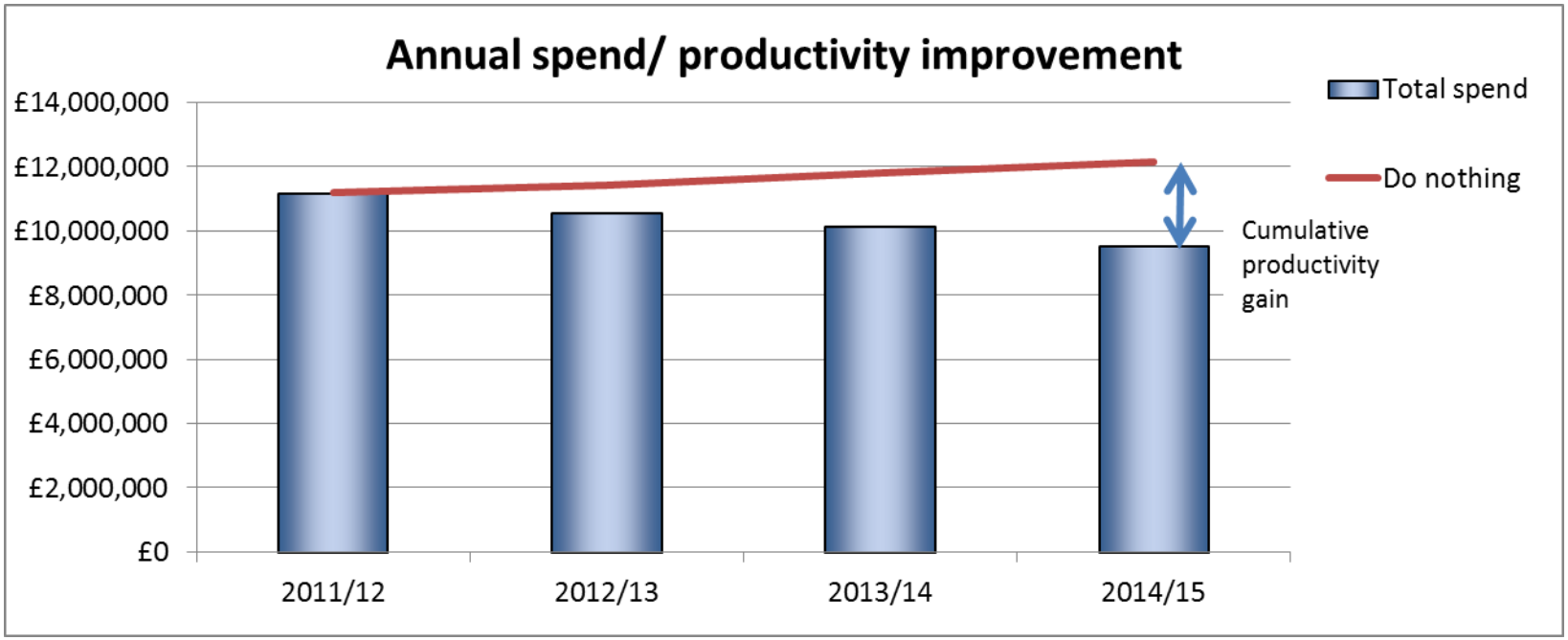
The evidence suggests:

- **The potential for a reduction of 5.6% in activity (3,902 procedures) if we were in line with comparators**
- **Potential for £7,739,350 release for re-investment**

Area	Locality	Baseline activity	Current SAR	Target SAR	% change	Activity Impact	Financial impact
Hip replacements	Eastern	801	122.4	107.3	12.40%	-99	-£587,015
	Northern	409	139	110.2	20.80%	-85	-£503,720
	Western	659	129.7	94.5	27.20%	-179	-£1,065,341
Knee replacements	Eastern	831	115	92.6	19.50%	-162	-£1,021,474
	Northern	318	95	94.2	0.60%	-2	-£14,085
	Western	682	118.8	89.2	24.90%	-170	-£1,070,888
Shoulder procedures	Eastern	650	115.1	85	26.20%	-170	-£603,397
	Northern	257	100.7	85	15.20%	-39	-£144,717
	Western	551	110.8	85	23.00%	-127	-£426,282
Arthroscopy	Eastern	764	95.2	85	10.60%	-81	-£152,348
	Northern	404	115.1	85	26.00%	-105	-£196,659
	Western	784	109.2	85	22.10%	-173	-£324,408
Carpal tunnel	Eastern	537	143.3	85	40.60%	-218	-£196,791
	Northern	143	84.3	85	0%	0	£0
	Western	458	143.1	85	40.40%	-185	-£167,235
Foot & ankle	Eastern	TBC	TBC	TBC	TBC	TBC	TBC
	Northern	TBC	TBC	TBC	TBC	TBC	TBC
	Western	599	122	100	18.03%	-108	-£207,538
Orthopaedics outpatients	Eastern	TBC	TBC	TBC	TBC	TBC	TBC
	Northern	TBC	TBC	TBC	TBC	TBC	TBC
	Western	20488	TBC	TBC	-18.45%	-3,781	-£410,185
Ophthalmology	Eastern	TBC	TBC	TBC	TBC	TBC	-£317,000
	Northern	TBC	TBC	TBC	TBC	TBC	-£117,000
	Western	60879	TBC	TBC	TBC	-1999	-£212,667
Subtotal by locality	Eastern	3,583	TBC	TBC	-20.37%	-730	-£2,878,625
	Northern	1,531	TBC	TBC	-15.09%	-231	-£976,181
	Western	64,612	TBC	TBC	-4.55%	-2,941	-£3,884,544
Total	**CCG**	**69,726**	**TBC**	**TBC**	**-5.60%**	**-3,902**	**-£7,739,350**

Supporting evidence - Decline in demand

Even in the face of the expected impact of demographic growth (red line)the numbers of people requiring elective orthopaedic surgery has fallen over the last few years and we expect this trend will continue. This amounts to spend of £2.6m less than might be expected and a 'real' reduction of around £0.5m year on year (see next slide).



