

## Joint Birmingham and Solihull Health Overview and Scrutiny Committee

Wednesday 26 June 2019

### Proposed plans to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients at University Hospitals Birmingham NHS Foundation Trust (UHB)

#### Overview

The purpose of this paper is to ask for JHOSC approval to progress plans to change how University Hospitals Birmingham (UHB) NHS Foundation Trust delivers trauma and orthopaedic services and gynaecology services at three of its hospital sites; Good Hope Hospital, Heartlands Hospital and Solihull Hospital.

Specifically, JHOSC is asked to agree to a six-week period of engagement (as per Appendix 1) with agreement that UHB will bring back a report to HOSC in September 2019 based on the engagement process undertaken.

By investing £2.5m in these services and improving the way these services are delivered, the Trust hopes to improve the quality of patient care by:

- Reducing waiting times for operations and associated cancellations caused by bed pressures
- Creating dedicated and specialised facilities designed for modern healthcare
- Improving clinical outcomes and patient experience
- Creating centres of excellence which will help recruit and retain a skilled workforce

These proposed changes apply to the patient's surgery/procedure only and may mean patients need to attend a hospital which is not their local site for one part of their care journey. The Trust will not be making any changes to where pre and post-operative outpatients, x-rays and scans and therapy appointments take place – they will still take place at local hospitals.

These proposals are not about removing any of our services or saving money. They are about more patients being treated quicker, with reduced complications and likelihood of cancellation, being treated and cared for by a skilled workforce in environments designed for modern healthcare which in turn will support the retention and recruitment of staff.

The changes are supported by a significant number of specialist clinicians who see these proposals as the best and most sustainable way to deliver care to residents of Birmingham and Solihull. Many have been involved in the development of these plans.

In terms of patient and public involvement, an external communications and engagement plan can be found in Appendix 1.

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## Proposed plans to reduce waiting times and improve outcomes for Trauma & Orthopaedic and Gynaecology Patients at University Hospitals Birmingham NHS Foundation Trust (UHB)

### 1. Introduction

UHB has four main hospital sites consisting of the Queen Elizabeth; Heartlands; Good Hope and Solihull. This briefing contains the Trust's proposals to treat patients quicker and improve patient outcomes and experience by making some changes to where their treatment and care is provided.

The proposal is to make the following changes:

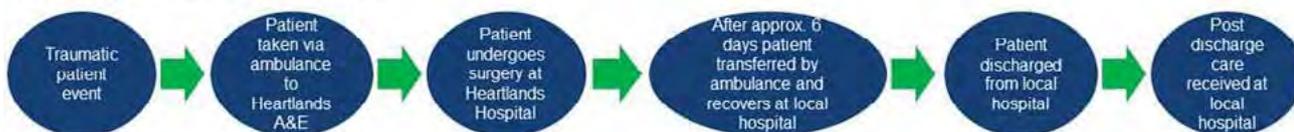
- **Traumatic bone and joint injuries**
  - Fractured hips (and some other fractures) will be operated on at Heartlands and no longer operated on at Good Hope. Patients will be transferred back to their local hospital for specialist rehabilitation following surgery.
  - Other traumatic injuries such as wrist and ankle fractures requiring surgery will mostly be undertaken at Good Hope and, with a few exceptions, no longer at Heartlands. After presenting to A&E most patients will be stabilised and go home before returning to a specialist clinic for assessment and where necessary be promptly added to one of the theatre lists. The vast majority of patients will return home within a day.
- **Planned orthopaedic surgery**
  - Procedures such as knee, hip and shoulder replacements will be undertaken at Solihull only and no longer at Good Hope.
- **Gynaecology services**
  - Planned procedures such as hysterectomies and surgery for ovarian cysts will be undertaken at Good Hope and no longer at Heartlands.
  - Patients with a gynaecology condition presenting unexpectedly at Heartlands will be transferred to Good Hope for their treatment if they are not requiring urgent surgical intervention or need longer than a day in hospital (e.g. some early pregnancy complications and low risk ectopic pregnancies).

