

Appendix A

Engagement and Equality Considerations Report

Orthopaedic Surgery in Shropshire
Hip and Knee Replacement Surgery

1. Introduction

This report details the engagement activities undertaken by the Shropshire Clinical Commissioning Group (CCG) to involve patients, members of the public and other key stakeholder groups in the discussion about a potential change to hip and knee surgery thresholds in Shropshire.

2. Case for Change

The NHS has come to the end of a five year period where £20bn in efficiency savings was 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 NHS services for the needs of its 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 that NHS services 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 levels. The review covered all orthopaedic specialties but with a particular focus on demand for hip and knee replacement surgery. 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 maintain service sustainability.

There has been support for the review from both the Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) and The Shrewsbury and Telford Hospital NHS Trust (SaTH) and both trusts recognise that changes are necessary.

2.1 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, 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	Comparable CCG average	CCG 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 comparable CCG 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.

2.2 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 the pain and disruption to normal abilities. 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 for 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 for consideration for 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. The proposal is to use this tool to move to a more conservative management pathway.

2.3 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
- 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.

The CCG is currently funding this programme in the south locality and working towards rolling it out in the north and Shrewsbury and Atcham localities in the next three to six months, enhancing the support and advice available to patients in primary care.

3. Engagement and Involvement Activities

The CCG presented its outline proposals for the change of threshold for hip and knee surgery to the Patient and Public Engagement and Communications Committee (PPECC, a sub-committee of the Board) in June 2015 and also a more comprehensive proposal to the Shropshire Health and Adult Social Care Scrutiny Committee in July 2015. The OSC was generally supportive of the move to make surgery available only to those that really needed it as long as further community/ out-of-hospital services (such as physiotherapy) was available to others. It recommended that a review of the change of threshold should be completed one-year after implementation and also made recommendations for engaging with local people. As such the CCG has undertaken a range of activities to engage and involve people from across the county as summarised below:

3.1 Listening Workshops

A number of listening workshops were held in different parts of the county:

17 August	Market Drayton
20 August	Oswestry
24 August	Ludlow
26 August	Bridgnorth
1 September	Shrewsbury
2 September	Whitchurch

The meetings were held in the evening to allow as many people as possible, including those who work, to attend. The workshop included a presentation or informal talk (depending on the number of attendees) about the proposals and then a discussion.

All feedback given was noted and has been incorporated in this report. More detailed feedback from each meeting is available upon request.

The number of attendees at each meeting ranged between five and eighteen. Over 50 people attended these workshops in total.

3.2 Face-to-face meetings

A special effort was made to engage with those people most likely to be affected by the proposals and therefore engagement staff spent a day at The Robert Jones and Agnes Hunt Orthopaedic Hospital on 10 August to talk to patients about the proposals and to listen to their views.

Twenty seven questionnaires were completed on this day.

3.3 Survey of opinions

The CCG also gauged patient opinions about the potential changes to hip and knee surgery through a survey. The survey was made available both online and as a paper-based survey from 10 August until 2 September 2015.

3.4 Promotion of activities

The events and survey were promoted in the local media, via Twitter and on the CCG's and The Robert Jones and Agnes Hunt Orthopaedic Hospital's website. Dr Julian Povey, Shropshire CCG Clinical Director, was also interviewed about the proposals on Radio Shropshire. In addition, Healthwatch Shropshire kindly encouraged patients to provide feedback via the surveys.

3.5 Communication with stakeholders

Key stakeholders such as local councils, provider trusts and Healthwatch Shropshire were provided with information about the proposals and invited to respond to the survey and/or attend one of the

