

# What do local people think about proposed changes?

A report by Healthwatch Enfield on residents feedback regarding proposals to reduce number of hospitals providing planned operations for bones and joints, such as hip and knee replacements



# Executive Summary

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North London Partners in Health and Care<sup>1</sup> are currently reviewing the way in which planned operations for bones and joints, such as hip and knee replacements, are delivered. The appraisal aims to:

- eliminate the differences in quality
- improve patient experience and
- ensure value for money

Simply put, NHS commissioners across Barnet, Camden, Enfield, Haringey and Islington are working to answer a question whether it is a good idea to reduce the number of hospitals providing planned operations for bones and joints, such as hip and knee replacements.

Between August and October 2018, Healthwatch Enfield engaged local residents and stakeholders in conversations about the proposal. 208 individuals shared their views.

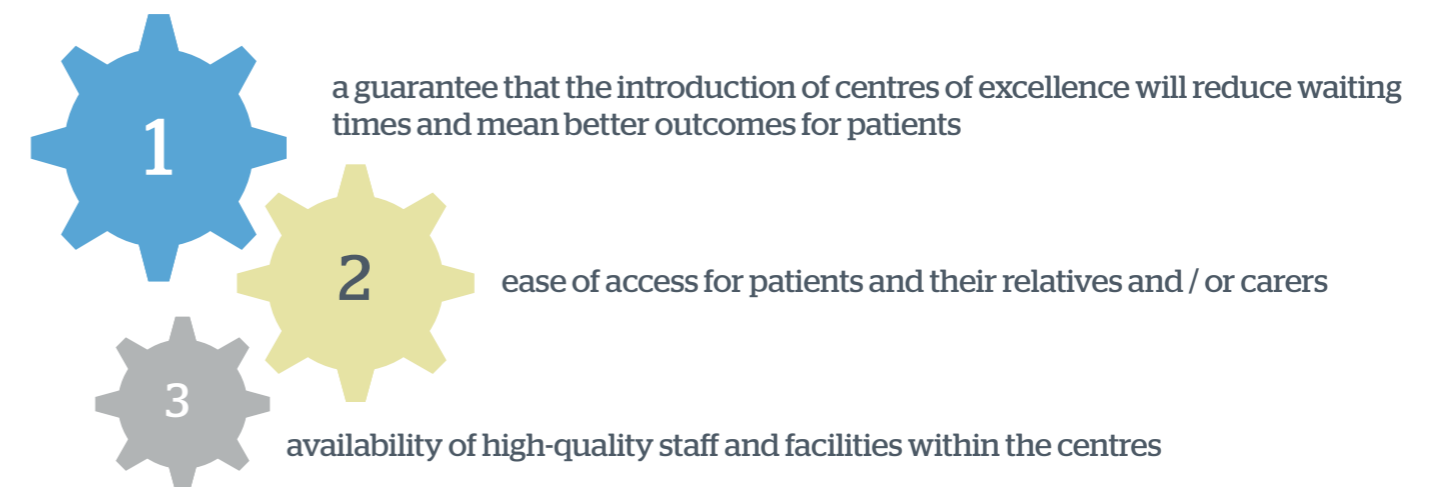
Based on the **quantitative** analysis of data, 58% agreed with the idea to reduce the number of hospitals offering planned operations for bones and joints, such as hip and knee replacements. 38% explicitly rejected the proposal.

However, **qualitative review** of the evidence base makes the answer less straightforward. Despite appearing to favour the reduction in the number of hospitals providing planned operations for bones and joints, local people identified several caveats and conditions that would need to be met by the changes. These include:

Ease of access and distance to travel were also a key consideration for those who openly opposed the proposal. This was closely followed by the perception that reducing the number of hospitals providing planned operations for bones and joints will increase waiting times, not reduce them.

Carers of people with Learning Difficulties were not only concerned about the travel considerations, such as distance and availability of parking. They have also placed certain requirements for: the physical space that will need to cater for the needs of the patient and their carer; making specialist staff available and ensuring links with each Local Authority, Clinical Commissioning Group and Community Services teams are established. Taking patients with Learning Difficulties, who may have challenging behaviours, into a space that they are unfamiliar with was an apprehension expressed by many.

For some disabled people, undergoing a planned surgery for joints and bones opens up an opportunity for additional procedures to be carried out. For example, whilst under anaesthetic, a patient having an operation in a main hospital, could have dental work or an eye examination, if relevant teams are in situ, therefore limiting the number of times anaesthetic is applied and saving money to the NHS. Such procedures seem unlikely to be carried out, if the proposals to reduce the number of hospitals offering planned operations, is implemented.



Several people have also questioned the need to suggest the changes in the first place. With 72% of individuals telling Healthwatch Enfield about a positive experience of having a planned operation for bones and joints, residents shared their scepticism and distrust about the review.

Local people could see both advantages and disadvantages of having a smaller number of hospitals where surgeries, such as hip and knee replacements, could be carried out. Based on the information provided by North London Partners in Health and Care, the positives identified by individuals include: access to expert staff, shorter waiting times, better health outcomes and more modern facilities. The negatives are distance to travel, lack of access to clinical services available within acute hospital services and a focus on delivering targets that could compromise quality.

If ever tasked with designing the planned surgeries for bones and joints, Enfield residents would choose a delivery model that is:

- staffed by high quality experts
- easy to access in terms of transport and location
- providing person-centred care
- delivering short waiting times
- giving easy access to aftercare
- guaranteeing good clinical outcomes
- located in state-of-the-art facilities with the best equipment
- based locally

Cllr Nesil Caliskan, Leader of Enfield Council, and Councillor Alev Cazimoglu, Cabinet Member for Health and Social Care, present at a joint engagement event, clearly indicated their commitment to ensuring that local providers, North Middlesex University Hospital and Chase Farm Hospital, continue to deliver quality services to local people.

**Healthwatch Enfield invites North London Partners in Health and Care to carefully consider the wider evidence base contained in this report before determining next steps, such as formal consultation.** Due consideration should also be given to ways and methods of engaging with diverse communities, as conversations about the proposed changes to planned operations, continue. As stated by a local resident, who is the Chair of the British Deaf Association: *'my concern is that though it's a great idea to review and create value for money, there are language barriers for communities such as the Deaf communities as English is not our first language, it's BSL (British Sign Language). The online questions are in English and it is not accessible to us; it needs modification'*.



