NORTH LONDON PARTNERS
in health and care
North Central London's sustainability
and transformation partnership

NHS

Consultation on changes to planned orthopaedic care in north central London

Insight report on the views of resident health panel members

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1. About this report

North London Partners in health and care is reviewing planned orthopaedic surgery for adults in Barnet, Camden, Enfield, Haringey and Islington, and as part of this review ran a 12-week public consultation on proposed changes to the service.

The future service proposes two partnerships for orthopaedic surgery, which have been formed by local NHS Trusts - UCLH working with Whittington Health, and the North Middlesex University Hospital (North Mid) working with the Royal Free London. These partnerships worked together to develop plans for about how services could be improved.

We believe that by organising services in a different way, we would be able to improve care and help more patients. The proposed changes could affect anyone who needs orthopaedic surgery in the future, who lives in our five boroughs or in a neighbouring area and has care in one of the hospitals involved in our proposals. Around 3,000 people could experience a change to where their surgery would take place in future, when compared to current arrangements.

The consultation commenced on 13 January 2020 and was scheduled to close on 6 April 2020. Due to the emerging Coronavirus pandemic, In March 2020 the government introduced a number of measures which meant that some consultation activities could not be delivered in the planned format. This included activities that were scheduled following the mid-point review to address minor under-representation of some groups, including some face-to-face meetings and a programme of street interviews with Black, Asian and Minority Ethnic groups living in Haringey.

As these could not be carried out alternative ways to address these gaps were developed as part of a contingency plan. This report outlines this activity and the subsequent feedback received.

2. Approach

In 2020 North London Partners in health and care established a Residents Health Panel. The aim of this panel was to involve a diverse group of local residents in the planning of health and care services in the future. The panel aims to be broadly representative of the local community and comprises of approximately 800 residents, who were recruited in Autumn 2019, using street-recruitment methodology.

As part of the contingency plan it was agreed to use this panel as a way to gain additional feedback from groups that were under-represented in the feedback received during the consultation, using in-depth telephone interviews as the mode of engagement.

3. Methodology

The Resident's Health Panel is stored on a database which has the ability to filter members based on demographic and socio-economic information that was given by panel members at the point of recruitment. This information was used to identify potential interviewees (prospects). In response to identified gaps in feedback at the midpoint review, a list of people who had told us that they lived within the London Borough of Haringey, and were from Black, Asian and Minority Ethnic backgrounds was compiled. The list was then further prioritised based on ACORN[1] classification which identify socio-economic groupings.

This resulted in a list of 113 prospects, which reduced to 55 once those without email addresses and/or telephone contact details had been removed. Two waves of activity were planned, with a week between each wave. 50% of prospects were contacted in wave one and the remaining 50% in wave two.

- An email was sent to each prospect inviting them to opt-out of being contacted by NLP
- 24 – 48 hours later, a team member made an initial phone call to each prospect to arrange a time for an interview
- Those agreeing to take part in an interview received a follow up email containing links to a 2-minute film and summary leaflet, which explained the proposals

The telephone interviewer then called the person at the agreed time and a telephone interview was carried out. The structure of the interview mirrored the conversations which took place in all consultation meetings, and followed the same themes. It is worth noting that these conversations also followed the structure of the consultation questionnaire. The conversations explored:

- General responses to the proposals
- Whether they addressed the challenges laid out in the film and leaflet
- Views on patient experience and travel
- Views on pre-operative education, giving and receiving information
- The role of the care coordinator
- Impacts on specific equalities groups
- Additional equalities considerations in relation to harassment, discrimination, victimisation or prejudice
- Any other comments

The call concluded by gathering the demographic information that is requested from all participants.

4. Findings

Seven interviews were completed over a two-week period. Interviews took place on the telephone at a time that convenient to the participant.

a. General responses to the proposals

All interviewees thought that the proposals were a good idea with several interviewees 'strongly agreeing' with the proposals. Several of the interviewees thought that having a choice of two centres was a good idea. One interviewee noted that it was a simple idea and easy to explain to patients. Another said that if it had the potential to help emergency services be more effective too, then this was a good thing.

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[1] https://acorn.caci.co.uk

b. Do the proposals address the challenges?