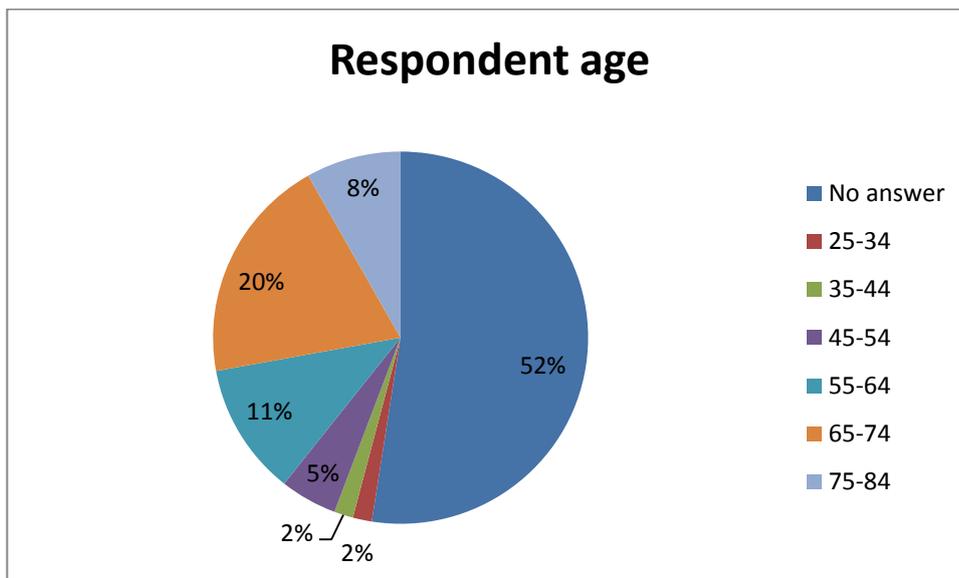
workshops. Information was also sent to specific groups with an interest in these services including senior citizens’ forums, arthritis groups, osteoporosis groups and Shropshire Disability Forum.

4. Survey Findings

The survey was designed to gauge the opinions of those most affected or concerned about the proposed changes to the hip and knee replacement criteria threshold.

4.1 Take up and profiling

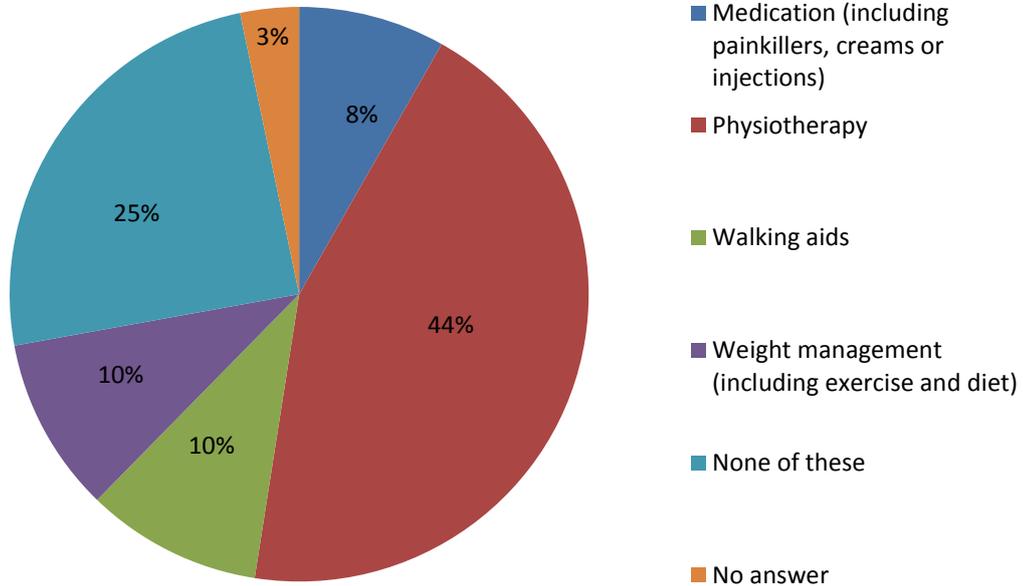
In total 61 people completed a survey form, though not all questions were answered in every case. 31% of respondents described themselves as female and 15% described themselves as male, a large proportion of respondents (51%) preferred not to identify their gender. Overall those respondents who shared their age group, it is evident that a greater proportion of people aged over 45 have taken an interest in this survey. A breakdown in terms of the ages of respondents is displayed below:



Of those who completed the survey, 56% have a hip or knee condition or look after someone who does. This suggests that the proposed change has stimulated a majority response from people who have experienced hip or knee problems. Although a relatively significant number of people who have not got a hip or knee problem also completed the survey which suggests that people are interested in this as it may be something which affects them in the future.

