

6 July 2017

Dear Councilor Lury,

Update of OHSEL Programme

I am writing to you to update you on the elective orthopaedic programme and the STP more generally.

Following further discussions between CCGs and our providers, agreement has now been reached regarding how we move forward with the development of elective orthopaedic care within south east London.

We have agreed that we will create an Orthopaedic Clinical Network, led by our three provider trusts, to oversee the delivery of the quality and efficiency benefits set out in Professor Tim Briggs' Getting it Right First Time (GiRFT) report over our three main elective sites.

As you know, over the course of the last year we have looked at the desirability of creating an Orthopaedic Clinical Network that would provide inpatient elective orthopaedic services on fewer sites in SEL, allowing us to implement the GiRFT recommendations and improve quality of care and efficiency.

In November last year we considered proposals to centralise care on two sites, whilst ensuring that any change proposed meets certain safeguards.

Through this process we received strong representation that we should thoroughly test and describe a three site option for delivering orthopaedic care, and we should ask our providers to work collaboratively in describing that model.

During these assessments, it has become clear that it has not been possible at this time for us to reach a consensus within the NHS in South East London on what the best model to adopt would be that met the conditions we had set out.

We still intend to secure the patient benefits identified through the process, and therefore we will move forward with creating an Orthopaedic Clinical Network across three sites to oversee the same delivery of quality and efficiency benefits as described by Professor Briggs over the next 12- 18 months.

The network will be appropriately resourced and a Clinical Director will be appointed by the STP. From next year we intend to commission our providers against the standards and performance metrics set out in the GiRFT report. The network's progress in delivering the quality and efficiency benefits will be independently assured by the London Clinical Senate.

Commissioners will review the delivery of the Briggs recommendations over three sites after either 12 to 18 months, at which time a decision will be made on whether quality and efficiency benefits have been met and can be sufficiently sustained across three sites, or if we should continue with a process to move to a different configuration for services in SEL.



At all stages, we will continue to engage with patients and representatives on progress with this.

In terms of the STP more generally, we do not anticipate requiring south-east London wide formal consultation on any of the measures contained in the STP. Any formal consultation required is likely to be focused on boroughs as most of the changes proposed will have a local impact rather than one that spans the six boroughs.

The [Five Year Forward View Next Steps document](#) published in March 2017 sets out the national requirement for STPs to have worked up delivery plans for priority areas in place by the end of June. Plans are required for the four national service improvement priorities: urgent and emergency care, primary care, cancer and mental health.

As well as the four national service improvement priorities we are also expected to submit a delivery plan for [Transforming Care](#) (services for people with learning disabilities) as this is a priority programme for London.

We are well placed in south east London as we have been working on plans in these areas for some time, and our submission will largely draw on existing work. The improvements set out in these plans are to a large extent focused on ensuring that the local NHS meets NHS constitution standards such as those around emergency and cancer waiting times.

We are expecting further delivery plans to be required for diabetes, prevention, maternity, elective care and finance but delivery plan templates and deadlines have not been provided yet for these areas. We will also be expected to continue to develop delivery plans for workforce, digital and estates, but again submission templates and deadlines have not been issued for these areas.

Plans were submitted at the end of June as required.

In view of the above I know you will want to think about future meetings of the joint overview and scrutiny committee. I am happy to come along with my colleagues as required to explain our work, but I do not anticipate asking the committee for formal approval to move to consultation, at least for the next year.

With best wishes,



Mark Easton
OHSEL Programme Director