Supporting evidence - Decline in demand (Pathway breakdown)

Orthopaedic non-trauma - acute spend

Annual spend (Western Locality)

Area	Indicator	2011/12 Final	2012/13 Final	2013/14 Final	2014/15 FOT
Primary hip replacements	Total spend	£3,429,309	£3,309,886	£3,121,625	£3,552,035
	Do nothing	£3,429,309	£3,532,189	£3,638,154	£3,747,299
	Productivity gain (previous year)	£0	£222,303	£294,227	-£321,265
	Cumulative productivity gain	£0	£222,303	£516,529	£195,264
Primary knee replacements	Total spend	£3,853,278	£3,361,244	£3,204,394	£3,040,569
	Do nothing	£3,853,278	£3,968,877	£4,087,943	£4,210,581
	Productivity gain (previous year)	£0	£607,632	£275,917	£286,463
	Cumulative productivity gain	£0	£607,632	£883,549	£1,170,012
Arthoscopy	Total spend	£1,444,377	£1,531,504	£1,560,465	£1,196,326
	Do nothing	£1,444,377	£1,487,708	£1,532,340	£1,578,310
	Productivity gain (previous year)	£0	-£43,796	£15,671	£410,109
	Cumulative productivity gain	£0	-£43,796	-£28,125	£381,984
Shoulder procuedures	Total spend	£2,012,844	£1,958,938	£1,891,273	£1,794,705
	Do nothing	£2,012,844	£1,958,938	£2,073,229	£2,135,426
	Productivity gain (previous year)	£0	£0	£181,956	£158,764
	Cumulative productivity gain	£0	£0	£181,956	£340,721
Carpal tunnel	Total spend	£442,586	£401,335	£375,812	£370,257
	Do nothing	£442,586	£455,863	£469,539	£483,625
	Productivity gain (previous year)	£0	£54,528	£39,198	£19,642
	Cumulative productivity gain	£0	£54,528	£93,727	£113,368
Total	Total spend	£11,182,394	£10,562,907	£10,153,568	£9,953,892
	Do nothing	£11,182,394	£11,403,575	£11,801,205	£12,155,241
	Productivity gain (previous year)	£0	£840,668	£806,969	£553,713
	Cumulative productivity gain	£0	£840,668	£1,647,637	£2,201,349

Work Programme / QIPP Schemes:
NEW Devon CCG and Kernow CCG

- Improved and increased use of existing MSK Interface in Kernow CCG and MSK ICATs in NEW Devon CCG

- Expand MSK Interface Services, implement Hip ICAT in NEW Devon CCG November 2014, already available in MSK Interface Kernow CCG

- Direct Access Physiotherapy ,implementation to start in November2014 in NEW Devon CCG, already available in MSK Interface Kernow CCG.

- Increased focus on LVP's (Procedures of Low Clinical Benefit) to be implemented following policy review
  - Knee Arthroscopy- Nov 14
  - Carpal Tunnel – Nov 14
  - BMI – Arthroplasty – Nov 14

- Reduce elective orthopaedic secondary care surgical supply, releasing resources for investment upstream

Work programme / QIPP Schemes: NEW Devon CCG and Kernow CCG

- Step Forward (Education and Conservative Management) in NEW Devon CCG
  This is already currently provided in MSK Interface Service in Kernow CCG

- Primary Care Integrated Provider HUB Model for MSK (e.g. Beacon Practice) in NEW Devon. Develop Primary Care arrangements for MSK

- Temporary increase in alternative provider usage in Kernow CCG

- Rapid Referral Review – rapid access to senior specialist opinion at the point of referral making sure patients get to the right place first time (clinicians supported by DRSS) for NEW Devon CCG and Kernow CCG

- Follow Ups – designing new sustainable models of follow up care empowering patients (CQUIN/Incentive Scheme) for NEW Devon CCG and Kernow CCG

QIPP: Impact of Schemes and Commissioning intentions

Set against the Care UK Contract we can see the impact of the schemes and commissioning intentions. The evidence suggests that across NEW Devon CCG there is enough capacity to cover all but the remaining 15.6% of demand.

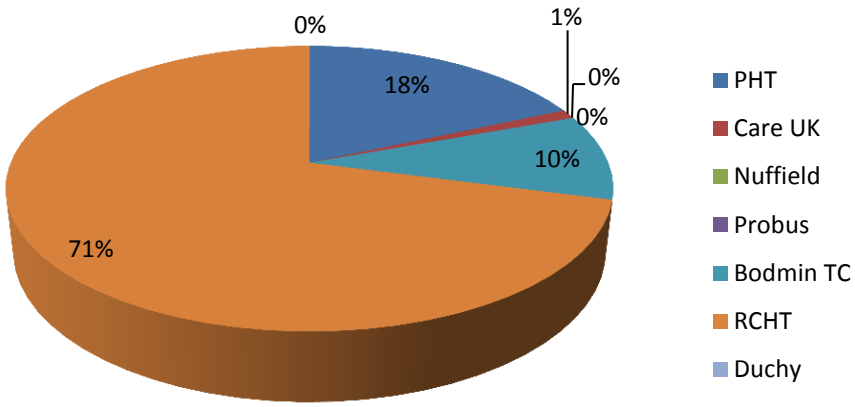
- Delivery of QIPP activity western Locality opportunity to reduce spend by £4.3m = 84.7% Care UK contract covered by the QIPP programme
- Delivery of benchmark activity across NEW Devon CCG delivers 100% of the Care UK contract value covered by the QIPP programme.

Area	QIPP financial impact	Peninsula Treatment Centre (2013/14)	% covered by QIPP
Hip replacements	-£1,065,341	£1,199,021	-88.9%
Knee replacements	-£1,070,888	£1,229,979	-87.1%
Shoulder procedures	-£426,282	£491,060	-86.8%
Arthroscopy	-£324,408	£215,512	-150.5%
Carpal tunnel	-£167,235	£121,640	-137.5%
Foot & ankle	-£207,538	£417,891	-49.7%
Orthopaedics outpatients	-£410,185	£688,817	-59.5%
Ophthalmology QIPP	-£212,667	£716,943	-29.7%
QIPP Subtotal	**-£3,884,544**	**£5,080,864**	**-76.5%**
Opthalmology including backlog	-£630,202	£716,943	-87.9%
Total	**-£4,302,079**	**£5,080,864**	**-84.7%**

Note:
Ophthalmology based upon period Oct 13 - Sep 14
Care UK are helping clear PHNT ophthalmology backlog

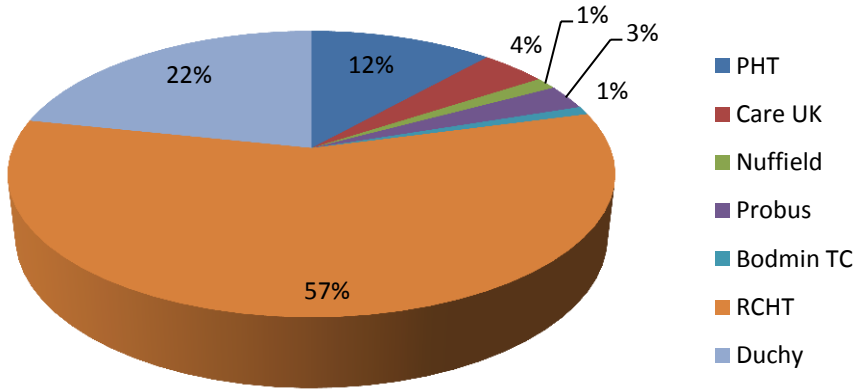
Capacity Planning Market Share: NHS Kernow

Ophthalmology



Care UK has provided 1% (188) of the total number of cataracts performed for NHS Kernow over the last 12 months. Bodmin Treatment Centre offers more capacity local to East Cornwall Locality.

