

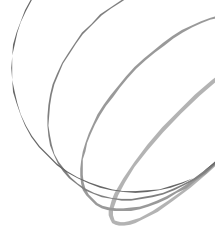
Twelve-month impact report – Review of orthopaedic services

Purpose

1. This report provides Management team with details of the impact made by the Auditor General's performance audit *Review of orthopaedic services* published on 25 March 2010.

Background

2. Key messages from the report are:
 - Waiting times for orthopaedic services have reduced considerably in recent years. This has been achieved by the NHS changing the way it delivers services and through additional activity funded by waiting times money from the SGHD. NHS boards are meeting national waiting times targets but making further sustainable improvements to achieve the planned 18-week referral to treatment target will be challenging.
 - There is variation across Scotland in the efficiency of orthopaedic services which is not fully explained by the resources available or by the types of procedures carried out. There is scope to use existing resources more efficiently and improve how these services are managed. Efficiency savings can be made by moving more inpatient care to day surgery or outpatients and by reducing length of stay in hospital.
 - In 2008/09, £373 million was spent on orthopaedics, a 68 per cent increase in real terms over ten years. The average amount spent on inpatient and day cases and the amount spent per orthopaedic procedure vary significantly across Scotland. Savings can be made by more efficient purchasing of surgical implants.
 - It is not possible to draw clear conclusions about productivity in orthopaedic services due to limitations in the data. Productivity indicators suggest that NHS boards which manage their planned and emergency activity separately have higher consultant activity and a lower cost per case.
3. The report makes 16 recommendations for NHS boards and the Scottish Government. These are listed in **Appendix 1**, and charted against Audit Scotland's impact criteria. The key recommendations are shown below.
4. The **Scottish Government** and **NHS boards** should:
 - develop better information on costs, quality and activity to plan and deliver efficient services to a high quality



- ensure that benchmarking information on cost and activity is collected to allow NHS boards to compare efficiency
- improve tariff information to support accurate costing and financial planning for orthopaedic services.

5. **NHS boards** should:

- monitor levels of day case and outpatient activity and look to deliver care in the most efficient and effective setting
- develop a better understanding of productivity, including activity, cost and quality indicators, to deliver efficient services
- monitor levels of activity for the whole orthopaedic team and take action where levels are low
- review performance against quality indicators to ensure patient care is not adversely affected by service changes
- use the Audit Scotland checklist detailed in Appendix 3 of the report to help improve the efficiency and effectiveness of orthopaedic services.

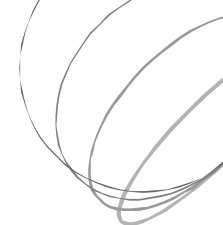
Raising awareness and communication of key messages

6. There was considerable media coverage following publication of the report which focused on a reduction in waiting times for orthopaedic services, productivity not matching investment, the need for the NHS to work more efficiently, variation in unit costs, including surgical implants, and the potential for efficiency savings. The **Health Services Journal**, the **Nursing Times** and **Scottish Healthcare** all covered the report and focused on the variation in surgical implant costs and a reduction in waiting times for orthopaedic services. The **British Orthopaedic Association** welcomed the review and the recommendations and stated it was looking forward to working with boards to extend the excellent good practice examples highlighted in the report.
7. Twelve months following publication there have been over 3,000 downloads of the report and the key messages from the Audit Scotland website.

Parliamentary scrutiny

Public Audit Committee

8. The Deputy Auditor General briefed the Parliament's Public Audit Committee on 14 April 2010. The Public Audit Committee took evidence on 9 June 2010 from accountable officers in NHS Fife, NHS



Tayside and the National Waiting Times Centre. In addition, Colin Howie, Chair of the Scottish Committee on Orthopaedics and Trauma (also Lead Clinician for orthopaedics in NHS Lothian), was invited to attend to give a Scotland-wide perspective. The Public Audit Committee took evidence from accountable officers in the Scottish Government and National Procurement on 8 September 2010.

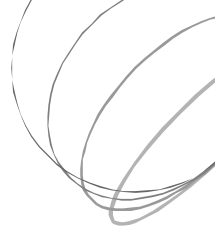
9. The Public Audit Committee published its report on 16 November 2010. The Committee recommended that the Scottish Government should improve the quality of data collected nationally on orthopaedic services to assist NHS boards to drive down costs and improve their productivity and performance. The Committee highlighted that despite a significant increase in funding for orthopaedic services and orthopaedic consultants, activity had not increased at the same rate and national data were not able to explain this discrepancy. The Committee also considered that greater savings could be achieved from national procurement contracts by reducing the range of surgical implants available through the contract.

Parliamentary questions

10. Following publication of the report Helen Eadie asked a series of parliamentary questions on the prevalence, treatment and management of services for musculoskeletal conditions. Jackie Baillie asked whether the Scottish Government accepts all the recommendations in Audit Scotland's Review of orthopaedic services and, if so, what action it will take, together with NHS boards, to improve services. Nicola Sturgeon's response was: "I welcome Audit Scotland's Review of orthopaedic services and the Scottish Government Health Directorates have already begun to implement several of the recommendations. We have established an Efficiency & Productivity Programme, closely linked to our Quality Strategy, to improve productivity and the efficiency of services. Progress is already being made by shifting the balance of care to more community and team based services, improving benchmarking information and supporting boards to further increase rates of same day surgery. Service improvements related to orthopaedic services are being taken forward by the national and local NHS board 18 Weeks Improvement Teams and the focus of this activity will be targeted at the key areas within this report."