Locally, there is a political commitment to supporting NHS hospitals alongside clear expectations of what Enfield residents would want to see the new model deliver. With several caveats, a good track record of delivering quality care for people requiring surgeries such as hip and knee replacements and eight criteria articulated, **North London Partners in Health and Care need to ensure that any changes can address the local people's requirements and deliver even higher quality treatment.**

<sup>1</sup> North London Partners in Health and Care are a partnership of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington. More information available at <http://www.northlondonpartners.org.uk/about/who-we-are.htm>

## Background

Work is currently underway to look at how planned operations for bones and joints are delivered. Whenever we refer to bones and joints we mean:

- hip and knee replacements
- surgical procedures on shoulders and elbows
- surgical procedures on feet and ankles
- hand surgeries

Why planned operations for bones and joints may be changing?

- Planned operations for bones and joints are often cancelled at short notice due to a lack of beds. This is usually because the hospital is experiencing a high number of patients being admitted on an emergency basis taking beds away from patients scheduled for an operation
- Patients have different experiences at different hospitals and different hospitals offer different treatment for the same problem
- Risks of developing an infection following bones and joints operations are generally low but are different between hospitals
- Waiting times for planned operations for bones and joints vary between hospitals
- Healthcare is in higher demand than ever before because we are getting older and living longer. More people have one or more long-term health conditions meaning that they need more treatment and care

North London Partners in Health and Care want to eliminate the differences in quality, improve your experience and ensure value for money.



Currently, you can have a planned operation for your bones and joints in one of 10 hospitals across Barnet, Camden, Enfield, Haringey and Islington:

- North Middlesex University Hospital NHS Trust
- Chase Farm Hospital, part of Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust including University College Hospital and National Hospital for Neurology and Neurosurgery
- Whittington Health NHS Trust
- Royal Free London, part of Royal Free London NHS Foundation Trust
- Highgate Private Hospital, part of Aspen
- The Cavell Hospital, part of BMI Healthcare
- The Kings Oak Hospital, part of BMI Healthcare

Doctors have looked at the way planned operations for bones and joints are delivered currently, as well as research about such procedures. As a result, they are proposing to reduce the number of hospitals providing the procedures and introduce large centres, instead. These could be located in specific buildings or form part of hospital wards.

Having the large centres focusing on planned operations would mean that you would not have to travel to different locations for different parts of your treatment and that you would receive consistent treatment. The centres may also:

- prevent cancellations as beds would be 'ring-fenced' meaning they could not be taken up by patients requiring emergency care
- reduce the likelihood of you developing an infection following surgery
- speed up your recovery as the centre would offer access to new treatment methods and specialist staff
- mean shorter waiting times for your procedure as more operations would be carried out each day
- help with recruitment and retention of staff as the centre would offer better training and access to research

As an Enfield resident, it is likely you had your surgery or are scheduled to have your surgery at North Middlesex University Hospital NHS Trust (North Mid) or Chase Farm Hospital, part of the Royal Free London NHS Foundation Trust. Healthwatch Enfield has also had feedback from local people who had their procedure carried out at BMI hospitals: Cavell or Kings Oak.

If the changes are introduced, it could mean that you may have to travel further for your assessment, surgery and rehabilitation.

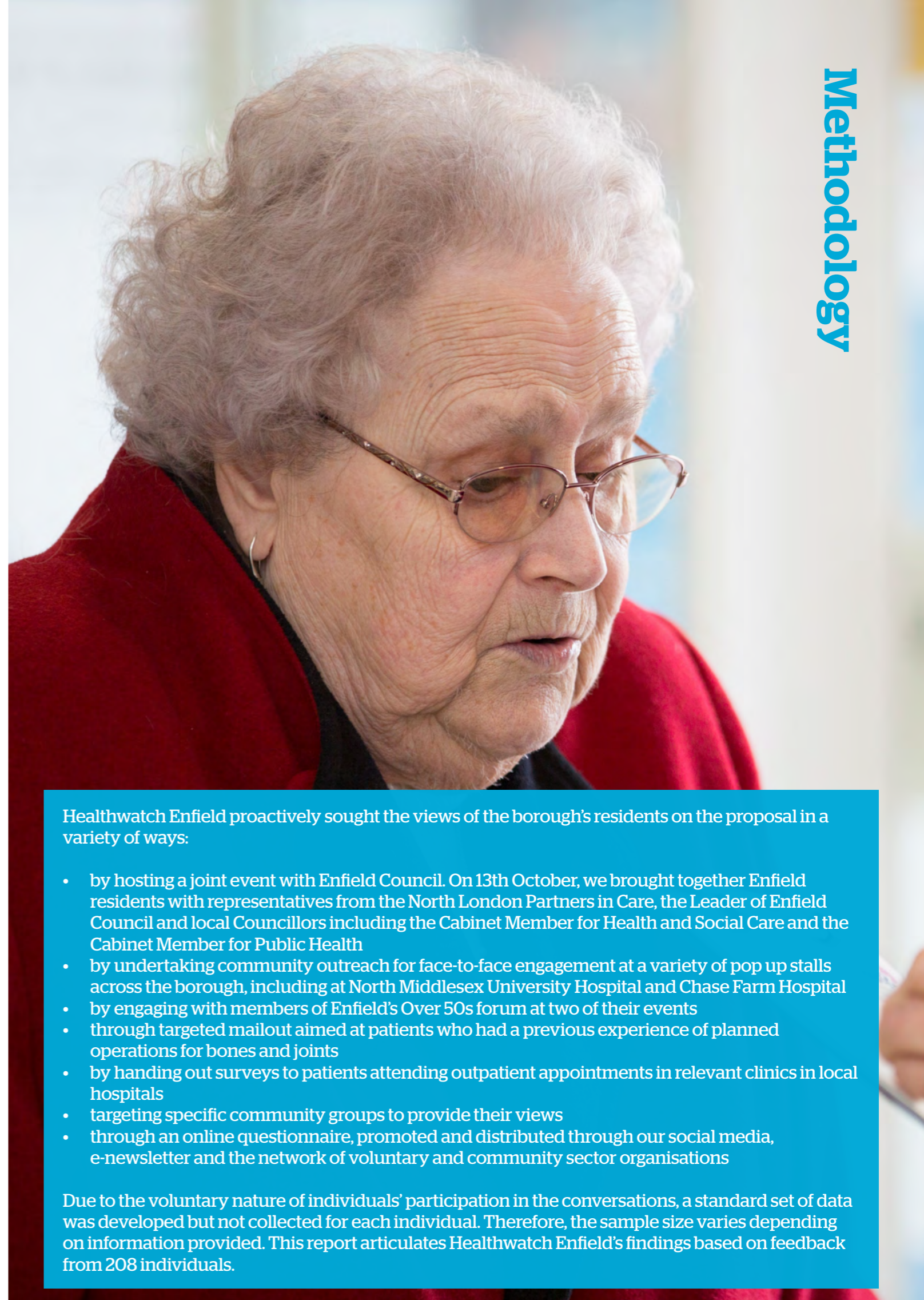
Location of the centres has not yet been decided; this is your opportunity to have a say about the idea of bringing services together.