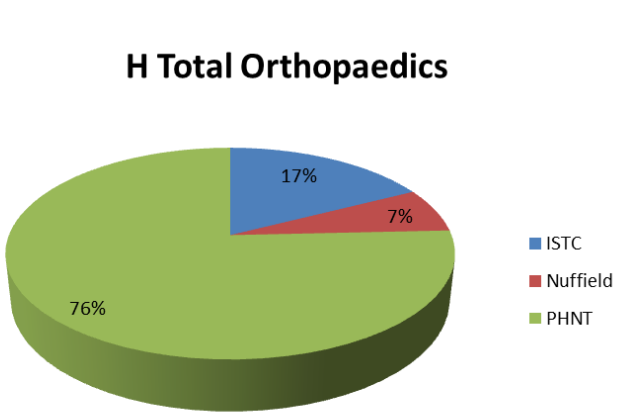
Orthopaedic

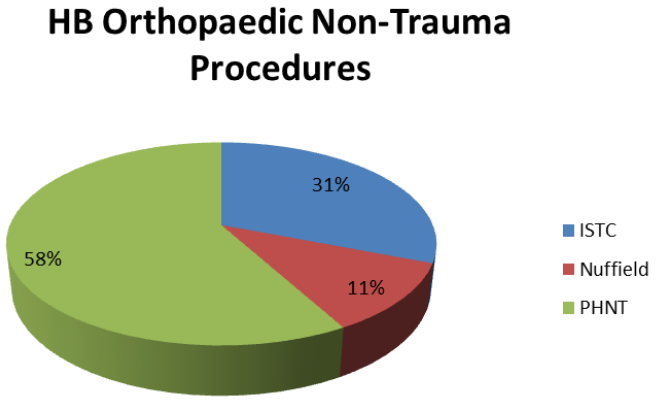


Care UK has provided 4% (625) of the total number of orthopaedic procedures performed for NHS Kernow over the last 12 months.

The market is changing in Cornwall with Probus and Duchy popular alternatives to the main acute centres.

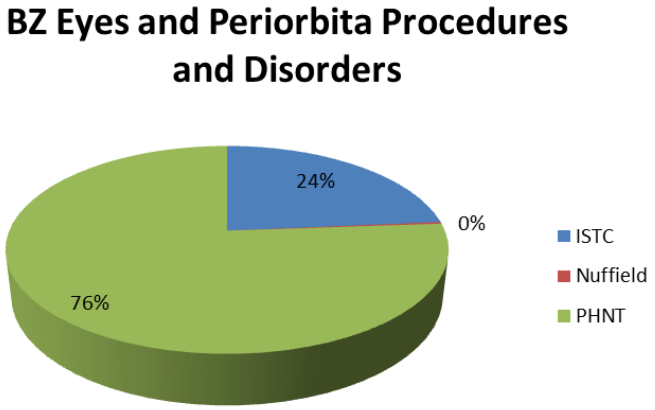
Capacity Planning Market Share: NEW Devon





Clockwise from above:

- Care UK provided 17% (1,857) orthopaedic procedures in 2013/14
- Care UK provided 31% of activity within it's limited case mix of elective orthopaedic procedures.
- Care UK provided 5% of the cataract activity in 2013/14 however the YTD effect in 14/15 is shown. To date Care UK are providing c. 24% of Western Locality's cataracts.



Capacity Planning Care UK Case mix: NHS Kernow

2013/14 - Care UK Procedures Full Year			Activity
Specialty	OPCS	Primary Procedure Description	2013/14
110	W401	(W401) PRIMARY TOTAL PROSTHETIC REPLACEMENT OF KNEE JOINT USING CEM	103
110	W822	(W822) ENDOSCOPIC RESECTION OF SEMILUNAR CARTILAGE NEC	95
130	C751	(C751) INSERTION OF PROSTHETIC REPLACEMENT FOR LENS NEC	68
110	W903	(W903) INJECTION OF THERAPEUTIC SUBSTANCE INTO JOINT	64
110	A651	(A651) CARPAL TUNNEL RELEASE	62
110	O291	(O291) Subacromial decompression	49
110	W381	(W381) PRIMARY TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT NOT USING	37
110	W371	(W371) PRIMARY TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT USING CEME	35
100	J183	(J183) TOTAL CHOLECYSTECTOMY NEC	27
110	W941	(W941) PRIMARY HYBRID PROSTHETIC REPLACEMENT OF HIP JOINT USING CEM	19

2014/15 - Care UK Procedures YTD			
Specialty	OPCS	Primary Procedure Description	2014/15
130	C751	(C751) INSERTION OF PROSTHETIC REPLACEMENT FOR LENS NEC	134
110	W401	(W401) PRIMARY TOTAL PROSTHETIC REPLACEMENT OF KNEE JOINT USING CEM	44
110	W822	(W822) ENDOSCOPIC RESECTION OF SEMILUNAR CARTILAGE NEC	35
110	A651	(A651) CARPAL TUNNEL RELEASE	25
110	W903	(W903) INJECTION OF THERAPEUTIC SUBSTANCE INTO JOINT	22
100	J183	(J183) TOTAL CHOLECYSTECTOMY NEC	22
110	W381	(W381) PRIMARY TOTAL PROSTHETIC REPLACEMENT OF HIP JOINT NOT USING	19
110	O291	(O291) Subacromial decompression	17
110	W941	(W941) PRIMARY HYBRID PROSTHETIC REPLACEMENT OF HIP JOINT USING CEM	16
110	T625	(T625) INJECTION INTO BURSA	8

Capacity Planning Care UK: Case mix Devon

2013-14 - Care UK Procedures Full Year

Specialty	OPCS	Primary Procedure Description	Volume
130	C751	Insertion of prosthetic replacement for lens NEC	315
110	W822	Endoscopic resection of semilunar cartilage NEC	242
110	W401	Primary total prosthetic replacement of knee joint using cement	217
110	W903	Injection of therapeutic substance into joint	155
110	A651	Carpal tunnel release	147
110	O291	Subacromial decompression	112
110	W381	Primary total prosthetic replacement of hip joint not using cement	112
130	C751	Insertion of prosthetic replacement for lens NEC	98
110	W371	Primary total prosthetic replacement of hip joint using cement	77
110	W791	Soft tissue correction of hallux valgus	59

Care UK Provide a range of Elective Orthopaedic and Ophthalmology procedures. The top 10 are highlighted here for 2013/14 and 2014/15.

