

Review of Spinal Services across Cheshire and Merseyside

Engagement Report

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1. Introduction

The NHS is reviewing local spinal services. The primary focus of the review is on ensuring accessible, consistently high quality services that provide good clinical outcomes for patients who require spinal surgery.

This report presents the aims, methods and findings following a period of targeted patient engagement, which was conducted during September 2020. The engagement asked patients and carers with experience of using spinal services across Cheshire and Merseyside to consider the proposed reconfiguration and comment on the plan, any impact they felt it would have for patients and based on their experiences, share any information they think relevant to a final decision, including other areas of improvement.

The feedback described in this report builds on insights already gathered from previous engagement and consultation activities which considered similar changes and impacts. Collectively, the feedback will be considered in the remaining stages of the review process and inform a final business case to be considered by commissioners.

2. Background

Spinal services provide planned and emergency treatment for a diverse range of conditions; from the conservative management of pain, to complex surgery. They involve both orthopaedic and neurosurgical specialties, covering interventions carried out on large numbers of patients, as well as highly specialised procedures.

In 2018, Getting it Right First Time (GIRFT) published a report that made a series of recommendations to commissioners regarding spinal services in England. The recommendations aimed to strengthen the quality of services and to reduce inequity of care for patients.

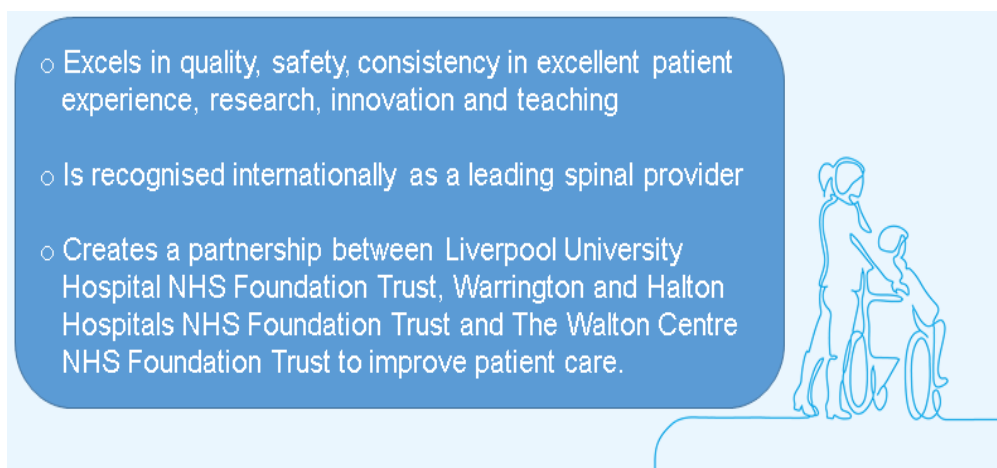
In response, a Cheshire and Merseyside Strategic Steering Group was established to set the strategic direction for delivering the improvement recommendations. The steering group

found that spinal services across Cheshire and Merseyside are currently commissioned by 12 separate Clinical Commissioning Groups (CCGs) and that each service had their own service delivery models and referral pathways. Commissioners agreed that there needed to be a single spinal service in the region with a unified pathway and agreed to develop a shared commissioning approach to spinal services.

A clinical workshop was held in November 2019 where NHS England and local commissioners shared with providers their preferred delivery model and design principles, which were;

1. Complex spinal surgery should take place on a single site and should be co-located with major trauma
2. Robust arrangements for access to out of hours imaging should be in place
3. Development of a single on-call rota for out of hours and emergency consultant cover should be in place
4. Elective surgery should be performed at scale
5. Deformity surgery should take place at scale with a single MDT and should be closely linked with cancer service
6. The national back pain pathway across Cheshire and Merseyside should be implemented
7. All providers should be compliant with reporting data on the British Spinal Registry

This culminated in a vision to improve spinal services across Cheshire and Merseyside by delivering a spinal service that;



- Excels in quality, safety, consistency in excellent patient experience, research, innovation and teaching
- Is recognised internationally as a leading spinal provider
- Creates a partnership between Liverpool University Hospital NHS Foundation Trust, Warrington and Halton Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust to improve patient care.

