

## Spinal Surgical Service Move

**Name of Responsible (lead) NHS or relevant health service provider: Portsmouth Hospitals NHS Trust**

**Name of lead CCG:**

Portsmouth CCG  
Fareham and Gosport CCG  
South East Hampshire CCG  
Specialised Services NHS England

**Brief description of the proposal:**

It is proposed that the elective spinal surgical service at Portsmouth Hospitals NHS Trust (PHT) is moved to the Wessex Regional Spinal Unit at University Hospital Southampton NHS Foundation Trust (UHSFT).  
The scope of the change proposal is for all elective work currently undertaken at PHT for patients suffering from spinal conditions. The proposal includes outpatient and inpatient work.

Complex spinal surgical work is already undertaken at UHSFT as is paediatric and trauma surgery for spinal conditions.

The number of potentially affected patients is 204 from across the catchment area for the Trust. Of this number of patients approximately 176 are from Portsmouth, Fareham and Gosport and South Eastern Hampshire CCG areas

**Why is this change being proposed?**

PHT currently has an unsustainable spinal surgical service with only one substantive consultant (0.85 PAs) now delivering the service. In 2010 the Spinal Taskforce produced a paper entitled, 'Organising Quality and Effective Spinal Services for Patients. A report for local health communities'. This stated "Single-handed spinal surgeons should not be working in isolation. Wherever possible, spinal surgeons should work in teams within organisations, ideally with more than one surgeon in each site."

Over the past three years the Trust has tried to recruit to the service unsuccessfully. This has resulted in lengthy waits for patients and so, two years ago the commissioners, working with the Trust agreed that PHT would accept only 'red flag' referrals from GPs and a small number of consultant to consultant referrals.

By only having one consultant available there is no consistency of medical cover available and the potential risks to quality and safety of care are higher with a service operated by a single clinician. There is also an impact on governance arrangements which provide quality assurance for the service as a whole as these may potentially be less rigorous in a service operated with one consultant.

Over the past two years the Trust has been working with Portsmouth, Fareham & Gosport and South Eastern Hampshire Clinical Care Commissioning Groups (PSEH), NHSE Specialised Services Wessex and University Hospital Southampton NHS Foundation Trust to seek a sustainable solution for the local population. The proposed transfer would also see the consolidation the existing Wessex Regional Spinal service, which has strong governance as well as both clinical and management leadership.

Whilst the CCGs are supportive of the proposal it will need to be considered by their Governing Bodies. When considering the proposal the CCGs will expect to see details of the views of clinicians, key stakeholders and local people and how these have been taken into account.

#### **Description of Population affected: PHT catchment area**

The proposal involves the centralisation of the PHT surgical spinal service to University Hospital Southampton NHS Foundation Trust (UHSFT), which also currently provides the Wessex Regional Spines service. UHSFT already undertake the emergency and complex elective pathways so this proposal seeks to centralise the remaining non-complex elective pathway. The number of patients affected is limited to a small number of patients who require this type of surgery (204) as outlined in the table below.

	Activity 16/17	Activity 17/18	Activity 18/19
3 CCGs	163	174	176
Non Contract Activity	1	2	-
Other CCG's	18	17	24

Other Local Area Team	2	3	2
Wessex Area Team Specialised	1	1	2
<b>TOTAL</b>	<b>185</b>	<b>197</b>	<b>204</b>

**Date by which final decision is expected to be taken:**

The proposal has been put together jointly with the two Trusts, the three CCGs and NHS England Specialised Services Wessex and has also had strong involvement and input from the Solent Acute Alliance Board. Following engagement and involvement to consider the views of patients affected, the proposal will need to be considered by the Boards of the CCGs and both University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust for a final decision to be taken. It is anticipated that subject to formal agreement the transfer of the elective spinal service could take place in October 2018.

**Confirmation of health scrutiny committee contacted:**

Portsmouth Health Overview and Scrutiny Panel

**Name of key stakeholders supporting the Proposal:**

Commissioners  
UHS  
PHT Medical staff  
Nursing staff  
Governance personnel

**Date:01/06/18**

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p><b>Case for Change</b></p> <p>1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs and/or impact assessments been undertaken?</p>	<p>Yes</p> <p>Yes</p> <p>Not at this stage</p>	<p>The spinal service provided at Portsmouth Hospitals NHS Trust is currently unsustainable because of workforce constraints. In 2010 the Spinal Taskforce produced a paper entitled, 'Organising Quality and Effective Spinal Services for Patients. A report for local health communities'. This stated "Single-handed spinal surgeons should not be working in isolation. Wherever possible, spinal surgeons should work in teams within organisations, ideally with more than one surgeon in each site."</p> <p>In addition, continuing to operate the service as it is currently provided will have an impact on the quality, safety and governance of the service provided. By only having one consultant available there is no consistency of medical cover available and the potential risks to quality of care are higher with a service operated by a single clinician. There is also an impact on governance arrangements which provide quality assurance for the service as a whole as these may potentially be less rigorous in a service operated with one consultant.</p> <p>It is recognised that there will be an impact on service users as a result of the need to travel to Southampton for spinal surgery to be carried out. However the quality and safety of our patients has been the primary focus of this proposal. It is also anticipated that the small number of patients requiring post operative care will be repatriated to Portsmouth.</p>