The CCG commissioned an increase in Cataract procedures in 13/14 and this has continued into 14/15.

2014-15 - Care UK Procedures to Month 5

Specialty	OPCS	Primary Procedure Description	Volume
130	C751	Insertion of prosthetic replacement for lens NEC	472
110	W401	Primary total prosthetic replacement of knee joint using cement	99
110	W822	Endoscopic resection of semilunar cartilage NEC	79
110	W903	Injection of therapeutic substance into joint	78
110	W381	Primary total prosthetic replacement of hip joint not using cement	77
110	A651	Carpal tunnel release	68
110	O291	Subacromial decompression	40
110	W941	Primary hybrid prosthetic replacement of hip joint using cemented fem	32
110	T625	Injection into bursa	23
110	T723	Release of constriction of sheath of tendon	20

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Work-stream 5- Reducing secondary care capacity to free resources for investment.

Options appraisal and decision making process

Timeline and Update

- **November 2013** – presentation to Western Locality Board on the future model of care for musculo-skeletal services.
- **January 2014** – options for future commissioning of secondary care orthopaedic services presented to Western Locality Board in the light of the ISTC contract coming to an end in July 2014 including:

1. A like for like (contract re-procurement) of current services and providers we consider future sustainability given commissioning intentions.
2. The development of an Elective Care Hub
3. An ISTC not to be re-commissioned
4. Decommission over a phased approach

- **February 2014** – extension of peninsular Treatment Centre Contract to March 2015 (at risk) to enable time to further explore options and implement

Timeline and Update

May 2014 – Western Locality Board (part 2) identify option 3 as preferred option for the purpose of embarking upon appropriate and proportionate engagement dependent upon resulting change initiated by current provider. Factors in making this decision are:

- In 2005 the decision to commission additional capacity for elective orthopaedic surgery was aimed at cutting unacceptable waiting times.
- The Peninsula NHS Treatment Centre (PTC) opened in 2005 following an award of the contract to Care UK and this contract comes to a natural end on 31 March 2015. (Northern, Eastern and Western Devon Clinical Commissioning Group are the lead commissioners working with Kernow CCG and South Devon CCG.
- Risks considered at the time included:
  - Reduction in local competition,
  - Public perception of reducing local health service provision,
  - Extending contract further may attract legal challenge,
  - Risk of legal challenge from Care UK if another provider moved into current building providing similar services,
  - The need for detailed capacity planning to minimise the impact RTT standards.

Timeline and Update

- **June 2014** – Care UK (current provider) informed and asked to consider how they would respond. Agreed to Care UK request for 'pause' in process to enable them to explore their options on the basis that care UK agreed to accept this as 'notice' of intent (albeit final decision not yet made)
  - Options discussed at the time included demobilize on the basis of commissioning intent; partnership with other providers; continue to provide current services under existing licence to operate/ AQP
  - NB until clarity received on Care UK intentions not possible to define 'appropriate and proportionate' engagement as dependent upon scale and nature of change.
- **Sept 2014** – Care UK provided proposal to CCG to offer a range of services in areas where they were aware of current pressure in the system. CCG provisionally declined the offer subject to formal decision.
- **Oct 2014** – Western Locality Board confirmed decision to turn down Care UK proposal on the basis that it required long term investment and guaranteed volumes to be financially viable and majority of offer was in specialties which are expected to have RTT pressures resolved by April 2015.

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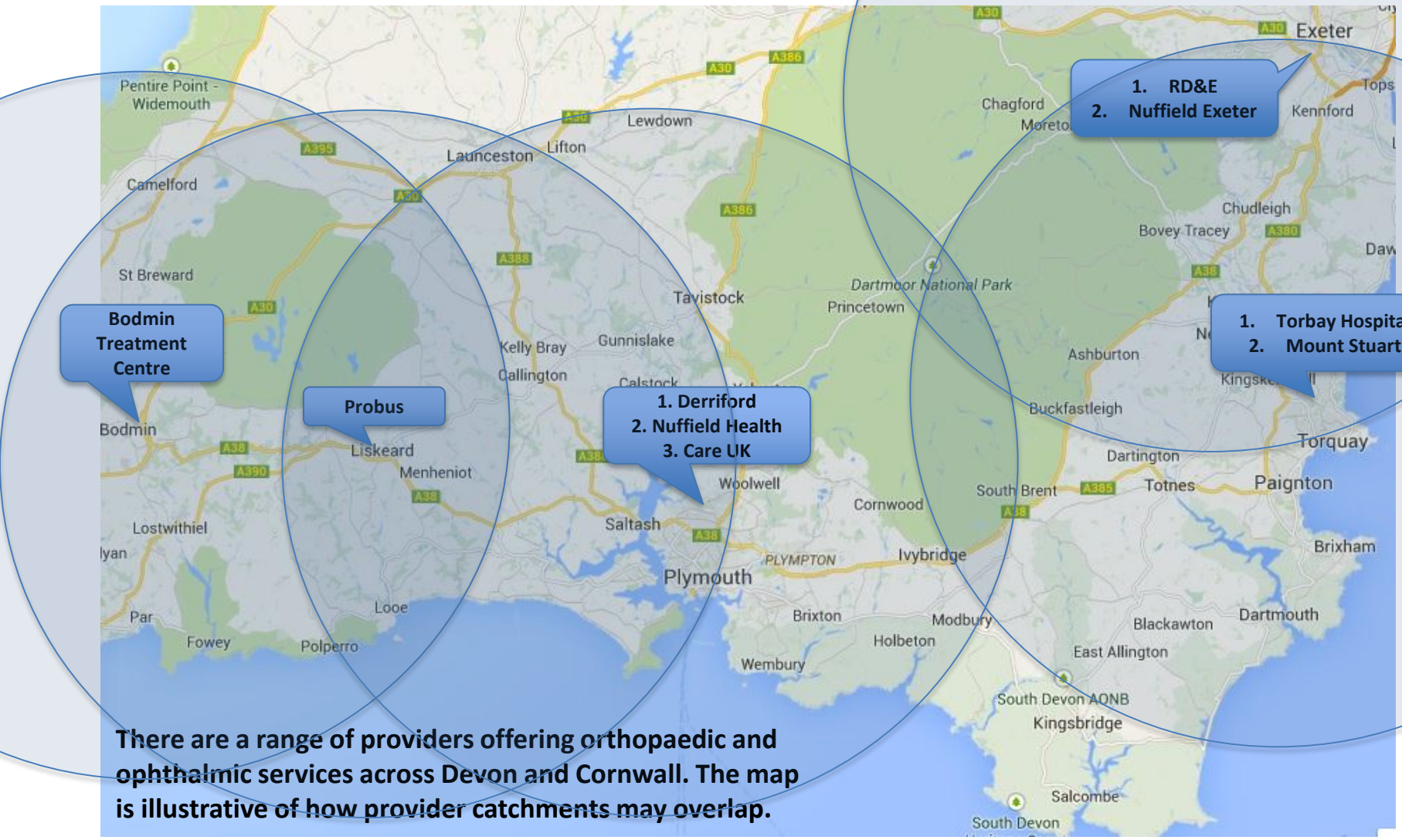
Today's decision
Factors for consideration