All interviewees thought that the proposals had the potential to address the challenges set out in the consultation materials, but several interviewees thought that the service would need to be fully operational to test this. All agreed that it would address last minute cancellations, however one interviewee was unsure if it would address the immediate concerns with waiting lists.

c. Views on patient experience and travel

The issue of travel was not of personal concern for any interviewee, although two of the seven participants mentioned that they thought it could be a concern for others – especially those on a low income or who have difficulty travelling. Interviewees in this group were happy to travel for their care, even if it was a longer or more complex journey, because they believed they would receive better care.

Several interviewees mentioned the fact that it would only be for the operation itself was a strong mitigating factor and that NHS workers needed to explain this clearly to people so that they would understand the benefits. The two-centre approach also offered a mitigation.

One participant thought that making people aware of travel reimbursement schemes and support available from charities with travel and transport, might also help.

d. Views on pre-operative education, giving and receiving information

All participants were supportive of pre-operative education classes, with several interviewees citing previous experiences of NHS care where this was not in place, and how useful it might have been if it had been offered.

Most interviewees had a preference for face-to-face education with follow-up or reminders being available as short films or through facilitated Skype conversations.

For giving and receiving information, a mix of responses was received, with some liking the idea of using online forms whilst others preferring personal contact. The importance of allowing people to choose in line with their personal preferences was most important.

e. The role of the care coordinator

The care coordinator role was welcomed by all participants with one suggesting that they could be a kind of 'probation officer' for health, ensuring that patients are doing the right things to maximise the benefit of their surgery. There was a number of other suggestions as to how the care coordinator could support patients which included:

- Giving information in plain English and ensuring people understood clinical terminology
- Offering information on transport and other support available
- Issuing reminders for appointments
- Giving support to people with learning disabilities and mental ill health
- Supporting homeless patients

One interviewee suggested that rather than having a small pool of care coordinators exclusively for planned orthopaedic care it would be better to have a larger pool of specialists in lots of different topics (housing, mental health, learning disabilities etc) that could be called on by a wider group of specialisms in the hospital. She believed that it would be difficult for a small team to have all of the skills and knowledge needed and that this could be achieved by a bigger team that supported a wider group of patients.

f. Impacts on specific equalities groups

Very few comments were received from this group of interviewees with regard to concerns about specific equalities groups. One participant said that it would be important to have regard for the needs of older people as they were a key group for this care and another participant mentioned that the needs of foster carers should be considered.

Another interviewee said that there would always be a risk of disadvantaging some groups when making changes but that the NHS had to make provision for as many people as possible and deal with these risks.

g. Additional equalities considerations in relation to harassment, discrimination, victimisation or prejudice

For this group of interviewees, no concerns with regard to harassment, discrimination, victimisation or prejudice were highlighted.

5. Demographics of participants

Borough	Haringey		
Local hospital	North Middlesex x3	Whittington x 1	Not stated x 3
Age	45 – 54 x 3	25 – 34 x 1	Not stated x 3
Gender	Male x 3	Female x 4	
Same as at birth?	Yes x 5		
Disability	No x 7		
Ethnicity*	African x 3	Caribbean x 1	Not stated x 3
Religion	Christian x 3	Muslim x 1	Not stated x 3
Sexuality	Straight x 3	Prefer not to say x 1	Not stated x 3

This information was gathered during the interview.
*When joining the panel, all participants stated that they were from a BAME origin.

6. Conclusions

This group were strongly supportive of the proposals and all felt that that the proposed changes made sense. The rationale for change was well-understood and for most interviewees, the new model of care appeared to address the broader challenges.

Unlike some other participants in the consultation, none of the interviewees had any real concerns about travel and access, even those for whom getting to the proposed new elective centres would be more difficult in future than at present. For most, they felt that the benefits outweighed the inconvenience.

For giving and receiving information, and participating in education classes, personalisation and choice were the key themes in the feedback. Interviewees welcomed the suggestion of a wider range of ways to engage with the service but were mindful that these needed to be tailored to the needs of different individuals.

The care coordinator role was felt to be a good idea, although some interviewees highlighted the potential limitations of knowledge or skills that could be available in a smaller team. Most respondents cited support for the most vulnerable as being the priority, with the range of activities delivered being fairly broad in scope.