The above changes need to occur in parallel as there isn't 'spare' bed or theatre capacity across our hospitals to accommodate any of the changes in their own right.

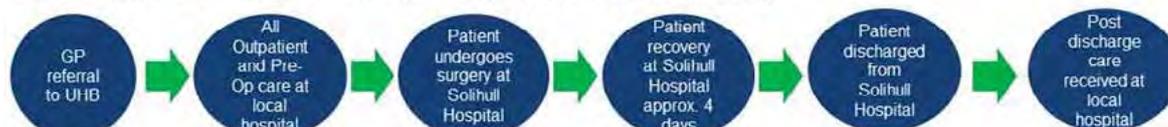
## 2. Trauma and Orthopaedic (T&O) Services

### 2.1 Future Patient T&O pathways

#### New Hip Fracture Pathway



#### New Hip, Knee and Shoulder Replacement Pathway



#### New Fractured Wrist and Ankle Surgery Pathway



### 2.2 Benefits for patients accessing Trauma and Orthopaedic services:

Our proposals will benefit these patients by:

- Consolidating the most specialised care thereby creating clinical centres of excellence aligned to nationally recognised best practice for hip fractures, hip and knee replacements, etc.
- Enhanced pre-operative assessment and support for patients undergoing hip and knee replacements, optimising the benefits of rehabilitation and ensuring patients safely return home quicker.
- Enhanced post-operative recovery for patients that require close monitoring following surgery.
- Improving waiting times for both emergency (e.g. hip fracture) and elective (e.g. hip / knee replacement) procedures.
- Reducing the likelihood of surgery being cancelled owing to beds needing to be used for emergency procedures.
- Delivering lower complexity care close to where people live.
- Improving our ability to recruit and retain the best staff.
- Enabling us to invest in specialised facilities to improve patient and staff experience.

### 2.3 What will not change?

Patients will continue to have all their outpatient appointments, pre-operative assessments and care, diagnostics (X-rays and scans) and post operative follow up appointments at their local hospital.

Children are currently cared for at both Heartlands and Good Hope hospitals with all major trauma patients being cared for already at Heartlands Paediatric unit. There is no envisaged change to the way children access and receive care within this proposed model.

For many years patients living in Solihull who sustain a significant trauma injury are taken directly to Heartlands hospital for treatment and care, this has proved successful in terms of the care provided to the trauma patients from Solihull but also maintaining the waiting times for elective (planned) surgery at Solihull.

### 2.4 Clinical support for the proposals

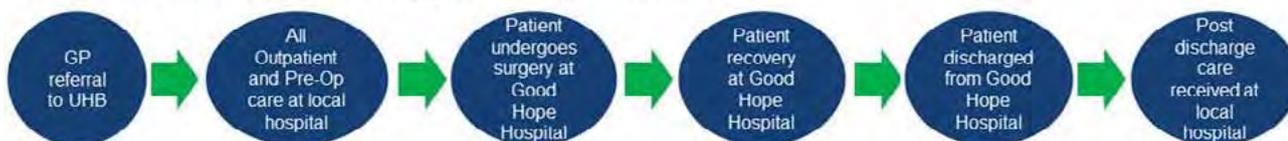
A significant number of specialist clinicians have been involved in the development of these proposals and are in full support of the developments in the way we best deliver care in the future. Lead Consultant Surgeon for Trauma and Orthopaedics Mr Panos Makrides said: “What drives me is the reality that realignment of the Trauma and Orthopaedic Services across Heartlands, Solihull and Good Hope hospitals serves only one purpose: to provide the best quality of care to our patients within an environment that enables the team to deliver excellence and become a reference point nationally and internationally.”

The Matron for Trauma and Orthopaedics Ms Gail Moore said: “We will focus our experienced staff in order to provide quality care that is delivered by dedicated Trauma and Orthopaedic nurses who have a passion for caring for patients through their illness and recovery, whilst enabling them to return to their maximum potential.”