Factors for consideration

- Widespread clinical support for orthopaedic commissioning intentions and evidence based vision for elective orthopaedic care
- Evidence of declining need for elective orthopaedic surgical capacity
- Impact of commissioning plans on reducing surgical activity across all providers & specifically ,the vulnerability of the Peninsula Treatment Centre given the case mix that currently carried out .
- Choice for patients and competition maintained
- Quality and equality impact assessment & management (App 1)
- Feedback from the public / patients /Health watch (App 2 & 3)
- Initial feedback from Overview and Scrutiny Panel on behalf of Plymouth & Cornwall Councils
- Capacity and demand plan closing the gap in capacity over time (to be tabled)
    - Including contingency for short term capacity gap
    - Including management of cataract activity

Choice of Acute Provider



There are a range of providers offering orthopaedic and ophthalmic services across Devon and Cornwall. The map is illustrative of how provider catchments may overlap.

Quality and equality impact assessment

This has been completed and is available at Appendix 1.
This document reflects our current understanding of impact and in line with good practice will remain ‘live’ and will continue to be revised as further information becomes available such as;

- Outcome of final decision taken by Western Locality Board on 26th November 2014
- Completion of demand and capacity assumptions
- Any further risks identified and mitigation actions

Public and patient feedback

Appendix 2 Overview of feedback from Health watch Plymouth

There are three appendices that provide detail of the individual feedback:

A. Peninsula Treatment Centre Patient Feedback (Post Herald Article)

B. Peninsula Treatment Centre Patient Feedback (Pre Herald Article)

C. Derriford Orthopaedic Service Patient Feedback (Pre Herald Article)

Appendix 3 Kernow CCG have provided feedback

An extract of patient comments from Peninsular Community Health Musculoskeletal Interface Service Patient Experience Survey.

Feedback from public via Healthwatch Plymouth

Following the publication of the story in Plymouth Evening Herald Story posted on-line 28 October and in printed edition 29 October 2014:

Health watch Plymouth has received considerable comment from the patient population of Plymouth, the South Hams of Devon and S.E. Cornwall.

The main themes of these comments are:

- Excellence and efficiency of the service provided from initial referral to operation
- Concern over the service at the Peninsula ending/or closure of the Peninsula
- Concerns over the ability of Derriford being able to cope with future requirements

Feedback from public via Healthwatch Plymouth

Conclusions drawn from the feedback are as follows:

- Service Users see the Peninsula as an excellent facility that is part of the health care framework within Plymouth and neighboring areas
- Respondents view the Peninsula treatment pathway as highly efficient and hugely beneficial to their well-being and subsequent recovery from elective surgery
- The public understand from the media that the Peninsula Centre is potentially closing and not just a cessation of the orthopaedic contract when it is due to be renewed
- They do not understand the reasons behind the future decisions over the Peninsula contract

Overview and Scrutiny Committee's

- Verbal discussions have been had with our three OSC's in Devon, Plymouth and Cornwall.
- They have been fully briefed on actions taken and the supporting Information available to date and are in the process of formally responding in writing.
- Formal response from OSC Cornwall has stated they will be guided by OSC Plymouth, OSC Devon have not yet formally responded
- OSC Plymouth have requested that this is scrutinised at their next Plymouth OSC meeting on 11th December 2014, in order that they can reach a fully informed view on whether this could possibly constitute 'substantial service change'
- The OSC's are aware that a final decision will be taken by the Western Locality Board on 26th November 2014.