Significant developments

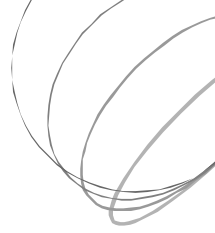
11. The Scottish Government published its NHS Efficiency and Productivity Framework in February 2011. It mentions the Review of orthopaedic services report specifically in relation to addressing variation in cost and activity and development of a whole systems approach which builds on our report and other national work by the Scottish Government and the Scottish Patient Safety Programme. The whole systems approach will focus on service areas of high volume and high cost to allow variation to be identified in all aspects of the service, which initially will be orthopaedic, cancer and older people's services.



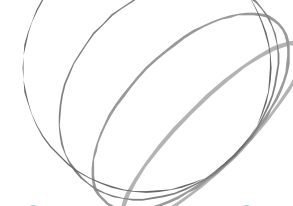
12. There have also been a number of other national-led improvements including: development of quarterly management information on retrospective independent sector surgical activity and spend on key specialities; work on standardising the purchasing of surgical implants and equipment to ensure the best value for money based on cost and clinical effectiveness; and plans to include length of stay by procedure in ISD national statistics on hospital activity. There is also evidence of considerable work being carried out locally. The majority of NHS boards have completed the self-assessment checklist in the report and several NHS boards have also developed an action plan.

Local impact

13. There was positive feedback and support for the report from NHS boards following publication and nine out of fifteen boards discussed the report at a committee (generally their Audit Committee). Copies of completed self-assessment checklists and action plans were provided by NHS Ayrshire and Arran, Forth Valley, Grampian, Lanarkshire, Lothian, Shetland and the Golden Jubilee National Hospital (GJNH). Some of the key actions taken forward by NHS boards include:
 - Introduction of musculoskeletal services and extended scope practitioners to provide community services for back pain and other conditions reducing the need to refer patients to orthopaedic services (NHS Ayrshire and Arran, Forth Valley, Grampian and Lanarkshire). NHS Lanarkshire has estimated that this will free up 1,800 consultant outpatient appointments per year.
 - NHS Ayrshire and Arran has closed 12 orthopaedic beds as part of a cash-releasing efficiency savings programme and split elective and trauma beds on both sites as a temporary measure with a view to splitting this by site.
 - Implementation of an enhanced recovery programme with evidence of reduced stays in hospital for patients having a knee replacement (NHS Ayrshire and Arran, Forth Valley, Grampian and Lanarkshire).
 - Review of orthopaedic services, including variation and costs, and capacity planning to improve efficiency (NHS Lanarkshire, Lothian and Shetland).
 - Increasing day case rates and targeting key procedures where the most improvement can be made (NHS Ayrshire and Arran, Lothian and Grampian).
 - Regular monitoring and reporting of theatre utilisation data to make most efficient use of theatres (NHS Ayrshire and Arran, Lanarkshire and the GJNH).
 - Reviewing workforce and skills mix to ensure productivity is maximised (NHS Forth Valley, Lothian and Lanarkshire).
 - Introduction of appointment reminder systems to reduce DNA (did not attend) rates in outpatient clinics and reviewing the protocol for return patients (NHS Ayrshire and Arran, Lothian, Lanarkshire and the GJNH).



- Increased referral rates to the GJNH and actively reducing use of the private sector (NHS Ayrshire and Arran, Grampian and Lothian).
- Working with National Procurement to review the range of implants used to identify opportunities for reducing costs through increased standardisation (NHS Ayrshire and Arran, Forth Valley, Lanarkshire, Lothian and the GJNH).



Appendix 1. Summary of report impact against Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Considerable media interest generated by the report’s publication	•			
Action taken by the Scottish Parliament Public Audit Committee	•			
Scottish Government policy and NHS board follow-up to report	•	•	•	•
Impact of report’s recommendations				
The Scottish Government and NHS boards should develop better information on costs, quality and activity to plan and deliver efficient services to a high quality.	•	•	•	•
The Scottish Government and NHS boards should ensure that benchmarking information on cost and activity is collected to allow NHS boards to compare efficiency.	•	•	•	•
The Scottish Government and NHS boards should improve tariff information to support accurate costing and financial planning for orthopaedic services.		•	•	
NHS boards should monitor levels of day case and outpatient activity and look to deliver care in the most efficient and effective setting.		•	•	•
NHS boards should develop a better understanding of productivity, including activity, cost and quality indicators, to deliver efficient services.	•	•	•	•
NHS boards should monitor levels of activity for the whole orthopaedic team and take action where levels are low.	•	•	•	•



HOLDING TO ACCOUNT AND HELPING TO IMPROVE

	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
NHS boards should review performance against quality indicators to ensure patient care is not adversely affected by service changes.	•	•		•
NHS boards should use the Audit Scotland checklist detailed in Appendix 3 of the report to help improve the efficiency and effectiveness of orthopaedic services.	•	•	•	•