South West London Elective Orthopaedic Centre (SWLEOC) is an NHS treatment centre that opened in January 2004. It brought together four hospitals in South West London. The centre provides planned operations for joints and bones including inpatient, day care and outpatient services.

*'Since opening, the Centre provides high quality treatment that works well and that patients are pleased with. During the last financial year, the Centre met its waiting times targets and showed 'very strong performance in waiting times'.<sup>2</sup>*

The exact cost savings of reducing the number of hospitals providing planned surgery for bones and joints are unknown at present. Potentially, this could save more than £5 million across Barnet, Camden, Enfield, Haringey and Islington.

<sup>2</sup> More information available at <http://www.northlondonpartners.org.uk/downloads/plans/Adult-elective-orthopaedic-review/Case%20for%20change/180817%20Adult%20Orthopaedic%20Elective%20Services%20Review%20-%20Case%20for%20Change%20v%201.8%20linked.pdf>



Healthwatch Enfield proactively sought the views of the borough's residents on the proposal in a variety of ways:

- by hosting a joint event with Enfield Council. On 13th October, we brought together Enfield residents with representatives from the North London Partners in Care, the Leader of Enfield Council and local Councillors including the Cabinet Member for Health and Social Care and the Cabinet Member for Public Health
- by undertaking community outreach for face-to-face engagement at a variety of pop up stalls across the borough, including at North Middlesex University Hospital and Chase Farm Hospital
- by engaging with members of Enfield's Over 50s forum at two of their events
- through targeted mailout aimed at patients who had a previous experience of planned operations for bones and joints
- by handing out surveys to patients attending outpatient appointments in relevant clinics in local hospitals
- targeting specific community groups to provide their views
- through an online questionnaire, promoted and distributed through our social media, e-newsletter and the network of voluntary and community sector organisations

Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but not collected for each individual. Therefore, the sample size varies depending on information provided. This report articulates Healthwatch Enfield's findings based on feedback from 208 individuals.



# What do local people think of the quality of planned surgeries for bones and joints, such as hip and knee replacements?



*'It gave me improved function and quality of life' | 'My surgery went well with no complaints' | 'I had a very pleasant experience, staff was very efficient and friendly' | 'Information was structured and good. It was clear on what to do' | 'Good-minimal wait time then good aftercare while in hospital' | 'Everything was explained to me about my operation, which made me relaxed about it' | 'Excellent. I was able to choose the hospital I required, based on advice from my GP' | 'I care for someone who had a planned hip operation. The experience was good, she was in the nearby hospital, so I was able to visit frequently' | 'The ward was close to where I live, so easily accessible with scope for friends to visit me in the hospital'*

*'I waited over a year to have replaced knee operation' | 'The wait made my life miserable and caused other mental health issues' | 'Short notice of cancelled operation (on the day) and then a long wait to be rebooked' | 'Have had 3 operations for knee, the first one on the right was successful, this next operation on the left was a botched job with severe pain for 1.5 years'*

At Healthwatch Enfield, we heard from 71 local people who had undergone a planned surgery for bones and joints, such as a hip or a knee replacement. The procedures took place at the North Middlesex University Hospital, the Chase Farm Hospital, the BMI Kings Oak, the BMI Cavell, the Royal Free Hospital, and the University College London Hospital.

Of the people who shared their experiences, 72.1% reported positively on the quality of care provided to them within the hospitals, including outcomes and ease of access.

For those reporting a negative or a mixed experience, the main reasons affecting the individual's rating of the quality of service provided to them were: cancellations (15.8%), long waiting times (11.3%), and poor outcomes (7%).

Of the 71 individuals who had a planned surgery for bones and joints, such as hip and knee replacements, 52 identified as female and 13 as male. Quantitative analysis suggests men have better experience of relevant procedures when compared to women. 92.3% of males report positively on their surgery against 65.4% of females.

Review of individual's addresses (where available) indicates that people's experiences also vary based on where they live in Enfield. Of 44 respondents who live in the borough:

- 14 are based in North East locality covering Turkey Street, Enfield Lock, Enfield Highway, Southbury, Ponders End and Jubilee wards
- 6 are based in North West locality covering Chase, Town, Highlands and Cockfosters wards
- 14 are based in South East locality covering Bush Hill Park, Haselbury, Lower Edmonton, Edmonton Green and Upper Edmonton wards
- 10 are based in South West locality covering Grange, Southgate, Winchmore Hill, Palmers Green, Southgate Green and Bowes wards

Residents, who live in the South West part of Enfield, report the highest level of satisfaction with the quality of planned operations for bones and joints, such as hip and knee replacements. 90% of them told us about a positive experience.

Those living in North East are the least satisfied, with one in three sharing a negative experience of undergoing a surgery.

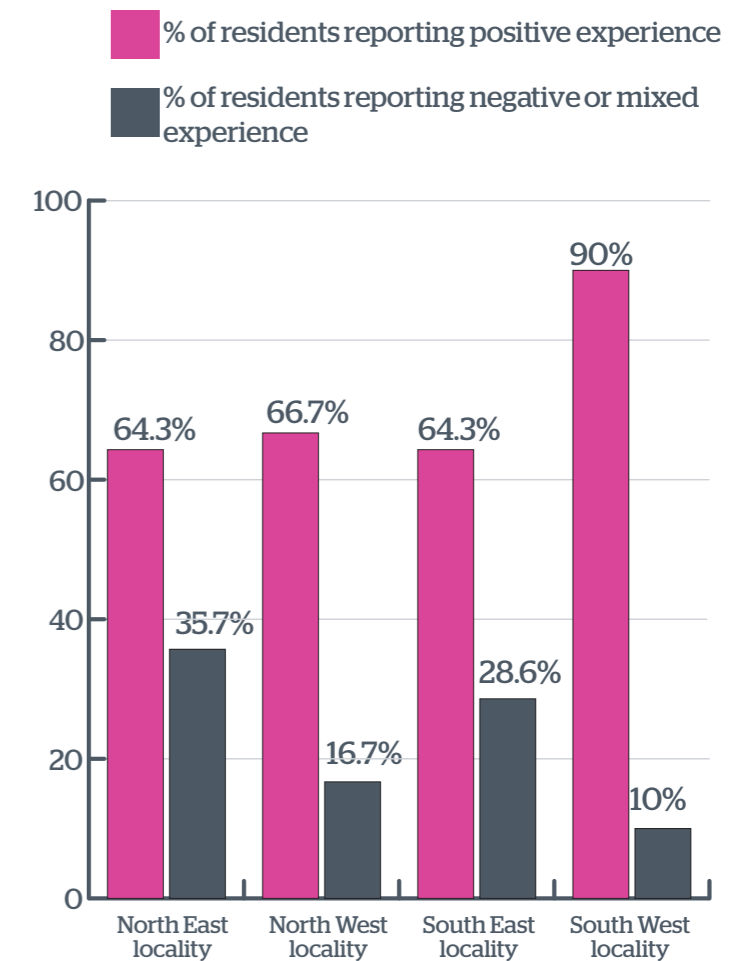


Figure 1. Patient experience based on locality

Enfield's unique split into East and West is yet again reflected in the quality of experiences reported by local residents with 14% more residents of the western corridor reporting positively.