Capacity Planning - Cataracts

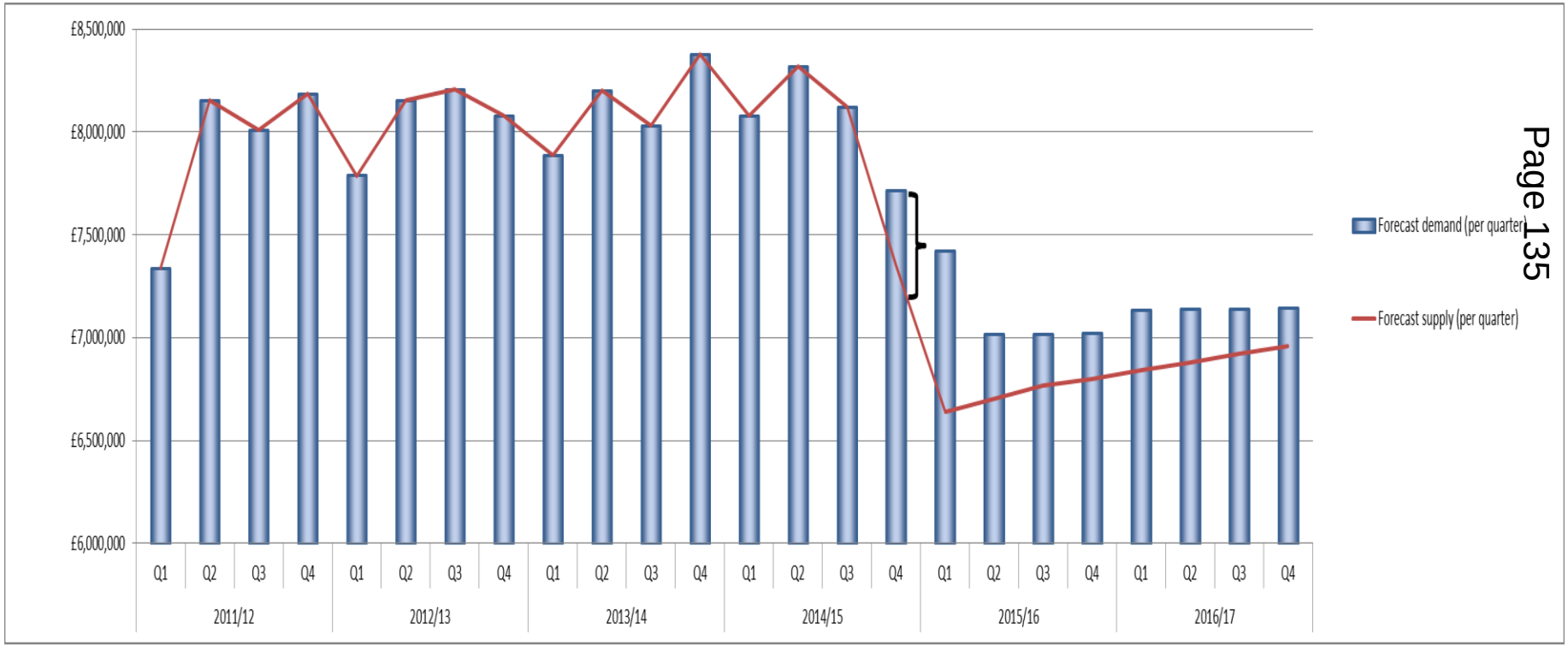
In July 2013 we commissioned a proportion of cataract activity at CARE UK the rationale for this was to pilot One Stop Cataract Service ,this was not part of the original contract with CARE UK only for 2013/14.

The One Stop Cataract Service was not achieved, therefore mainly continued with non-recurrent backlog clearance in 2014/15.

Capacity and Demand Plan

(Draft)

This is an illustrative draft which shows our expectation of reducing demand; the impact of commissioning work-streams, and at present identifies a small gap in the short term for which contingency planning is underway. Work continues on modelling demand and capacity and the capacity plan, along with planning assumptions, will be available to be presented at the Western Locality Board meeting.



Risks and Mitigations

Risks	Mitigation
Short -term gap in capacity of c. 600 procedures and medium-long term of c 370 procedures. Whilst QIPP schemes are rolled out	Intra-trust conversation have begun to examine how the health economy can absorb the impact in the short-term.
Associate Commissioners: capacity required for 669 procedures	Intra-trust conversation have begun to examine how the health economy can absorb the impact in the short-term. Associate Commissioner's other are developing plans .
Legal challenge: Some issues have been raised although the contract will lapse in March 2015 unless the Locality Board decide to extend at risk of legal challenge.	Actions being taken, the decision making process is robust.
Assumption: Proportion of activity absorbed by other providers (and patient willingness to travel)	Intra-trust conversation have begun to examine how the health economy can absorb the impact in the short-term. Need to widen the discussion and improve modelling for 15/16 capacity plans.
Impact on RTT delivery	Intra-trust conversation have begun to examine how the health economy can absorb the impact in the short-term. The impact of QIPP schemes in reducing demand
Continuing over-capacity in the local health-system. When the CCG's commissioning intentions are realised it is likely that one of the local providers will become unviable. This has the potential to destabilise the local health economy .	Work with local and surrounding providers to ensure contingency plans are in place. Ensure all providers have up to date emergency resilience plans in place. Ensure robust demand/ capacity planning is complete.

Risks and Mitigations

Risks / issues	Mitigation / management
Positive patient satisfaction with PTC reported in media may lead to an inaccurate perception of inferior quality and patient satisfaction in other facilities	Provide patient satisfaction information across all providers for balance.
Care UK may decide to continue to supply current services under the terms of their licence, limiting the health community's ability to deliver the vision for elective orthopaedic care sustainably	Continued clarity on forecast declining demand to enable Care UK to make an informed decision about viability. Accelerated delivery of commissioning mechanisms for ensuring patients access conservative management alternatives instead of surgery when appropriate
Overview and scrutiny panel may form the view that this decision constitutes significant service change & request further public engagement	Intended public information day (Dec/Jan.) Information supporting the decision, not previously available, to be made available to overview and scrutiny panel to inform scrutiny on 11th December 2014

Recommendation

It is recommended that:

- The Western Locality Board agree that replacement surgical capacity will not be commissioned when the current contract for the Peninsula Treatment Centre ends on 31st March 2015.

- The Board note that Kernow CCG have confirmed that they will abide by the decision of the Western Locality Board as lead commissioners on their behalf.

Plymouth Hospitals NHS
NHS Trust

Key Funding Issues

October 2014

Leading with excellence, caring with compassion

Contents

Who we are

- A large teaching hospital providing full range of specialised services
- National reputation for research
- Ministry of Defence Hospital Unit
- 6,000 staff
- One of the largest single site hospitals in Europe
- £420m turnover
- 900 beds
- Circa 36 operating theatres