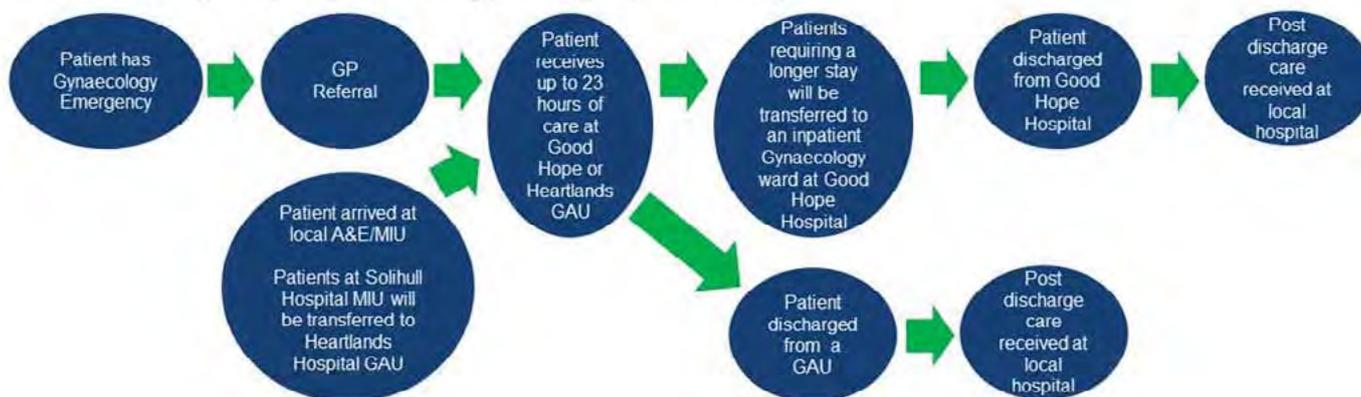
## 3. Gynaecology Services

### 3.1 Future Gynaecology patient pathway

#### New Planned Gynaecology Surgery Pathway



#### New Emergency Gynaecology Surgery Pathway



### **3.2 Benefits for patients accessing Gynaecology services**

Our proposals will benefit these patients by:

- Providing a refurbished and improved gynaecology assessment unit facility co-located with the Women's unit at Heartlands Hospital providing more discrete care for women.
- Co-locating services and providing seamless care for women and a better environment for staff to further specialise their skills.
- Reducing waiting time for patients awaiting surgery and an increased number who can return home sooner. Most women return home 2 or 3 days after surgery.
- Reducing the number of cancelled operations associated with bed pressures
- Creating a centre of excellence at Good Hope that in turn enables an increase in the proportion of surgical procedures performed with less invasive (keyhole) surgery. Also achieves reduced post surgical complication rates.

### **3.3 What will not change?**

Women will continue to have all their outpatient appointments, pre-operative assessments and care, diagnostics (X-rays and scans) and post-operative follow-up appointments at their local hospital. Women requiring immediate emergency surgery will still be treated at their local hospital.

### **3.4 Clinical support for the proposals**

A significant number of specialist clinicians have been involved in the development of these proposals and are fully in agreement with the changes needed to best deliver care in the future. Lead Consultant Surgeon Ms Pratima Gupta said: "Relocation of Gynaecology services will help us to reduce waiting times for elective gynae surgery, offer more keyhole gynae surgery and improve experience for patients attending Heartlands Hospital with gynaecological emergencies".

The lead nurse for Gynaecology services Ms Tracey Nash said: "Relocation of Gynaecology services will help us promote excellence in Women's Health by ensuring all Gynaecology patients are cared for in the right place at the right time by specialist staff. By ensuring correct pathways are in place we will improve patient and staff experience, satisfaction and aid staff retention of Gynaecology Nurses whom wish to specialise in Women's Health and Early pregnancy."

There will be no changes to the services delivered at Queen Elizabeth Hospital Birmingham.

## **4. Summary**

These proposals will allow for care to be better organised providing a workforce that has the right skills and experience, supports the development of those in training and ensures best outcomes and experience for patients.

This is not about removing any of our services or saving money. It is about more patients being treated quicker, with reduced complications and likelihood of cancellation, being treated and cared for by a skilled workforce in environments designed for modern healthcare which in turn will support the retention and recruitment of staff.