Reducing waiting times for planned inpatient operations and improving patient outcomes in Orthopaedics – GIRFT (Getting it Right First Time) pilot

1. Background

1.1 Demand for planned orthopaedic inpatient surgery such as hip and knee replacements has increased. We now see 3,000 planned inpatient operations each year at the William Harvey Hospital, Ashford (WHH) and the Queen Elizabeth the Queen Mother Hospital, Margate (QEQM), with growing waiting lists due to increased cancellations, especially during winter, when the NHS is required to stop planned operations to increase capacity for emergency patients.

1.2 National standards are moving to physically separating emergency care from planned care because routine procedures are protected from cancellations when there are surges in emergency admissions, this is better for both planned and trauma patients.

2. GIRFT pilot

2.1 The Trust has been invited to take part in a national pilot aimed at improving the experience and outcomes for orthopaedic patients suffering a trauma as a result of a fall or accident, as well as those undergoing planned orthopaedic inpatient operations. The pilot is part of the national GIRFT (Getting it Right First Time) programme, led by the National Director for Clinical Quality and Efficiency, Professor Tim Briggs and is commissioned by the Department of Health.

2.2 GIRFT covers more than 30 medical and clinical specialties and aims to deliver improvements across England by identifying areas of unwanted variation in clinical practice and/or divergence from the best evidence to deliver a series of national recommendations aimed at improving quality of care and efficiency.

2.3 The aim is to provide planned orthopaedic inpatient surgery at Kent and Canterbury Hospital (K&C), separate from emergency patients who would continue to be seen at WHH and QEQM. Participating in this pilot would enable the Trust to improve services by carrying out more planned orthopaedic inpatient surgery, continue operating throughout the winter and improve its capacity to treat trauma patients more quickly.

2.4 Evidence shows that dedicated facilities for trauma, with separate dedicated facilities for planned orthopaedic inpatient surgery, improves the outcomes and experiences for both sets of patients. Where these changes have already taken place in other parts of the country, waiting times have reduced, fewer patients have had their operations cancelled and recovery times are quicker.

2.5 The pilot project requires capital investment for new theatres and this is being sought nationally.

2.6 This is an exciting opportunity to invest in better facilities and equipment which will help patients be seen more quickly for both planned and emergency care in all our hospitals. The pilot, as part of the national GIRFT programme, will be fully evaluated.

3. Bridging solution to increase capacity for Winter 2018/19

3.1 The first stage would see planned hip and knee replacement operations currently undertaken at WHH, taking place at the K&C in time for next winter.

3.2 Planned orthopaedic inpatient operations would take place at K&C using day surgery theatres, supported by dedicated beds and two additional temporary theatres to enable existing day case operations to continue on site.

3.3 Doing this means the Trust will be able to carry out more planned orthopaedic inpatient operations this winter, as well as being able to see trauma cases at WHH more quickly, improving patient outcomes and experience.

3.4 It will also give the Trust an opportunity to increase theatre capacity for other specialties such as General Surgery and Gynaecology to help reduce the number of people waiting over a year for an operation, and people waiting for cancer treatment.

3.5 Spine surgery, day case surgery and trauma will continue at WHH. Planned shoulder, foot and ankle operations will also remain at WHH.

3.6 Day case and inpatient operations would continue without change at QEQM, potentially using some extra capacity in the Spencer wing.

3.7 Patients would continue to have all outpatient care before and after their operation at their local hospital, as they do now, which means musculoskeletal services, which handle large volumes of clinic appointments, day surgery, joint injections, imaging and rehabilitation, are unaffected.

3.8 This change would also mean we have more beds for medical patients at WHH which would increase flow through the hospital and help reduce waits in A&E.

4. Pilot stage - 2019

4.1 During the bridging stage, the Trust would build four modular, laminar flow theatres at K&C, supported by dedicated beds.

4.2 This would enable patients having planned orthopaedic inpatient operations to have their procedures in new and dedicated facilities at K&C by the end of next year.

4.3 All emergency operations (for example fractures sustained in a fall) would continue as now at WHH and QEQM; and day cases would continue on all three sites.

4.4 Patients would continue to have all outpatient care before and after their operation at their local hospital, as they do now, which means musculoskeletal services, which handle large volumes of clinic appointments, day surgery, joint injections, imaging and rehabilitation, are unaffected.

4.5 This change would mean we have more theatre capacity and capacity for medical patients at WHH and QEQM and separate orthopaedic teams dedicated to trauma and planned orthopaedic care.

5. Implication for the future

5.1 The permanent reconfiguration of orthopaedics will be the subject of public consultation as part of the east Kent clinical strategy. Additional theatres on the K&C site will be of benefit under any of the current potential options for the future reconfiguration of hospital services as the theatres can be used for different types of surgery.

5.2 GIRFT pilots have not been the subject of public consultation and instead have been used to inform future reconfigurations which are subject to public consultation, for example the GIRFT pilot in Cheltenham and Gloucester.

5.3 Although the pilot will not be the subject of public consultation itself, patient engagement will be undertaken, working with partners, as part of this work and regular updates provided to the Health Overview and Scrutiny Committee.