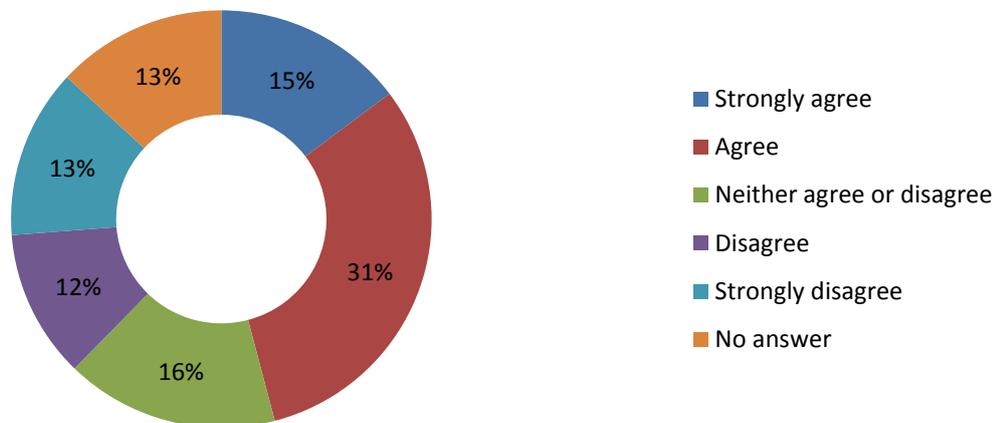
When asked about services that people felt were most beneficial the majority of respondents felt that physiotherapy was the most important service for anyone who has a hip or knee condition that may require surgery. Please see responses in the chart below:

Which service from this list do you think would be the most beneficial to you or the person you look after?

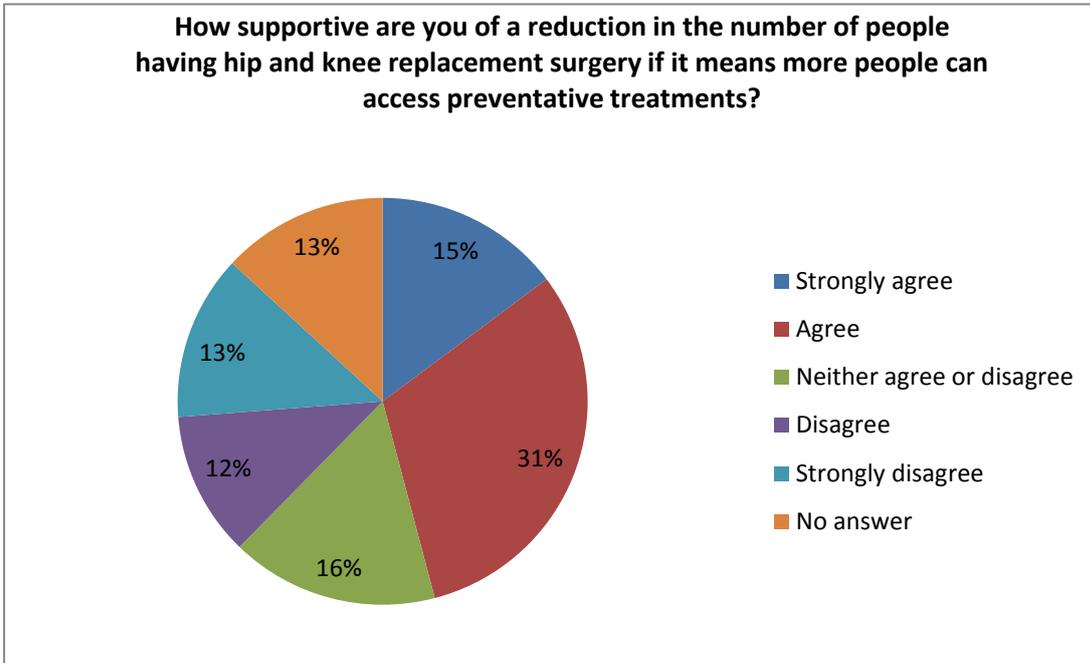


We asked people whether they thought that hip and knee surgery should only be undertaken when absolutely necessary. The following chart shows that the majority of people (57%) were in strongly agreement or agreement that surgery should only take place when needed with around 20% of people in disagreement:

Do you think that hip and knee surgery should be only undertaken if absolutely necessary?



The majority of survey respondents (46%) denoted that they are in agreement and supportive of a change to the threshold for hip and knee replacement surgery if more preventative treatment is made available to patients and 25% of respondents either disagreed or strongly disagreed with this notion:



5. Other Findings

5.1 Listening Workshops

Feedback from the six listening workshops was generally supportive of minimising the number of hip and knee operations, providing that more support is available at the community level for prevention and management of existing conditions.