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<p>4) Do these take account of :</p> <ul style="list-style-type: none"> <li>a) Demographic considerations?</li> <li>b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening programmes)?</li> <li>c) Impact on vulnerable people and health equality considerations?</li> <li>d) National outcomes and service specifications?</li> <li>e) National health or social care policies and documents (e.g. five year forward view)</li> <li>f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)</li> </ul>	<p>Yes</p>	<p>The proposals take account of the service specification for spinal services produced by the Spinal Taskforce. This document entitled, 'Organising Quality and Effective Spinal Services for Patients. A report for local health communities by the Spinal Taskforce' is attached to this paper as background.</p>
<p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p>	<p>Yes</p>	<p>Centralising spinal services in this way is the national direction of travel for specialist services and has been proven to improve clinical outcomes. It also allows the clinical on call rota to be strengthened and has benefits for operational management and clinical governance.</p>

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
6) Do the clinicians affected support the proposal?	Yes	The orthopaedic clinicians support the fact that this is the best option to maintain a quality service for patients.
7) Is any aspect of the proposal contested by the clinicians affected?	No	
8) Is the proposal supported by the lead clinical commissioning group?	Yes	Yes, the proposal has been developed with Portsmouth, Fareham and Gosport and South East Hampshire CCGs and NHSE Specialised Services Wessex
9) Will the proposal extend choice to the population affected?	No	
10) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?	Yes	<p>Given that the proposal affects a relatively small number of patients we have focused our plans for engagement on seeking the views of this specific patient group. Broadly speaking the proposals will impact on two groups of patients; those with chronic back pain and those who have had a disc displacement and require surgery. As a result we have made contact with the following groups and secured an initial meeting to discuss the proposals in detail and seek feedback. This meeting will be held on 12 June 2018:</p> <ul style="list-style-type: none"> <li>• National Ankylosing Spondylitis Society</li> <li>• National Osteoporosis Society</li> <li>• Partners friend through pain</li> <li>• National Rheumatoid Arthritis Society</li> <li>• Arthritis Care QA</li> </ul> <p>We have also sought to engage with the wider community through Locality Patients Groups and CCG Community Engagement Committees whose members include a range of community representatives.</p>

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<p><b>Impact on Service Users</b></p> <p>11) How many people are likely to be affected by this change? Which areas are the affecting people from?</p> <p>12) Will there be changes in access to services as a result of the changes proposed?</p> <p>13) Can these be defined in terms of  a) waiting times?  b) transport (public and private)?  c) travel time?  d) other? (please define)</p> <p>14) Is any aspect of the proposal contested by people using the service?</p>		<p>We also engage with our communities on an ongoing basis and know that travel and availability of car parking can be a concern. However we are also aware that people are prepared to travel if it means they are going to receive the best clinical outcome and they are able to be repatriated to their local hospital where possible. We are also aware that concern may be raised about the impact of the proposed change on other services provided by the Trust and will be reassuring local people that we are not currently anticipating that there will be any impact.</p> <p>There are approximately 204 patients affected from the population served by the Queen Alexandra Hospital. With 176 of these from the local CCGs</p> <p>Patients affected will be required to travel to Southampton hospital for their spinal surgery. This will inevitably result in a small increase in travel time for some patients.</p> <p>At this time there has been no formal or informal engagement with service users, however we are aware from our previous engagement work on similar issues that whilst additional travel may be a concern for some, patients are prepared to travel where it means they will have access to the best quality care.</p>

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<p><b>Engagement and Involvement</b></p> <p>15) How have key stakeholders been involved in the development of the proposal?</p> <p>16) Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> <li>a) Service users, their carers or families?</li> <li>b) Other service providers in the area affected?</li> <li>c) The relevant Local Healthwatch?</li> <li>d) Staff affected?</li> <li>e) Other interested parties? (please define)</li> </ul> <p>17) Is the proposal supported by key stakeholders?</p> <p>18) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?</p>		<p>Those clinicians affected by the proposed changes (both at PHT and UHSFT) have been involved in the discussions and development of the proposals.</p> <p>As stated above, we have plans to seek the views of patient groups about the proposal to consider their feedback and alleviate any concerns.</p> <p>Informal discussions have been held with Healthwatch Portsmouth and a description of the engagement activity outlined which they were content with. A full three month consultation will be undertaken with the spinal surgeon affected by the proposal as per the Trust's HR policy.</p> <p>Yes, the proposal is supported by clinicians and commissioners.</p> <p>Key stakeholders are supportive of the proposal but we will review it in light of feedback received from the patient groups.</p>



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<p><b>Options for change</b></p> <p>19) How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>20) Were the risks and benefits of the options assessed when developing the proposal?</p> <p>21) Have changes in technology or best practice been taken into account?</p> <p>22) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?</p> <p>23) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)?</p> <p>24) Have the workforce implications associated with the proposal been assessed?</p>	<p></p> <p>NA</p> <p>NA</p> <p>Y</p> <p>Y</p>	<p>An options appraisal was carried out with commissioners once it was realised that the service was no longer sustainable in its current form. The option to recruit additional consultants at Portsmouth was not considered realistic. In addition the caseload of patients was not sufficient to warrant an additional increase.</p> <p>The option to keep the outpatient activity at Portsmouth was also considered, however splitting the pathway in this way was considered to be a potential risk to quality and safety as well as potentially causing confusion for patients. Instead it was felt the proposed option was the best outcome for quality and safety combined with allowing those patients to be repatriated back to Portsmouth for ongoing required where necessary.</p> <p>The proposal has come about because of concerns relating to the workforce and the current sustainability of the service. The proposal is intended to resolve these concerns.</p>

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>25) Have the financial implications of the change been assessed in terms of:</p> <ul style="list-style-type: none"> <li>a) Capital &amp; Revenue?</li> <li>b) Sustainability?</li> <li>c) Risks??</li> </ul> <p>26) How will the change improve the health and well being of the population affected?</p>	<p>NA</p>	<p>A full financial assessment of the proposal has been undertaken and included as part of the business case discussed and agreed with commissioners.</p>