

**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	1 st December 2014
Ongoing point of contact and contact details	<p>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</p>
OSC area(s) impacted by proposals	Healthcare commissioning
Brief overview of proposal or service development	<p>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.</p> <p>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.</p>
Anticipated timetable	Decision taken 26 th November 2014
Brief overview of factors which have led to this proposal or service development	<ul style="list-style-type: none"> • 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

	<p>below the NHS Constitutional requirements for referral to treatment within 18 weeks.</p> <ul style="list-style-type: none"> • 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. <p>See attached presentation for more detail</p>
<p>Overall objective of proposals (e.g. improving quality of services, more cost effective service etc)</p>	<p>To ensure resource allocation better reflects population need ie</p> <p>Releasing resources for investment in other areas of care where population needs are not currently met.</p> <p>To release resources for investment upstream into prevention and conservative management of orthopaedic conditions in line with the orthopaedic clinical community's vision.</p> <p>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.</p>
<p>Details of public and patient <u>involvement</u> undertaken to date and how this has shaped proposals</p>	<p>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.</p> <p>The decision not to commission more surgical capacity is designed to free the resources to deliver the vision.</p> <p>Next steps include development of more service specific proposals and an invitation to a wider public discussion to finalise these.</p>
<p>Other NHS organisations impacted by proposal or service development and their views from involvement</p>	<p>Kernow Clinical Commissioning Group have formally indicated that they will abide by the decision of NEW Devon CCG.</p> <p>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,</p>

	<p>Sentinel, Plymouth Community Healthcare, Peninsular Community Healthcare, Kernow CCG)</p> <p>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.</p>
Views of Patient Representatives involvement to date	<p>Patients and patient representatives have been involved in and supportive of the vision and direction of travel.</p> <p>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)</p>

I. 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 invest 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				
<p>NHS comments on impact assessment and view on whether the proposed change is substantial</p>		<p>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.</p> <p>The most significant factors in the CCG reaching that view are:</p> <ol style="list-style-type: none"> 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. <p>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.</p>		