



Shropshire Health and Adult Social Care Scrutiny Committee

27 July 2015

Review of orthopaedic surgery in Shropshire – hip and knee replacement surgery

Purpose

Shropshire Clinical Commissioning Group (CCG) is responsible for commissioning most orthopaedic surgery for residents of Shropshire. The purpose of this paper is to present the CCG's proposals to change the pathway for patient referrals for hip and knee replacement surgery in the county and plans for further patient and public engagement.

Context

The NHS has come to the end of a five year period where £20bn in efficiency savings were required in order to ensure on-going financial sustainability. Coming out of this period the NHS is faced with a further £22bn in savings to be made over the next five years in order to manage the forecast health demands of the population.

On a local basis Shropshire CCG is managing an increasingly challenging year on year financial position, in order to continue to provide for the needs of our population. For 2015-16 the CCG has a savings target of £9.4m; an increase on the 2014-15 target of £8.6m. Over the next five years the CCG is planning for a further £7.4m in savings per year in order to ensure financial sustainability.

Shropshire's population profile is changing significantly; this is largely owing to people living longer. We know from the work being undertaken by NHS Future Fit that in Shropshire, the population aged over 65 years has increased by 25 per cent in the last 10 years. This growth is forecast to continue over the next decade and beyond and as a result the pattern of demand for services has shifted. Long term conditions are also on the rise due to changing lifestyles. This means services within the NHS need to have greater emphasis on prevention and earlier interventions as well as sustained support in the community.

In 2014 Shropshire CCG conducted a comprehensive review of orthopaedic services, looking at activity in both outpatients and inpatients, down to locality and GP practice level. The report concluded that with a current spend of approximately £33 million a year on Orthopaedic services, Shropshire CCG has to reduce this by £1 million this financial year and plan on reducing up to £3 million over the next five years in order to keep the service sustainable.

There has been support for the review from both the Robert Jones & Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJA) and the Shrewsbury and Telford Hospital NHS Trust (SaTH) and both Trusts recognise that changes are necessary. The review covered all orthopaedic specialties but with a particular focus on demand for hip and knee surgery.

Benchmarking

In order to identify opportunities for improving efficiencies and reducing waste in the system the CCG obtains benchmarking information which shows where the CCG is an outlier in spend areas compared to other CCGs. This information is then scrutinised to understand the underlying causes of the variations.

In June 2014, the Midlands and Lancashire Commissioning Support Unit (CSU) published benchmarking information relating to hip and knee replacements. These “Commissioning for Value” papers provided the CCG with detailed analysis of the activity in Shropshire compared with the other CCGs in Staffordshire and Lancashire, and assuming that Shropshire were to be brought in line with the other CCGs, the related financial opportunities.

Rate per 1,000 population				
	Shropshire CCG	CSU average	CSU lowest rate	Financial opportunity
Knee replacements	5.16	4.52	3.67	£444K-£1.0m
Hip replacements	5.35	4.41	3.56	£711K-£1.3m

Table 1

The data indicated that rates of hip and knee replacements in Shropshire are 21 per cent and 15 per cent higher than the CSU average respectively. It follows that if procedure rates in Shropshire were closer to these averages a saving of £1.3m per year could be realised.

Case for change - reducing variation

Reducing the variation in procedure rates and bringing Shropshire in line with our peers, requires urgent and decisive action by the CCG, particularly in light of the current financial context.

In Shropshire, the referral pathway for hip and knee replacement surgery makes use of a questionnaire designed to be completed by the patient when a referral for surgery is being considered. The questionnaire uses a scoring system, known as the Oxford Scoring System that assesses the patient’s pain and abilities. The questionnaire provides a single sum score, the lower the score the worse their pain and disruption to normal abilities are. The intention is that the score provides a consistent measure of patients’ conditions, enabling the patient and the clinician to understand the severity of the problem with their hip or knee. At present all patients have an opportunity to undertake the

questionnaire either at their GP surgery or with the help of one of the CCG's Referral Assessment Service (RAS) Clinical Specialists.

Patients with a score of 26 or less are currently referred directly to a consultant for consideration of total joint replacement surgery. Patients who score more highly are directed to Shropshire Orthopaedic Outreach Service (SOOS), previously known as Advanced Primary Care Service (APCS), for next stage management and advice. SOOS is staffed with GPs with a specialist interest in orthopaedics, Specialist Podiatrists and Extended Scope Physiotherapists. Patients will repeat the questionnaire as part of their care in SOOS and if they meet the threshold will be referred on for consideration of surgery.

The Oxford Scoring System is one of the only tools available to us to reduce the procedure rates in Shropshire and support our efforts to achieve financial sustainability. Our proposal is to use this tool to move to a more conservative management pathway.

Proposal

The CCG is proposing a pathway change for hip and knee replacement surgery in order to meet the health challenges of our changing population and to ensure that the future of health care services in Shropshire is sustainable.

We propose that:

- patients with a score of 20 or less are referred directly to a consultant for consideration of total joint replacement; and
- patients with a score of 21 or more are directed to SOOS for conservative management.

The following exceptions would make a patient suitable for referral for joint replacement despite a score of 21 or above:

- Severe pain and objective evidence of arthritis
- Progressive deformity
- Bone erosion
- Deteriorating range of movement
- Fixed flexion deformity

Alongside this, the CCG is taking part in an evaluation of an enhanced programme of care in the community, "A 'model consultation' to deliver optimal primary care for Osteoarthritis" with Keele University and Arthritis Research UK. This will include promoting health prevention work that can help patients' foster better ways to look after their health and avoid the need for hip or knee surgery, such as better weight management, pain management and physiotherapy. Our aim is to roll out this model across the County, enhancing the support and advice available to patients in primary care.

Patient and public engagement

Patient representation has been part of this project from the outset. Feedback from patient and public engagement exercises and responses from existing meetings with patient representatives was incorporated into the review of orthopaedic services in 2014. There have also been bi-monthly meetings with the planned care groups.

The CCG intends to run further targeted patient and public engagement activities to include an online and face to face survey. The face to face survey will be developed in conjunction with the planned care patient group and any other interested patient groups. Through this engagement exercise, the CCG will explain the rationale and case for change. A representative sample of people across Shropshire will be included in this exercise and the CCG will ensure that any additional impacts on protected characteristic groups will be considered and mitigations put in place where necessary.

The CCG will work with stakeholders including Healthwatch to ensure that Shropshire's residents' views are heard and captured prior to any Governing Body decision to reduce the threshold score for hip and knee replacement surgery.



Conclusion

The CCG is proposing a more conservative management pathway for patients accessing hip and knee replacement surgery in Shropshire.

Further work is planned to seek public and patient views on the proposed change following which the proposal will be presented to the CCG Governing Body for consideration.

Recommendation

The Health and Adult Social Care Scrutiny Committee are asked to note the content of this paper and the intention to undertake further targeted patient and public engagement activities

Dr Julie Davies
Director of Strategy and Service Redesign

Dr Julian Povey
**GP member, Clinical Director of
Performance and Contracting**

Shropshire Clinical Commissioning Group

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