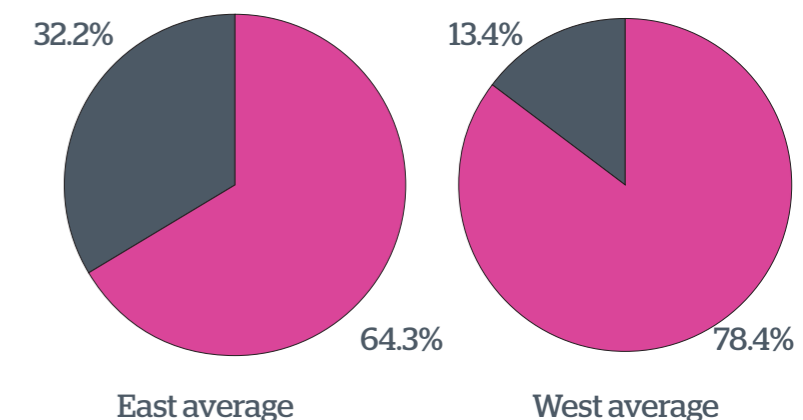


Figure 2. Average patient experience scores based on East / West division

Regardless of the experience reported, 13.2% of people, who had a planned surgery for bones and joints locally, shared concerns about the quality of care either before or after the procedure.

When asked, individuals who have had experience of relevant services, have identified several areas that could improve the quality of planned operations for bones and joints. These include:

*'Home care nurses never arranged once discharged. Physio pointless as was for 30 minutes once a week as a group activity'*

*'Once discharged from hospital there was no aftercare'*

*'Pre- and post- follow-up care was difficult'*

*'Having been told that I would have physio upon release from hospital, this was not the case'*

*'Problems did arise with linking up for post-op Physiotherapy, which had to be made available locally'*

*'Physiotherapist could not give reasonable time to show the physio; only 2 sessions of 5-10 minutes'*



#### **Shifting the focus from targets to quality and patient experience**

*'No one had time by the looks of it. I have been in UCH and the Royal Orthopaedic which had the same problems'* | *'Dealing with incompetent hospital staff who only care about the budget'*



#### **Increasing the availability of beds**

*'Surgery cancelled day before due to bed shortages'* | *'Planned operations being taken over by emergencies as not enough beds'*



#### **Addressing staff shortages**

*'Not enough staff so difficult to give sufficient attention to patients'* | *'My operation was cancelled twice because of staff shortages'*



#### **Improving aftercare and links to community services**

*'Physical therapy appointments has lack of slots'* | *'To be able to get good aftercare and doctors not brushing off patient concerns'*



#### **Reviewing inefficient processes**

*'Admin - seems poor throughout the hospital, everything seems to be doubled up'* | *'There was a lot of examination'* | *'Getting the pharmacy to work more quickly so that the hospital can "get rid of" the patients quicker'*

# What do local people think about the proposals?

## Feedback from our engagement event

Findings

On Saturday, 13th October, in partnership with Enfield Council, Healthwatch Enfield hosted an engagement event to give local people the opportunity to:

- hear from and question the officers working with North London Partners in Health and Care who are developing the proposal
- engage with local politicians, Councillor Nesil Caliskan (Leader of the Council) and Councillor Alev Cazimoglu (Cabinet Member for Health and Social Care)
- share their views and opinions about the proposal

The session featured a presentation from Rob Hurd, Chief Executive of Royal National Orthopaedic Hospital NHS Trust and the Senior Responsible Officer for the review across North Central London. The presentation was followed by a panel discussion with Rob, Councillor Nesil Caliskan, Councillor Alev Cazimoglu, and Patricia Mecinska, Chief Executive at Healthwatch Enfield. A transcript can be provided upon request.

Feedback from the event indicates that 89% of attendees felt that the session gave them an opportunity to voice their views.

#### **What do local people think?**

The analysis of feedback shared by the attendees suggests that local people have mixed views about the proposal to reduce the number of hospitals providing planned operations for bones and joints.

Several people supported the approach however, the majority were either sceptical or did not agree with the introduction of centres of excellence.

Residents, who attended the workshop, agreed that centres of excellence would give patients more access to expert staff. Nonetheless this would have to be offset by a disadvantage of needing to travel further, including for pre- and post- surgery care.

Local people suggested that North London Partners in Health and Care focus on:

- developing the services needed by the current population with clear accommodation of future population trends

and

- planning which ensures reasonable ease of access to support services as well as surgical procedures



Figure 4. Local residents engaging in conversations at a joint event by Enfield Council and Healthwatch Enfield

*'Maybe bad idea because could mean doctors are taken away'*

*'Good to focus on specific area'*

*'Hope they keep North Mid's elective department'*

*'Idea is good - but where will it be? No space at 2 local hospitals'*

*'The idea is good, positive which hospitals will be selected. I would like my local hospital to be considered as they are doing a great job at the North Mid'*

