

The Robert Jones and Agnes Hunt   
Orthopaedic Hospital  
NHS Foundation Trust

The Robert Jones and Agnes Hunt  
Orthopaedic Hospital NHS Foundation Trust  
Oswestry  
Shropshire  
SY10 7AG

**Private & Confidential**

FREEPOST  
NHS FF CONSULTATION

Mark Brandreth  
Chief Executive Officer  
Telephone: 01691 404358  
Minicom/text: 01691 404558  
Email: mark.brandreth2@nhs.net  
www.rjah.nhs.uk

11<sup>th</sup> September 2018

Dear Sir / Madam,

**RE: Future Fit Consultation**

As a specialist hospital provider delivering healthcare services to the population of Shropshire, Telford & Wrekin, together with North & Mid Wales, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) are supportive of the proposed models provided within the Future Fit consultation and some of our senior clinicians have been involved in the process to date.

As you are aware there are a number of surgeons employed by RJAH that support delivery of the orthopaedic trauma rotas at SaTH. Dependent on the location of the emergency site this could impact the requirement of the number of surgeons to fulfil such rotas due to travel distances, provision of fracture clinics and trauma ward rounds, with the subsequent implications for the workforce and the likely additional cost. With this in mind we therefore support the proposal as set out for option one, seeing RSH at the primary emergency site and PRH as the elective site.

RJAH recognise that NHS Future Fit is looking to improve health services provided by Shrewsbury and Telford Hospital NHS Trust (SaTH) to meet the needs of communities across Shropshire, Telford and Wrekin and mid Wales. We understand that the changes suggested will look to address long standing staffing issues that impact on the care that can be provided. We support the ambition of Future Fit to provide a platform for continuously improving the services within the locality in terms of provision, outcome and productivity.

The Future Fit consultation document sets out several questions for structuring a response, one of which is other factors that are important to take into account. Therefore RJAH wanted to take this opportunity to ensure that the orthopaedic trauma surgeon rotas are a significant factor to be taken into account.

Dependent on the location of the emergency site this could impact the requirement of the number of surgeons to fulfil such rotas due to travel distances, provision of fracture clinics and trauma ward rounds, with the subsequent implication of cost.

The current proposals would see the continued fragmentation of MSK and orthopaedic care across Shropshire, Telford and Wrekin being split over a number of locations with two cold sites for planned surgical facilities, one of which is RJAH. We believe this could be an opportunistic period to cement the need to transform the provision of MSK and Orthopaedic services across Shropshire, Telford and Wrekin and mid Wales ensuring standardised MSK and surgical orthopaedic pathways. This is our opportunity as a system to deliver joined up trauma and orthopaedic care for our citizens across the locality and minimise workforce implications inevitable with split site rotas.

Working closely we can ensure continued attractive recruitment of surgeons, AHP's, nurses and specialist staff in MSK and orthopaedic care into our locality by supporting both elective and trauma with clear patient pathways that improve the outcomes of our patients and continue to support the specialist requirements locally, regionally and nationally that comes through the provision of specialist services.

As the Future Fit consultation document points out it is "proven nationally that having expert surgeons leads to better results for patients", together with systematic reviews (e.g. Katz et al 2003, Shervin et al 2007) that indicate there is usually a strong statistical relationship between the volume of cases carried out by a hospital or an individual clinician and the chances of a successful outcome. This would also allow us to strengthen consultant job plans to support medical education commitments including regular teaching and attendance at regional and national courses. Through this we would increase the education and training of senior 'junior' doctors, the system will be developing our future clinical workforce, many of whom will become consultants.

The demand for elective orthopaedic services is increasing, driven by the expectation of an active retirement in an ageing population, an overall increase in BMI and the advances in non-invasive surgical technology and techniques. The need for continued change and improvement, on a greater scale, has become even more apparent as evidence from sources such as the 'Getting it Right First Time' reports which have demonstrated significant variation in key areas of cost and quality, not to mention the greater availability in transparent reporting of provider delivered outcomes, experience and performance.

The key drivers for change within MSK and orthopaedic care align with Future Fit;

- An increasing and ageing population.
- Considerable variation in clinical pathways.
- Variation in adherence to Enhanced Recovery Pathways (ERP).
- Significant variation in efficiency, quality and outcomes across providers.
- Development and introduction of new technologies, implants and procedures.
- Workforce capacity, skills and market demand.

Hence, the key priorities in MSK and orthopaedic care should be;

- Improving quality and reducing variation.
- Reducing cost through provider collaboration.
- Ensuring sustainable specialised services.
- Developing consistent and high quality preventative and self-care management.
- Changing how we work together to deliver transformation required.

In summary, Future Fit provides the opportunity to consolidate orthopaedic inpatient elective care, including the surgical pathway, pre-assessment, admission, surgery and post-surgical inpatient care. Other elective orthopaedic services and linked services (outpatient care, day case surgery and trauma care) may not require consolidation, but may benefit from specialist oversight to reduce variation.

To reiterate RJAH are supportive of the proposed models provided within the Future Fit consultation and see a further opportunity to consolidate our localities MSK and orthopaedic care to benefit our citizens.

Yours sincerely

Mark Brandreth  
Chief Executive