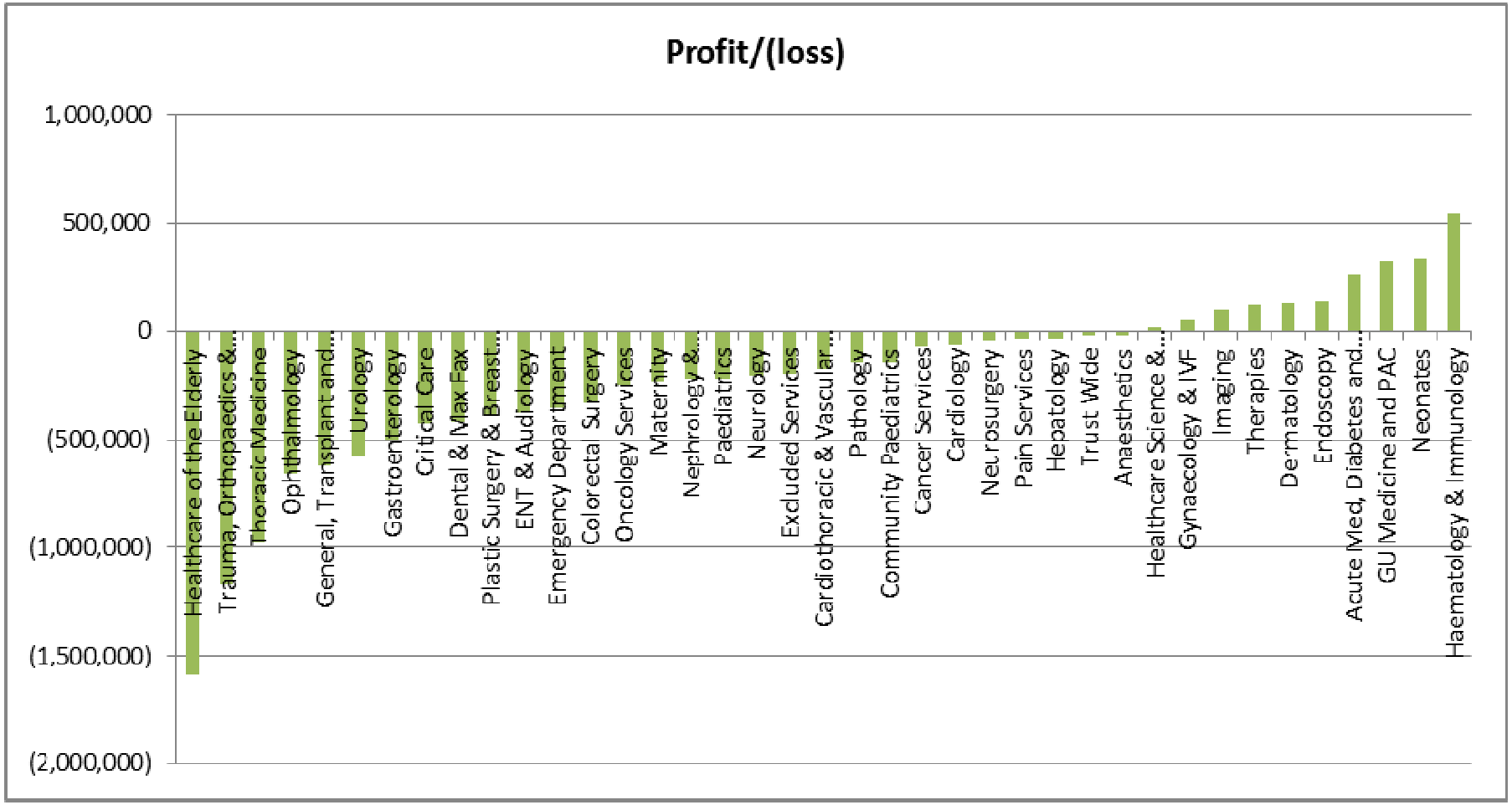
Who we serve


CARDIFF
Bristol
Bath
BRISTOL CHANNEL
Weston-super-Mare
Lundy
Ilfracombe
Lynton
Porlock
Minehead
EXMOOR
Barnstaple
Bideford
Bridgwater
Taunton
Glastonbury
Wells
Frome
SOMERSET
Yeovil
Hartland Point
Bude
DEVON
Okehampton
Exeter
Tiverton
Honiton
Launceston
DARTMOOR
Tavistock
CORNWALL
Padstow
Wadebridge
Newquay
Bodmin
Liskeard
Plymouth
CITY OF PLYMOUTH
Torquay
TORBAY
Paignton
Dartmouth
Kingsbridge
Start Point
South Devon
Exmouth
Teignmouth
Truro
St Ives
Penzance
Falmouth
Helston
Land's End
Lizard
DORSET
Dorchester
Weymouth

Financial Position

- We have a significant financial problem
- Deficit of £13m recorded in 2013-14 and the same planned for 2014-15
- Application to the Treasury for cash each year to enable us to pay our staff and our suppliers
- Estimated savings programme needed of 6% of our turnover per annum over the next 2 years to meet the required NHS efficiency and recover our brought forward £13m deficit
- Despite being an efficient Trust, with average costs less than the average hospital, 75% of our services lose money (see graph)
- We therefore contend that we have a structural funding issue that needs resolution to secure a sustainable future for the services we provide on the Peninsula

Service Line profit / (loss)



Three Key Structural Funding Issues

- ***Urgent care*** – because of exceptional growth in emergency admissions above an agreed baseline we only get funded at 50% of the agreed tariff, this reduces our income by £8m per year
- ***Market Forces Factor*** – a formula designed to provide funding for unavoidable cost differences between regions. We are one of the lowest funded in the country receiving £15m less than if we were located in Bristol.
- ***Education and Training*** – as a large teaching hospital we have a very high cost of training tomorrows health professionals. We estimate we spend £8m more on training than the funding we receive.

Summary

- We have a significant financial problem with a current deficit of £13m
- We are an efficient Trust
- Outcomes are good with one of the lowest mortality ratings in the country
- We provide the widest range of specialised services to the Peninsula that will not be available without a funding solution – these include cardiothoracic and neurosurgery, renal transplant, specialist cancer care, level 3 neonatal intensive care and we are a major trauma centre
- Structural funding issues account for circa £30m of additional income. With this additional funding we would be in surplus, investing these surpluses into healthcare and have a sustainable future.

CARING PLYMOUTH

Tracking Resolutions and Recommendations
2014 - 2015

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
6 March 2014 Minute 44 – Safeguarding Adults Board	Agreed that – 1. the Safeguarding Business Plan and Annual Report to be brought back to a future meeting for review. 2. the panel be provided with a clearer understanding and awareness around safeguarding interventions and responsibilities to include – • Engagement with Care Homes; • Risk around personalised budgets; • The range of issues that cause safeguarding alerts. 3. a review of places of safety and use of Section 136 to be brought back to the panel for consideration. 4. a report on the risk associated with integration and the delegation of responsibilities to ensure the council retains control over safeguarding.	Date	TBC
		Officer	Jane Elliot Toncic – Safeguarding Adults Manager
		Progress	Democratic Support Officer to chase response. Place of Safety to be added to the work programme for further consideration by the panel.
6 March 2014 Minute 47 - Recommendations from Budget Scrutiny	Agreed that an action plan addressing the revised approach to health inequalities across the city is brought to the Caring Scrutiny panel within six months by the incoming Director of Public Health.	Date	11 December 2014
		Officer	Kelechi Nnoaham
		Progress	A report to be provided to the panel in December.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
7 August 2014 Minute 15 – Commissioning Strategy for Maternity Services 2014 – 19 (Draft)	Agreed that – 1. Caring Plymouth note the draft Commissioning Strategy for Maternity Services 2014-2019; 2. NEW Devon CCG consider the inclusion of information as out forward by the Caring Plymouth panel within the strategy; 3. a sub-regional scrutiny with Devon, Cornwall and Torbay is formed to assist in the development of the strategy.	Date	TBC
		Officer	Gwen Pearson
		Progress	PID to be produced and DSO to set up meeting with DSOs in Cornwall, Devon and Torbay to discuss further. Discussions taken place with Health Scrutiny Leads. Review of the strategy to take place at the end of January 2015.
7 August 2014 Minute 18 - Carers Strategy	Agreed that – 1. The Caring Panel commends the Plymouth Carers Strategy 2014-18 to Cabinet. 2. The Caring Panel congratulates commissioners and carers on the development of the strategy and associated action plans. 3. Progress against the action plan to be presented to the panel in March 2015. 4. The Caring Panel recommends to the Co-operative Scrutiny Board that the Ambitious Plymouth Panel revisit the recommendations from the Young Carers review held in 2011. 5. Officers from Plymouth City Council and the Clinical Commissioning Group to identify and help own staff who are carers	Date	5 March 2015
		Officer	Katy Shorten
		Progress	Added to the Work programme for March.