*'I know models available that can fit into this local environment'*

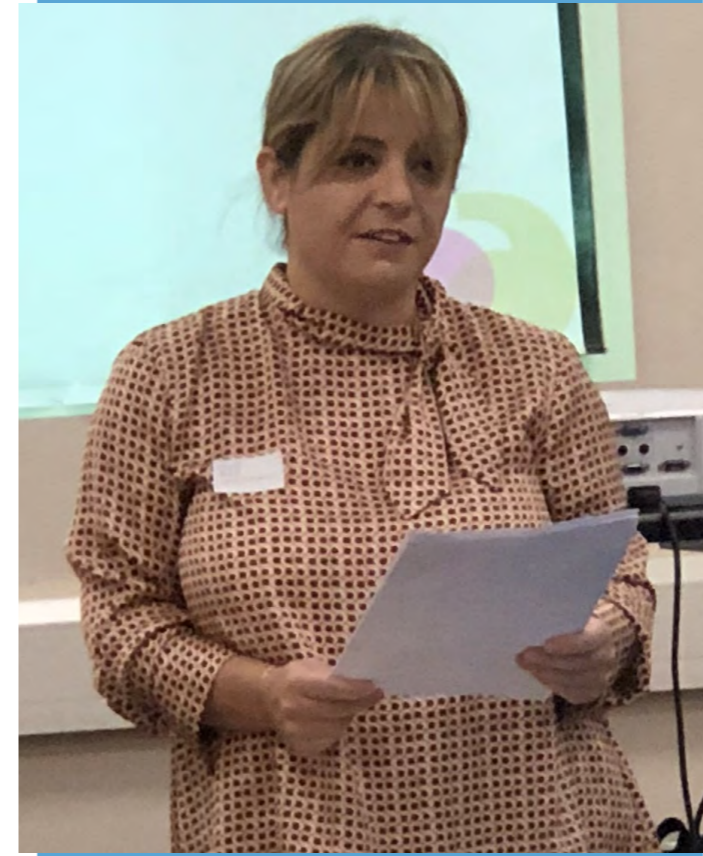
*'How could NCL have a suitable hospital for orthopaedic operations that is accessible to everyone who uses the current centres? Surely 2 centres are needed at least, or even 3. Our CCG needs to take on the idea that operations should not be postponed to save money in the short term'*

*'In an ideal world, where there is a coherent overview of how the whole range of treatments supplied through the NHS has been researched, consulted on, and planned, this would be fine. At present it feels like a piecemeal attempt to change one aspect that will have inevitable unforeseen outcomes which may prove either positive or negative'*

*'Idea? I am confused! Please look at what we have now that is using valuable resources and not working and use those resources (money and staff) effectively to really make a difference and not seen to be doing something'*

*'Is it really a hidden agenda of cost cutting by NHS England? (not the agenda of this group of course). Is all this necessary? Where is the fundraising for more hospital beds? These are needed for A&E everywhere - so no wonder other ops are affected. Use of out NHS hospitals for private ops should be reduced to make more beds available... watch out Chase Farm!'*

*'Just one question - where is the space to have this one unit?'*



Councillor Alev Cazimoglu, Cabinet member for health and social care, Enfield Council

*'Enfield has had significant changes to the provision of acute and secondary care in recent years, including the closure of a local Accident & Emergency (A&E) Department (Chase Farm Hospital). This has had a significant impact on the provision of acute and secondary care at neighbouring hospitals serving Enfield residents such as The North Middlesex University Hospital (the 'North Mid'). It was made clear that the North Mid is only just stabilising now, over 4 years after the closure of Chase Farm Hospital A&E.'*

*'Enfield residents have reported positive experiences of receiving planned orthopaedic care at local hospitals such as the North Mid. It is important that we do not compromise these services, or the sustainability of these services'*

*'A new local regeneration project is building 10,000 more homes in Enfield (Meridian Water), which will generate a population increase of over 40,000 people. We need to ensure that this expected increase in population within Enfield is considered, to ensure that all future services are able to meet local demand'*



Councillor Nesil Caliskan, Leader of Enfield Council

*'There is currently a 17-year difference in life expectancy within a 2-mile radius within Enfield. We need to work together to reduce inequality'*

*'Our local hospitals, Chase Farm and North Mid are under significant pressure, which has been made worse by the loss of other services over the years. These are both good hospitals serving two different geographical locations within Enfield and 'we don't want these services at risk'*

*'We could potentially risk experienced consultants leaving our local hospitals if they are no longer providing adult elective orthopaedic surgery'*

*'There is a need to focus on private providers and ensure that we stop them from conducting operations and enable NHS hospitals to conduct them instead'*



# What do local people think about the proposals?

## Feedback from carers

At Healthwatch Enfield we also engaged with two local carers groups:

- Our Voice, a parent-led organisation working with parents and carers, as well as the statutory and voluntary sectors, to improve services for children and young people with disabilities or special educational needs in the borough of Enfield
- Carer2Carer Enfield, a parent-led group that aims to support parents and carers who have a young person between 14-25

Carers, who shared their views, agreed with the proposal to physically separate emergency and planned operations for bones and joints. For North Middlesex University Hospital, this could mean developing a new space or improving transport links and parking at Chase Farm Hospital, if all activity was to be moved to that site.

When discussing the requirements for the potential centre of excellence, participating carers agreed that:

- Travel would need to be taken into consideration. The location must have easy access by public transport; it must be accessible e.g. the nearest tube stations must be wheelchair friendly. For example, the nearest overground at Gordon Hill is not accessible. The centre needs good parking access and it can't be too far away, as carers and family would need to visit regularly
- Physical space needs to cater for the needs and requirements of disabled patients. There should be a bed space for a carer/care worker to remain with the patient, if necessary e.g. if they have a learning disability, significant challenging behaviour or profound autism etc.

- Staff working and delivering services at the centre will need to ensure that person-centred, holistic care is delivered:
  1. the centre would require Acute Liaison Nurses - professionals experienced and knowledgeable to support people with disabilities
  2. staff would need to use a communication passport and be familiar with this
  3. the centre would need to have established links with each Local Authority, Clinical Commissioning Group and Community Services teams to liaise with in terms of aftercare as its likely disabled patients would need more support/aftercare

Introduction of new centres of excellence may cause complications for disabled people. Many disabled people are familiar with their local hospitals and staff who work there. At a centre, the patient will only be visiting for one-off procedures, therefore, the surroundings are likely to be unfamiliar causing anxiety and lack of compliance, potentially leading to worst health outcomes.

For some disabled people, undergoing a planned surgery, such as hip and knee replacements, opens up an opportunity for additional procedures to be carried out. For example, whilst under anaesthetic, a patient having an operation in a main hospital, could have dental work or an eye examination, if relevant teams are in situ, therefore limiting the times anaesthetic is applied and saving money to the NHS.

Carers felt that the fact they are Carers, should be taken into consideration when agreeing to an operation for them, in terms of planning and cancellation or waiting times, as they have someone entirely dependent upon them so should be treated as a priority, ideally.

# What do local people think about the proposals?

## Feedback from our survey

Through outreach activities, social media and e-newsletters, Healthwatch Enfield gathered 133 responses to the question whether it would be a good idea to have fewer hospitals where you could have a planned operation for bones and joints. Quantitative data analysis suggests that, on average, 58% of local people who shared their views agree with the concept.