To deliver the vision, a Provider Board was established with medical and operational input from the three main providers of spinal activity in the region; Liverpool University Hospitals NHS Foundation Trust (LUHFT), The Walton Centre NHS Foundation Trust (WCFT) and Warrington and Halton Hospitals NHS Foundation Trust (WHHFT). The purpose of the Provider Board is to develop a proposed delivery model for how the service could be delivered in the future, taking into account the prerequisite design principles.

Spinal surgery services are currently delivered at two hospital sites in Cheshire and Merseyside; The Royal Liverpool University Hospital (RLUH), part of LUHFT and The Walton Centre (WCFT), which is where the majority of all current activity takes place (74%).

Due to coronavirus, the RLUH's spinal service has been temporarily re-located to WCFT. Additionally, while WHHFT have previously delivered spinal services, these were suspended in 2018 and patients are currently being seen at WCFT. This was due to a July 2017, NHS England specialised commissioning and Warrington Hospital request for an independent review of spinal surgery at Warrington Hospital, carried out by the Royal College of Surgeons in November 2017. The final report was produced in March 2018 with several recommendations regarding the future of spinal surgery service arrangements at both Warrington Hospital and more widely across Cheshire and Merseyside, to address issues regarding differences in clinical decision making in areas such as the use of disc replacement procedures over spinal fusion surgery and in some circumstances a preference for surgery over more conservative management, which were divergent from regional and national clinical trends

For the future model, WCFT has been identified as the main provider for the surgical elements of the single service. It is proposed that all procedures would take place at WCFT, with an opportunity for some non-complex procedures to take place at the Cheshire and Merseyside Treatment Centre (CMTC) operated by WHHFT. This activity would be managed and led by WCFT. LUHFT would continue to deliver a non-elective, non-operative secondary care pathway for patients across existing hospital sites.

3. Engagement Approach

The starting point when considering the appropriate engagement approach for this review was to understand what insights were already available to inform the review process.

In 2017, a public consultation was undertaken on proposed changes to Trauma and Orthopaedic and ENT services across Aintree University Hospital NHS Foundation Trust and Royal Liverpool and Broadgreen University Hospitals NHS Trust (now Liverpool University Hospitals NHS Foundation Trust). The case for change underpinning the proposals was built upon similar clinical principles to the Spinal services review and held similar impacts for patients. As such, the outputs from the consultation were used as a key source of intelligence to inform this piece of work and the review process. The consultation report can be accessed here:

<https://www.liverpoolccg.nhs.uk/media/3941/lccg-orth-ent-report-final-sighed-off-version.pdf>

Based on the existing insights, the approach selected for this engagement was a blend of engagement and experience based learning. Adopting this approach provided an opportunity for patients and carers/families who access the services from across Cheshire and Merseyside to comment on the proposed service reconfiguration, whilst ensuring improvement opportunities that may not have been considered by the Provider Board or Commissioners, were not overlooked.

This report should be read in conjunction with the Liverpool Orthopaedic & Ear, Nose and Throat Services: Consultation Report.

3.1 Engagement objectives

The objectives for the engagement were to:-

1. Understand the experiences of patients who are using spinal services at Liverpool University Hospitals NHS Foundation Trust and The Walton Centre NHS Foundation Trust (WCFT).
2. Understand what patients and carers consider the service challenges and opportunities for improvement to be.
3. Gather views and suggestions to ensure the reconfiguration of spinal services improves patient's experiences of the service and avoids increasing barriers to care.
4. Test improvement ideas to understand likely impacts for patients.

3.2 Methodology

The two key engagement methods pursued were:-

- **Telephone interviews with LUHFT patients who, due to Coronavirus, had received surgery at WCFT.**

Booking staff within the spinal service at LUHFT reviewed patient lists to identify those that had received surgery at WCFT during the Coronavirus pandemic. These patients were asked if they would be willing to take part in the engagement. Nine patients were identified and all expressed an interest in participating. Patients were re-contacted by the Trust's Integration Project Management Office (PMO) and of the initial nine, six agreed to a telephone interview. Telephone interviews followed a qualitative approach, using semi-structured questions as this supported the experience led approach, whilst creating an opportunity to tease out areas of interest to the Provider Board.

