

WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

October 2018



PLYMOUTH
CITY COUNCIL

Report for Information

Planned Care Programme Briefing – Fiona Phelps/Craig McArdle

1. Introduction

In April the Wellbeing Overview and Scrutiny Committee received a briefing on an initiative to begin to address the mismatch between demand and capacity in planned care, starting with orthopaedics. The STP have been exploring the use of 'scoring systems' which use an evidence based, systematic assessment of patients prior to referral to secondary care. The aim is that this assessment takes place in an interface service and gives equitable access to secondary care services across the STP. It ensures that the system gives access to those patients most in need of services and most likely to benefit.

The first area that went live is an assessment prior to referral for hip and knee replacements based on the 'Oxford Scoring' system. The assessment takes place as part of a face to face review, includes a physical examination, taking in to account understanding patient preferences and with the ability to fast track patients with particular conditions. The intention was that patients will only be referred to secondary care when their need for surgery reaches a common level and when they are ready to proceed with a surgical intervention. The scheme was launched across the whole of Devon STP from 1st April 2018.

The purpose of this report is to give an update on this initiative and the impact that it has had.

2. The Outcomes to Date

In the reporting period (first five months of 18/19), referrals to the independent sector providers (Care UK and Nuffield Health) for patients with hip pain have reduced by 42.5% compared with the same period in 17/18, and by 44.4% compared to the five months preceding the reporting period.

For patients with knee pain in the same period, referrals to these providers have reduced by 44.4% compared to 17/18 and by 50.4% compared to the five months preceding the reporting period.

In terms of impact on NHS providers, the waiting times for hip and knee replacements and orthopaedic backlogs are such that the patients in the new hip/knee pathways who do proceed to surgery will not have had their operations yet, we are still putting emphasis on understanding the likely impacts in secondary care. Table 1 shows data provided by University Hospitals Plymouth which shows a 37.3% reduction in weekly and total additions to waiting lists for hip surgery patients in the period April 2018 – September 2018 compared with the same period in the previous year. For patients listed for knee surgery their reduction in weekly and total additions to waiting lists is 33.3%.

Table 1.- Reduction in patients added to hip and knee surgical lists at UHP

	Apr - Sept 2017 <i>weekly</i> additions to surgical lists (baseline)	Apr to Sept 2018 <i>weekly</i> additions to surgical lists	Apr - Sept 2017 total additions to surgical lists (baseline)	Apr - Sept 2018 total additions to surgical lists	% (vol) change in total additions
Hip	11.5	8.4	254	185	37.3% (-69)
Knee	11.5	8.6	252	189	33.3% (-63)

3. Impacts on health Inequalities

At the outset of the project we had a hypothesis, supported by a consensus of the three Local Authority Directors of Public Health, that our new pathway should improve inequalities in access to joint replacement over time. The rationale for this was that patients in more deprived populations typically present later in their disease, with greater pain and more disability, for a variety of complex reasons. By commissioning a pathway based explicitly on patient-reported pain and disability, we systematically favour those presenting with the greatest need, which indirectly favours those from more deprived populations.

A clear health inequality was evident in the data prior to our new pathway. Preliminary data from the new pathway shows a very positive impact on health inequalities for both knee and hip replacement.

4. Next Steps

Work has been initiated to complete during Autumn 2018 for senior physiotherapists from all areas of the STP to spend time in each other's clinics to compare and contrast practice in order to understand variation and to standardise further. That work is being overseen by the STP Planned Care Operational Delivery Group.

The offer for patients who do not achieve the threshold for referral have been developed but utilisation of these services is currently poor. The benefits of these wellbeing programmes needs to be better communicated to both patients and other healthcare professionals.

5. Summary and Recommendations

The new interface services appears to be working well to ensure that there is equity of access to secondary care services in a consistent manner across the whole of Devon. It has helped to reduce the number of patients referred to secondary care and thereby support a reduction in waiting times for orthopaedic surgery. In time this methodology will be rolled out to other surgical areas.

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