*'Better level of care. Consistency of care from specialist staff'*

*'If this means less waiting time it can only be a positive thing'*

*'I agree with this idea. I feel more comfortable having a major operation in a place where it is the focus. Also, it should be much more cost effective'*

Of those who had a planned surgery previously, one in two agree that this is the way forward.

Overall, individuals identifying as male are less likely to agree with the reduction in the number of hospitals than their female counterparts. 48% of those aged 50 and younger and 45% of those aged 50 and over told us they would like to see centres of excellence offering planned operations for bones and joints, introduced.

Individual's responses also varied depending on where they live. The levels of support for the proposal did not correlate with the levels of deprivation.

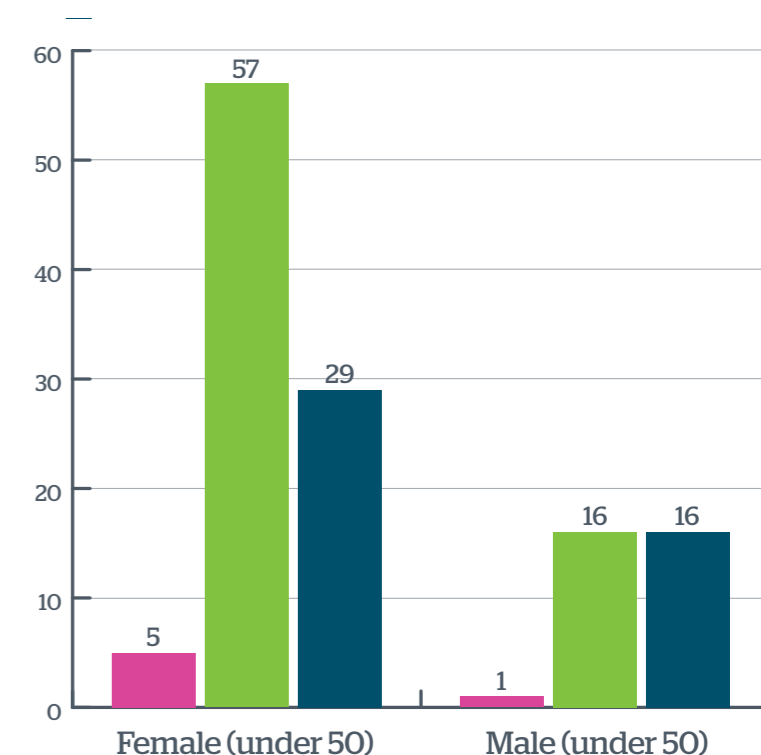


Figure 4. Residents' opinions for those below 50 years of age

■ Did not express opinion  
■ Support the proposal  
■ Object the proposal

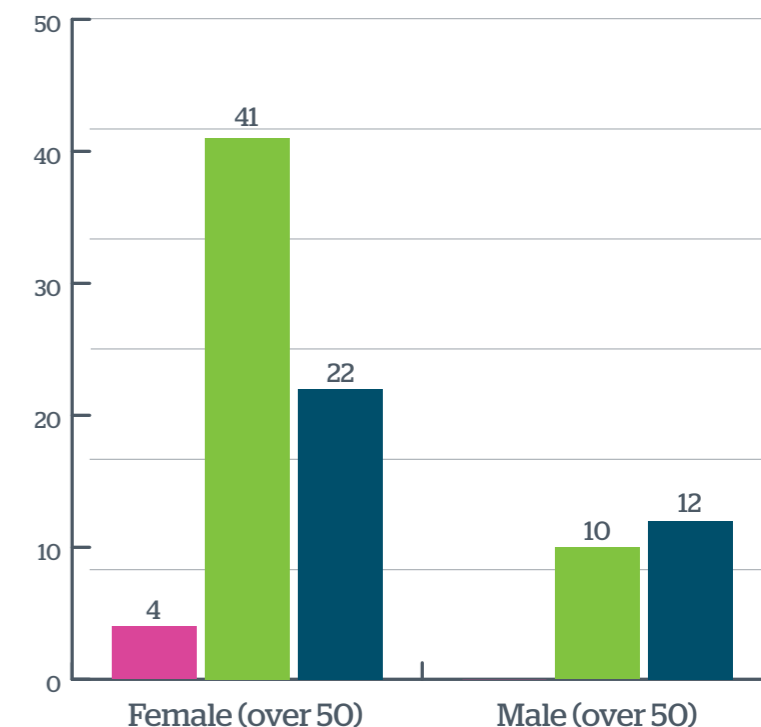


Figure 5. Residents' opinions for those aged 50 or more



## Caveats and conditions

While the quantitative review of data indicates that 58% of respondents support the idea to reduce the number of hospitals providing planned operations, qualitative analysis introduces several caveats and conditions that would need to be met. These include:



### 1. a guarantee that the introduction of centres of excellence will reduce waiting times and mean better outcomes for patients

Of the 78 local people who agreed that introducing centres of excellence was the way forward for carrying out planned operations for bones and joints, such as hip and knee replacements, 98.7% would want to see improvement in outcomes and reduction in waiting times, guaranteed.

*'It would help if it really works that way and the recovery and waiting time is better than it currently is'*

*'As long as there genuinely were shorter waiting times and specialists available I feel it would be better'*

*'If it were definitely a shorter wait, and not just another pen pushing exercise'*



### 2. ease of access for patients and their relatives and / or carers

Despite supporting the proposal to centralise planned operations for bones and joints only one in three respondents stated that they would be prepared to travel a long distance for their procedures to be carried out. This was further dependent on:

- the location of the centre of excellence and the impact distance to travel would have on individuals and the ability of their family members and carers to provide support
- availability of good transport links

*'Centres of excellence are the way forward but obviously if mobility was a problem a great distance would be a problem'*

*'I think the prospect of better quality care would offset the inconvenience of extra travel for me personally. But this could be a logistical nightmare for people on a low income (especially the elderly)'*

*'So long as not too far away, as family visits are very important when recovering, especially for elderly people, they often need someone to act as advocate for them'*

*'It would be good to have centres of excellence, but they should be spread and not located just in inner London'*



### 2. ease of access for patients and their relatives and / or carers

One in five local people explicitly stated that they would like to see the centre of excellence based in Enfield

One in ten stated that they would require hospital transport, if centres of excellence were located outside of Enfield

*'Only if they were not far out of the area, perhaps one hospital in each borough'*

*'Only if the designated centre was within the locality e.g. one of our local hospitals on Enfield'*

*'Would transport be given home after surgery if you are unable to use your own transport'*

*'So long as there is transport for those unable to travel by bus and the tube'*

*'I would be worried about getting home, will the NHS be providing us all with patient transport to get us home after surgery?'*

*'Dependent upon the organised ambulance pick up'*



### 3. availability of high-quality staff and facilities within the centres

Of the people supporting the proposals, 17% focused on the need for the centres to be resourced by expert staff and provide state of the art facilities.