Date, agenda item and Minute number	Resolution	Target date, Officer responsible and Progress	
7 August 2014 Minute 19 – Dementia Strategy	Agreed that – 1. Caring Plymouth commend the Dementia Strategy and Action Plan to Cabinet. 2. Officers monitor the action plan and present the outcomes to Caring Plymouth in March 2015.	Date	5 March 2015
		Officer	Katy Shorten
		Progress	Further update to be provided to the panel in March.
11 September 2014 Minute 26 – Healthwatch	1. Healthwatch is invited to return to the Caring Plymouth panel in 12 months' time to share their next Healthwatch Plymouth Annual Report. 2. Healthwatch share their recommendations with the Caring Plymouth panel to seek alignment and add weight to the Healthwatch recommendations on a quarterly basis.	Date	
		Officer	
		Progress	
11 September 2014 Minute 27 – Better Care Fund	Agreed that - 1. the Caring Plymouth panel note the update on the Better Care Fund submission. 2. the Caring Plymouth Chair writes a letter to the Department of Health of her concerns with the tight deadlines officers had to work to.	Date	-
		Officer	Ross Jago
		Progress	A letter has been sent to the Department of Health highlighting the concerns raised at the meeting. Letter attached.

Recommendations sent to the Cooperative Scrutiny Board.

Date, agenda item and minute number	Caring Plymouth Recommendation	Corporate Scrutiny Board Response	Date responded

Recommendation/Resolution status

Grey = Completed item.

Red = Urgent – item not considered at last meeting or requires an urgent response.

C/O Ross Jago
Chief Executive's Department
Plymouth City Council
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Plymouth PL1 3BJ

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Please ask for: Ross Jago

Date 18 November 2014 My Ref CS1/14 Your Ref

Dear Secretary of State,

I am writing on behalf of Caring Plymouth, the health scrutiny function of Plymouth City Council, to express deep concern at the process imposed upon local authorities and partners in development of the local 'Better Care Fund' (BCF).

The City Council and its partners, through the Health and Wellbeing Board, committed in the summer of 2013 to achieving integrated health and social care commissioning and provision by 2016 and our system is well on the way to achieving this. Our £450 million plans to integrate health and social care commissioning and delivery, developed in response to the Health and Wellbeing Board's challenge, are ambitious but will ensure people will receive better care at home and will result in a reduced need for hospital beds.

You may then understand why further top down interventions from your department in relation to the BCF has done nothing but cause distraction from the journey we are on as a system. The series of revised planning guidance released in July and August has not only had a significant adverse impact on our staff resource and distracted from our wider integration plans but has also deepened this committee's scepticism that the government is committed to a truly localised health and social care system.

Further micro-management from the centre will risk damaging relations between hospitals, CCGs and councils and further waste the precious resources of money, management time and risk outcomes for citizens. Our local partnership working will ensure that we achieve our vision of "Healthy, happy, aspiring communities" and we would request that in future any further directives with relation to health and social care integration take account of work which is taking place locally.

Yours faithfully,

Councillor Mary Aspinall
Chair, Caring Plymouth

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CARING PLYMOUTH

DRAFT - Work Programme 2014 - 2015

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Cooperative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
19.06.14	Cabinet Member for Public Health and Adult Social Care and Strategic Director for Place	The panel to be provided with an overview of the priorities for the next 12 months	Items for inclusion on the work programme	Carole Burgoyne
	Transformation	The panel to look at the Integrated Health and Wellbeing Transformation programme.		Craig Williams
	Work Programme	The panel to put forward items to be included on the work programme.		Candice Sainsbury
June/ July	Fairer Charging	To undertake a Scrutiny Review of Fairer Charging.	Key decision	David Simpkins
07.08.14	Carers Strategy			Katy Shorten
	Dementia Strategy			Katy Shorten
	NHS 111, Urgent Care and Out of Hours Doctor			Sharon Matson/ Nicola Jones
	Commissioning Strategy for Maternity Services			Gwen Pearson
11.09.14	Healthwatch	Presentation/overview of first 12 months		Karen Morse /Claire Anderson
	Better Care Fund and Transforming Community Services	Update		Craig Williams/ Craig McArdle/ Nicola Jones

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
11.12.14	Action plan addressing the revised approach to health inequalities across the city			Kelechi Nnoaham
	Urgent and Necessary Measures			Kelechi Nnoaham
	Peninsula Treatment Centre			Karan Kay
	Derriford Hospital Structural Funding			Joe Teape
29.01.15	Care Act	Impact on services		Dave Simpkins/ Craig McArdle
	Alcohol Strategy			Kelechi Nnoaham
	~~CAMHS~~	~~Update~~		Plymouth Community Healthcare (Written update to be provided)
05.03.15	Commissioning Strategy for Children and Young People			Liz Cahill / Craig McArdle
	~~Devon Doctors Out of Hours~~	~~Progress Update~~		Nicola Jones (Written update to be provided)
	~~Dementia~~	~~To present action plan outcomes.~~		Katy Shorten (Written update to be provided)

Scrutiny Review Proposals	Description
Health Accountability Forum	The forum is an opportunity for Plymouth Hospitals NHS Trust (PHNT) to answer any questions on any concerns and issues raised by members of the public and members of the Caring Plymouth Panel. The forum may lead to more specific items to be explored further in a Co-operative Review.
Maternity Services	PID to be produced.