A number of themes were explored across the workshops. Please find a summary of the feedback below:

Finance	<ul style="list-style-type: none"> • % savings on orthopaedics vs other services • Cost per procedure vs cost of alternative treatment • Lower investment overall in NHS services in Shropshire • Limited additional funding required for GP surgeries • Concern it's all about saving money
Demographics	<ul style="list-style-type: none"> • There's a high % of over 65s in Shropshire, which causes more demand for hip and knee surgery

	<ul style="list-style-type: none"> • People working in some occupations e.g. agriculture, horticulture, forestry may be more prone to hip and knee problems • People having certain hobbies e.g. cricket, riding may be more prone to hip and knee problems
SOOS	<ul style="list-style-type: none"> • Overall positive response, but: • Needs to be in different locations (not only Shrewsbury) • Needs to be available to everyone who needs it, for as long as they need it • Should be in community hospitals NB. South Shropshire • Need to consider impact on community services • Improved links with consultants
Pain management	<ul style="list-style-type: none"> • Very important • Appropriate to individual needs • Need to link in with pain clinics
Physiotherapy	<ul style="list-style-type: none"> • Very important • Need more physiotherapists • Long waiting times • Everyone should have access (even if they can't afford private care) • Needs to be ongoing/not time-limited • There needs to be more availability • Direct access for patients without being referred by GP?
Education	<ul style="list-style-type: none"> • Patients need to understand their own health • Patients need to understand the preventative alternatives available • Joint school needs to be promoted more • Patients' expectations need to change • Better information for and from GPs • People need to be given advice and support earlier e.g. young people • Training for practice nurses
Impact on specific groups	<ul style="list-style-type: none"> • Older people • People living in rural areas • People living alone • Homeless people • People with a disability/wheelchair users • Carers
Prevention	<ul style="list-style-type: none"> • Prevention is better than a cure • Prevention is very important • Joint care and education • People should be advised on lifestyle to avoid the need for surgery • Dietetics/ Supported weight loss e.g. Weightwatchers • Online forums

	<ul style="list-style-type: none"> • Young people should be made aware of prevention options • Sport/activity e.g. swimming • Limited availability of swimming pools/hydro pools • Walking clubs • Local self-help groups • Peer-to-peer patient support • Exercise classes run by physiotherapists • GPs pay for exercise on prescription • Subsidised gym access • Use volunteers – link to voluntary sector and social groups • Fitness apps • Local health weeks
Mental health	<ul style="list-style-type: none"> • Important that this is considered
Miscellaneous	<ul style="list-style-type: none"> • Centre of excellence at RJAH – increase in surgery? • All patients should be given a consistent service wherever they live and whether they are NHS or private patients • Lack of public transport in South Shropshire • Duration and timing of consultation • Need to link to social services and community trust • Views of consultants should be taken into account • Concern that patients will be in pain and immobile for longer • Impact of loss of mobility on lifestyle • False economy for certain groups? • Consider carers, their needs and their recovery after surgery • Consider care for patients living alone after surgery

5.2 Concerns and benefits

The CCG received one letter in response to the proposals. The letter came from a male living in Church Stretton. The view given, in this case, is that conservative management was not appropriate and that surgery has improved the symptoms, with a full knee replacement possible at a later date. The letter also expresses concern about the length of time taken to make a diagnosis and to receive treatment.

The CCG also received two email responses to the proposals. One came from a male living in Alveley whose view is that everyone who needs a hip operation should have one. The second one came from a female (from an unspecified location) who has had two knee replacements and who believes that there should not be any cuts to hip and knee surgery as this could increase costs in other areas and increase the pain of patients.

6. Equality Considerations

6.1 Introduction

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

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

Notwithstanding the above, 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

6.2 CCG Legal Duty

The CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. The CCG is committed to ensuring equality of access and non-discrimination irrespective of age, gender, gender reassignment, sexual orientation, maternity, disability race, religion, marriage and civil partnership.

In carrying out its function the CCG will have due regard to the different needs of protected equality groups in line with the Equality Act.

6.3 Service review of orthopaedic surgery in Shropshire – hip and knee replacement surgery

Access to hip and knee replacement surgery is intended to be inclusive in all respects, with no individual being treated differently on the basis of their protected characteristic. Protected characteristics are grounds upon which discrimination is unlawful. The characteristics are as mentioned above.