*'Provided that units are staffed by the best of the range of staff presently spread over the many locations currently. i.e. raising standards'*

*'More specialist and knowledgeable staff on site'*

*'It would have more staff and expertise in one place so may have less waiting time'*

*'I would hope the centres have access to the latest technology and innovation and they provide world-class care. You would also hope that physical space is designed to cater for the needs of those undergoing procedures.'*

## Why local people do not support the proposals?

37.6% of all respondents did not support the proposal to reduce the number of hospitals providing planned operations for bones and joints.

Of those who had a planned surgery previously, one in three did not agree that this is the way forward.

There was no statistical difference in individual's responses based on gender or age however, people's responses varied based on where they live.

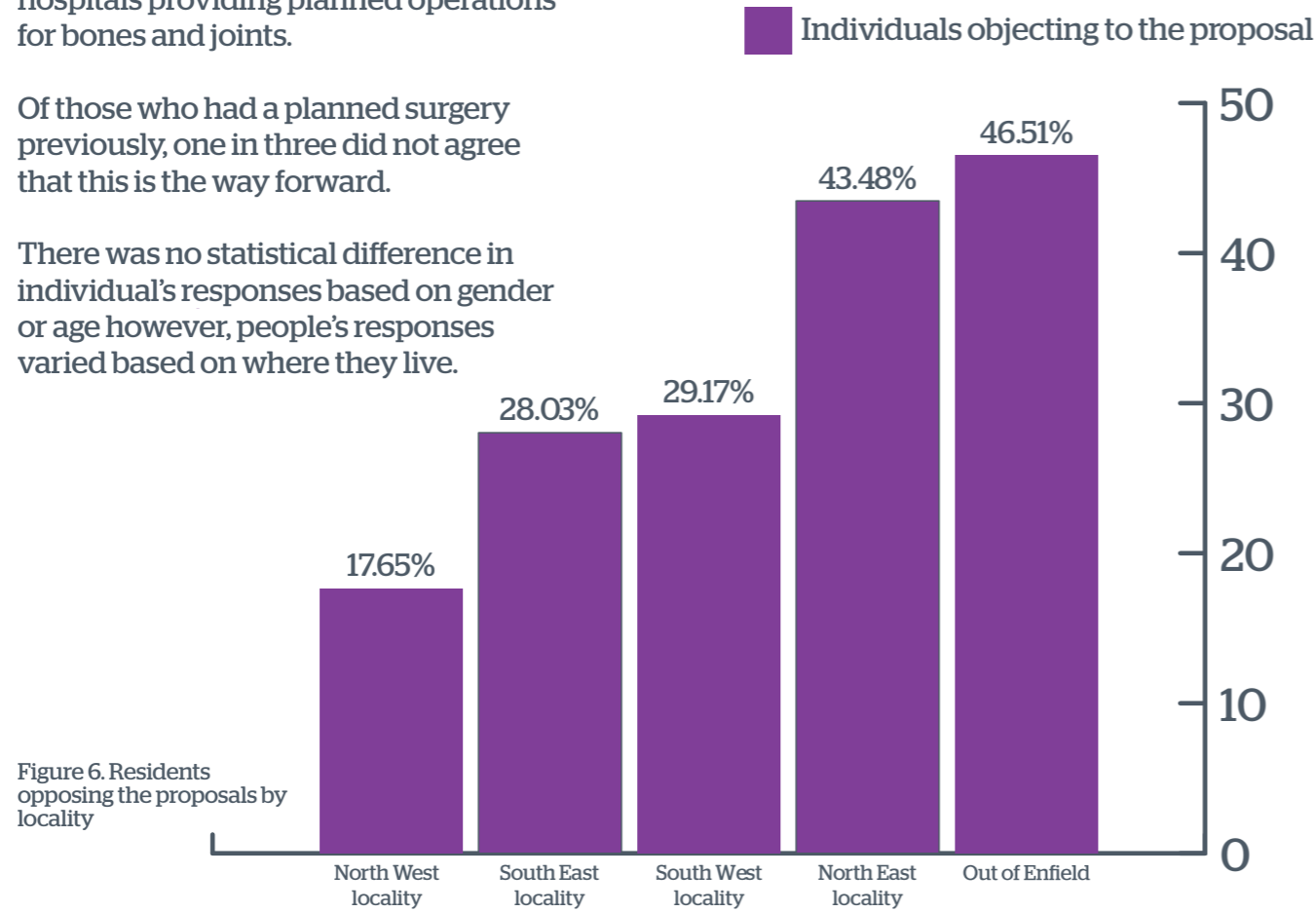


Figure 6. Residents opposing the proposals by locality

For those who did not agree with reducing the number of hospitals providing planned operations for bones and joints, main reasons for their decisions focused on:

1. increased distance to travel for surgery. One in two individuals who do not support the proposal, stated that they were not prepared to have their operation outside Enfield whilst further 30% shared concerns about having to travel further

*'I would not want to do this - Enfield has already lost Chase Farm as an A&E and it would be good if there were at least some dedicated centres there for local people'*

*'Not good as patient may be having difficulty travelling result of hip or knee problems and family would not be able to support them when needed'*

*'Would make it harder for family and friends to visit patients in hospital, and hinder developing links between primary and secondary health'*

*'Would not like to go too far when you have a hospital on your doorstep and is travel there included'*

2. escalating waiting times for procedures. Despite considering the evidence base compiled by North London Partners in Health and Care, 40% of respondents felt that introducing centres of excellence would mean patients have to wait longer for planned surgeries such as hip and knee replacements.

*'Long waiting times would be a problem, I don't understand how you would speed up waiting times'*

*'It will cut down on how many could be operated on, thereby having a backlog.'*

*'Overload! There won't be enough facilities/staff/appointments'*

*'The waiting list will be long and overstretched'*

*'Waiting lists would grow and people would have to suffer pain for too long.'*

*'There will be more delays'*

Several people have also questioned the need to make the changes in the first place.

