

Issues for non-executive  
NHS board members

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# Review of orthopaedic services



 AUDIT SCOTLAND

Prepared for the Auditor General for Scotland  
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# Introduction

1. Audit Scotland published its national report, *Review of orthopaedic services* on 25 March 2010. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how orthopaedic services are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

**Part 2: Improving access for patients**

Page 12-13	<p>NHS boards are meeting waiting times for orthopaedic services but making further sustainable improvements to achieve the planned 18-week referral to treatment target will be challenging.</p> <p>There is scope for NHS boards to find more efficient ways to continue to reduce waiting times.</p>	<ul style="list-style-type: none"> <li>▪ What is the board doing to reduce DNA rates in orthopaedic outpatient clinics?</li> <li>▪ What is the board doing to reduce the rate of return appointments per each new appointment in orthopaedic outpatient clinics?</li> <li>▪ Could the board make better use of community-based services? For example, in some areas, extended scope practitioners, such as clinical nurse specialists, physiotherapists, podiatrists and GPs with a specialist interest are seeing orthopaedic patients in the community.</li> </ul>
Page 14	<p>The Golden Jubilee provides extra orthopaedic capacity to NHS boards to help to reduce waiting times. Its use varies by NHS board and there is scope to improve the management of referrals from NHS boards.</p>	<ul style="list-style-type: none"> <li>▪ Is the board working with the Golden Jubilee to better manage the referral of orthopaedic patients to this service? For example, is the board accurately planning the number of patients requiring treatment at the Golden Jubilee in order to meet waiting times and managing referrals throughout the year appropriately?</li> </ul>
Page 15	<p>Use of the private sector for the treatment of orthopaedic patients is minimal, but at a national level it is not known how many patients NHS boards refer to the private sector for treatment.</p>	<ul style="list-style-type: none"> <li>▪ Is the board collecting accurate information on the cost and activity of orthopaedic work carried out privately and reviewing this to establish whether care could be delivered more efficiently?</li> </ul>
Page 15	<p>Considerable numbers of orthopaedic patients are being coded as 'treatment no longer required' and removed from waiting lists. NHS boards and ISD Scotland reported that some patients are recorded as no longer requiring treatment due to coding problems.</p>	<ul style="list-style-type: none"> <li>▪ Is the board reviewing the reasons why patients are coded as being removed from the waiting list because treatment is no longer required and managing patients appropriately in line with new waiting lists guidance?</li> </ul>

**Part 3: Value for money**

<p>Page 24 and page 30-33</p>	<p>Available information highlights areas where NHS boards can improve the efficiency of services, but cost and activity data and benchmarking information needs to improve. We have attempted to quantify where there is scope to make better use of resources, including improving the use of beds, staff and money.</p>	<ul style="list-style-type: none"> <li>▪ Is the board working with ISD to improve the accuracy of national information on cost and activity to ensure services are efficiently managed? Including:             <ul style="list-style-type: none"> <li>- recording of procedures carried out in outpatient clinics</li> <li>- improving the quality and consistency of cost information in the Costs Book</li> <li>- improving the tariff information to support accurate costing and financial planning for orthopaedic services.</li> </ul> </li> <li>▪ Is the board working with the Scottish Government to provide benchmarking information on cost and activity so that it can compare efficiency with other boards?</li> </ul>
<p>Page 32</p>	<p>Standardising surgical implants used in orthopaedic procedures could save £2 million and help to improve outcomes for patients.</p>	<ul style="list-style-type: none"> <li>▪ Is the board working with NHS National Procurement to standardise the purchasing of surgical implants and equipment to ensure the best value for money based on cost and clinical effectiveness?</li> </ul>
<p>Page 21-24</p>	<p>There is scope to make better use of resources in orthopaedic services through moving more inpatient care to same day surgery.</p>	<ul style="list-style-type: none"> <li>▪ Is the board monitoring levels of day case and outpatient activity and delivering care in the most efficient and effective setting?</li> </ul>
<p>Page 24-27</p>	<p>NHS boards need a better understanding of how they use resources if they are to increase productivity without affecting the quality of services. This needs to be underpinned by a better understanding of activity, costs and quality.</p>	<ul style="list-style-type: none"> <li>▪ Is the board analysing activity, cost and quality indicators to develop a better understanding of productivity in order to deliver efficient services?</li> </ul>

**Part 3: Value for money**

<p>Page 26-28</p>	<p>Orthopaedic consultant teams are carrying out fewer procedures per team than ten years ago, which reflects the overall picture for all consultant teams working in the NHS in Scotland. When reviewing activity levels, NHS boards should take into consideration activity carried out by the wider orthopaedic team, such as specialist nurses and physiotherapists, as redesigning services and changing roles will affect overall activity.</p>	<ul style="list-style-type: none"> <li>▪ Is the board monitoring levels of activity for the whole orthopaedic team, including consultants and other doctor grades, nurses, physiotherapists and podiatrists, and taking action where levels are low?</li> </ul>
<p>Page 34-37</p>	<p>There needs to be a better understanding of the relationships between levels of activity and quality, and NHS boards should regularly review measures of quality when attempting to improve productivity to ensure that patient care is not adversely affected.</p>	<ul style="list-style-type: none"> <li>▪ Is the board reviewing performance against quality indicators for orthopaedic services to ensure patient care is not adversely affected by services changes, such as an increase in activity?</li> </ul>
<p>Page 37-38</p>	<p>In December 2008, 98.4 per cent of hip fracture patients across Scotland were operated on within the target time of 24 hours. This target is no longer being monitored nationally but NHS boards should continue to monitor this locally.</p>	<ul style="list-style-type: none"> <li>▪ Is the board monitoring performance against the time taken for hip fracture patients to have surgery to ensure that medically fit patients are being operated on within 24 hours of safe operating time?</li> </ul>
<p>Page 38-39</p>	<p>There is variable access to rehabilitation and there are particular issues for older people with other conditions who need additional general medical care.</p>	<ul style="list-style-type: none"> <li>▪ Has the board identified any gaps in access to rehabilitation for orthopaedic patients and is there an action plan in place to address these gaps?</li> </ul>

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Audit Scotland, 110 George Street, Edinburgh EH2 4LH  
T: 0845 146 1010 E: [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk)  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

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