6.4 What are the intended outcomes of this work?

The intended outcomes are to reduce the variation in procedure rates and to bring Shropshire CCG in line with other peer CCGs, particularly in light of the current financial context.

6.5 Who will be affected?

The potential patients who will be affected by this change will be around 140 patients.

6.6 Evidence of the impact of these proposals

People and communities who share one or more of the characteristics protected under the Equality Act 2010 may be affected by these proposals. Therefore as part of one of the engagement activities and in particular our ‘listening workshops’ we had conversations about the potential impact of these proposals on the protected characteristic groups in our communities.

The overall engagement and involvement activities through the ‘listening workshops’ and survey have collected some demographic details and the table below adds additional considerations.

Protected characteristic	Level of Impact	Potential Negative Impact	Mitigations
Age	Older people are more likely to require a hip or knee replacement. In particular, older people who have participated in certain sports, which put pressure on their joints or who have had certain occupations such as those involving lifting heavy objects. The level of the impact would be likely to be increased if an older person is living on his or her own.	The potential that people do not have the surgery when they require and lose their independence.	<p>1.0 There are clear exceptions that would make a patient suitable for referral for joint replacement despite a score of 21 or above:</p> <ul style="list-style-type: none"> • Severe pain and objective evidence of arthritis • Progressive deformity • Bone erosion • Deteriorating range of movement • Fixed flexion deformity <p>2.0 Promote and support preventative measures and alternative solutions</p> <p>3.0 Promote self-management solutions and education both of patients and clinicians to enable</p>

			individuals to make informed choices.
Gender	Potentially, more men who work in the agriculture, horticulture and forestry industries may be more negatively impacted on.	Men working in in the agriculture, horticulture and forestry industries may be more at risk because of the nature of their profession.	Same as in age.
Gender reassignment	No additional impact identified.		
Sexual orientation	No additional impact identified.		
Maternity	No additional impact identified.		
Disability	People who have arthritis and who use a wheelchair may be more negatively impacted on.	The potential that people with a disability are indirectly disadvantaged and do not have surgery when they require with the potential of loss of independence.	Same as in age, however adjustments will need to be made for individual needs.
Race	No additional impact identified.		
Religion	No additional impact identified.		
Marriage and civil partnership	No additional impact identified.		
Rurality	There may be an additional impact on people who live on their own in rural locations.	The potential that people do not have the surgery when they require and loss of independence.	Same as in age, however adjustments will need to be made to ensure access to preventative measures.
General Points			
	Accessibility, transport and related issues	Potential exclusion of older people and disabled people being able to access preventative solutions.	As this will have an impact on a small number of patients, individual solutions will need to be identified.

6.7 Summary

The service review and the potential impact of the changes identify older people to be more likely to require a hip or knee replacement. To ensure that this group is not indirectly disadvantaged the CCG has set clear exceptions that would make a patient suitable for referral for joint replacement despite a score of 21 or above.

CCGs are responsible for ensuring that discrimination does not occur and should use effective auditing to monitor this matter through the Clinical Quality Review Meetings and through the contractual arrangements. Additionally, the CCG will provide effective equality, diversity and human rights training and development for commissioners to ensure an understanding of the cultures of the people they are most likely to encounter in their local area including socially excluded, vulnerable and hard to reach groups.

7. Conclusions and Recommendations

Overall, the majority of the people, who provided their views, felt the proposed changes to the pathways and clinical thresholds were acceptable providing that alternative treatments are provided in the community, for example, physiotherapy, hydrotherapy and fitness and exercise facilities. The need for more physiotherapists and shorter waiting times were highlighted by a number of people.

The importance of prevention was recognised and the public at the listening workshops discussed some interesting ideas about possible alternatives to surgery. These included supported weight loss programmes, for example Weightwatchers (as is currently taking place in Wolverhampton), exercise on prescription, local self-help groups and wider access to swimming pools and hydro pools.

Education was also recognised as being important for both GPs and patients, so that surgery isn't considered the first and only option for patients with joint problems. It was also noted that young people need to be made aware of potential hip and knee problems later in their lives so that they understand early on how to prevent them.

The idea of the Shropshire Orthopaedic Outreach Service was well-received. However, some people, particularly in the south of the county, felt that this service needs to be available across the county and not just in Shrewsbury and Oswestry.

It is recommended that the contents of this report are noted and that the proposals to change the threshold for hip and knee surgery in Shropshire are approved.