*'Am not aware of inadequate expertise, care and provision locally'*

*'The basic premise behind this question is warped'*

*'I do not see how my recovery could be quicker whether the centre was large or small'*

*'I fail to understand, at least from the information provided, why recovery would be quicker since the process of surgery of presumably remain unchanged'*

*'I don't understand why this would be necessary, Chase Farm Hospital has just been rebuilt with state of the art operating theatres!'*

*'A specialist hospital should be able to manage patients more efficiently. However, most hospitals have a specialist wing/department for orthopaedics so I am not sure how this differs'*



## Advantages of the proposal

119 people, who shared their feedback with Healthwatch Enfield, saw advantages of introducing centres of excellence across Barnet, Camden, Enfield, Haringey and Islington. These include:

**5** % of respondents would see centres of excellence giving them **access to better facilities**.

**1** in **four** recognised **shorter waiting times** as a potential benefit

*'If it is straightforward and they are only doing orthopaedics it should make the process quicker' | 'More people waiting to have surgeries could be cut short instead of months it could be weeks' | 'Hopefully the 'timetable' for operations would not be disrupted by emergencies and that the wait for an operation would be reduced'*

**1** in **four** stated they would hope for **better health outcomes** resulting from undergoing a planned surgery, such as a hip or a knee replacement, in a centre of excellence.

*'Supposedly "centres of excellence" might deliver better, more stable and swifter outcomes. Whether they are or would be capable of taking a holistic approach to the patient's condition may be open to question' | 'There MIGHT be advantages for patients in getting slightly better outcomes' | 'They would solely focus on this which would hopefully be beneficial to people'*

**1** in **three** thought that the new delivery model would guarantee that patients have an **easier access to expert staff**.

*'Ability to staff with best of the current staff and relocating them, if necessary' | 'Dedicated staff trained in procedures and aftercare to give advice' | 'Greater access to the few really expert consultants who would be on hand to supervise and advise on the most complex trauma cases'*

## Disadvantages of the proposal

Of the individuals who participated in Healthwatch Enfield's research, 95 described disadvantages of reducing the number of hospitals where you could have a planned surgery for bones and joints.

**1** in **two** saw the **distance to travel for patients, relatives and carers** as the main drawback of the potential proposals, particularly if good transport networks, accessible transport and parking were not available. Individuals were also **concerned about the location of the pre-admission clinics and post-operative care**.

*'This would not be good as the patient may be having difficulty travelling as a result of hip or knee problems' | 'It would be hard to travel and for visitors to come' | 'Patients should be cared for nearer to home - easy for family / spouses to visit' | 'Transport links are not the greatest to these boroughs. I can't imagine having a knee or a hip replacement and having to change several times to get back home. Paying more than £30 to travel back home by a cab would be too expensive for many' | 'It really would depend on the availability of transport both for patients and support for carers' | 'Travelling too far would make it difficult for follow up appointments especially with poor hospital transport' | 'Should be local for aftercare, after care is important' | 'I would want local physiotherapy'*

**1** in **ten** perceived **access to wider services**, such as a potential lack of clinical support in an emergency if the proposed site is isolated from acute hospital services, as a disadvantage

*'It is important that these centres could cope if there were any unexpected situations which occurred during or after surgery.' | 'I am not sure whether there would be access to other specialties, if something went wrong and/or if there were complications' | 'A disadvantage would be if an emergency occurs that need other specialists and they were not available at the Centre.' | 'In a larger hospital you have input from all sections, we would not have that' | 'I am worried about the aftercare especially for medical complications.' | 'Will there be other specialists on hand if there are complications? E.g. someone also has a heart condition.'*

**3** % of respondents mentioned that the centres of excellence may **focus on the speed of providing care, negatively impacting the quality of patient experience**

*'I'm prepared to bet that patient outcomes are better, even in the sawbones situation, where care is focussed on holistic well-being. Is the ethos of the proposed designated centres likely to be conducive of this or are we talking of rapid, quasi-industrial through-put?' | 'There will be little time for patients, as the doctors will only be concerned about lowering patients waiting list with little aftercare'*

What criteria should be considered when developing planned operations for bones and joints for the future?



The proposal to review the current provision of planned operations of bones and joints across Barnet, Camden, Enfield and Islington has given local people an opportunity to articulate criteria for consideration by decision-makers. Based on the feedback from individuals engaged in the research carried out by Healthwatch Enfield, North London Partners in Health and Care should consider a delivery model that is based on the following components:

(1) Based locally (8 votes)



*'As local as possible. Convenience for patients to be able to attend appointments and follow ups without having to travel too far. Close to home and relatives especially for the elderly'*

(2) Located in the state of art facilities (12 votes)



*'Modern facilities with easy access to people living in Enfield. Easy access, lifts, ramps etc. Efficient visits and appointment times. Lots of info and signposting/wayfinding - if they have trouble getting around, sometimes these centres can be hard to navigate with lots of rooms'*

(3) Guaranteeing good clinical outcomes (15 votes)



*'Must see an improvement on aftercare/recovery/reduction in post op infection. Ensure that standards of care are maintained and make sure that the best of the best treatment is provided'*

(4) Giving easy access to aftercare (27 votes)



*'Good aftercare service with proper physiotherapy facilities. On discharge give sometime to patient explaining what to do after discharge and what to expect'*

(5) Delivering shorter waiting times (35 votes)



*'Quick access to treatment, making sure being seen quickly'*

(6) Providing person-centred care (43 votes)



*'Feeling like you are a. not just a number of even an inconvenience but are properly and b. professionally cared for. C. feeling safe and heard'*

(7) Easy to access (44 votes)



*'Transport has to be good not just for patients but carers and visitors as well'*

(8) Staffed by high quality experts (50 votes)



*'World class staff in sufficient numbers to ensure patient care'*

## Conclusion

North London Partners in Health and Care are currently reviewing the way in which planned operations for bones and joints, such as hip and knee replacements, are delivered; asking a question whether it is a good idea to reduce the number of hospitals providing planned these operations.

At Healthwatch Enfield, we engaged 208 local residents and stakeholders in conversations about the proposal. Despite the quantitative data suggesting that 58% of the sample support the suggestions, **Healthwatch Enfield asks North London Partners in Health and Care to carefully consider the evidence base contained in this report before determining next steps, such as formal consultation.**

Local people could see both advantages and disadvantages of having a smaller number of hospitals where surgeries such as hip and knee replacements could be carried out. Based on the information provided by North London Partners in Health and Care, the positives identified by individuals include:

- access to expert staff
- shorter waiting times
- better health outcomes and
- more modern facilities

The negatives are:

- distance to travel,
- accessibility of the location by private and public transport
- lack of access to clinical services available within acute hospital services and
- a focus on delivering targets that could compromise quality.

Locally, there is a political commitment to supporting NHS hospitals alongside clear expectations of what Enfield residents would see the new model, deliver. With several caveats, a good track record of delivering quality care for people requiring surgeries such as hip and knee replacements and eight criteria articulated, North London Partners in Health and Care need to ensure that any changes can address the local people's requirements and deliver even higher quality treatment.

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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