- **Virtual focus group with patients and carers who had experience of using spinal services**

The Merseyside branch of the Spinal Injuries Association agreed to host a virtual focus group via Zoom with their members, which included representation from patients who had used services across Cheshire and Merseyside and carers. Eleven participants were involved in the focus group. The format was as follows:

- Presentation on the case for changing spinal services, including:-
 - o Overview of what is being explored and how services are delivered at the moment
 - o Why services are being reviewed (The case for change)
 - o How care could look in the future.
 - o Why this would be better and what the impact will be.
 - o What happens next
- Facilitated discussions around a small number of key questions (set out below)

Discussion questions

The discussion questions posed are outlined below.

- Do you think it's a good idea to bring local spine services together in the way we have talked about, so that spinal surgery is provided in a single location?
- How would you feel about having your surgery at a hospital that might be further away from where you live, if it means you can get better care?
- What challenges/problems could delivering local spinal surgery in one location create for patients, families and carers?
- Based on your experiences of care, is there anything that has worked well that you think it's important to consider when looking at options for delivering spinal services?
- Based on your experiences of care, is there anything that has not worked so well that you think it's important to consider when looking at options for delivering spinal services?

The recorded conversations from both engagement methods were analysed using thematic analysis, to identify themes or patterns in the data that were important to the engagement objectives, whilst identifying any side issues and providing deeper insights and meanings about the experiences of spinal patients and their carers.

As the focus group discussion did not attribute comments to individual members of the group it was not possible to analyse the data by demographic type (i.e. age, ethnicity, gender etc.).

5. Main findings

Three main themes and eight sub-themes have been identified based on the comments made by participants involved in the focus group and 1:1 interviews. The overarching themes are:-

- Reactions to the principle of bringing spinal services together
- Impact of the proposal
- Access to support services

5.1 Reaction to the principle of bringing spinal services together

5.1.1 Support for the identified benefits

Overall, the reactions of participants to the changes outlined were positive and people welcomed the proposal, recognising how it could improve the quality of care patients receive. Many participants used very similar descriptions to describe the benefits they believed centralising surgery on a single site, delivered by a single team would achieve, such as:

“ ... just want to go to the place where you get the best care”

“This will create a centre of excellence”

“It will reduce variation and give all patients the best care possible”

“Continuity of care will be improved if consultants are following patients, rather than sending them onto another team which often results in disjointed communication”

“Would seem to lead to greater efficiency and effectiveness of the service”

While most participants favoured the intent to retain outpatients and other support services at local hospital sites, there was an alternative view outlined. Some participants felt full centralisation of all components of the service would further improve delivery and enable a truly cohesive centre of excellence, with all support services available in one location, delivered by specialist teams. Participants who supported this approach believed it would improve communication with and between services, while streamlining pathways due to a reduced number of providers being involved.

5.2 Impact of the proposals

Reflecting on what the impact of the changes could mean for patients, participants who took part in the focus group, drew on their years of experiences living with spinal injuries and of hearing the experiences of other patients. This enabled them to consider impacts across a broader spectrum of areas than patients who took part in 1:1 interviews. Yet despite this, there was much commonality in areas that were identified through the 1:1 interviews. Whilst the overwhelming view across all participants was that the changes would significantly improve outcomes for patients, concerns were expressed in a number of areas:-

5.2.1 - Concerns regarding a reduction in beds

Participants raised concerns that a reduction in the number of beds (12 beds at the Royal Liverpool Hospital reducing to nine beds at The Walton Centre) could lead to a reduction in the service. The discussion came back to the number of beds several times and while people were reassured by the explanations given by the clinical team and commissioners about how this had been modelled, there remained a nervousness that pressure for beds could impact elective activity, resulting in treatment either being cancelled or patients waiting longer for care.

There was a degree of confusion regarding current pathways and how existing services are provided, that added to anxieties regarding bed capacity. Concerns were expressed that spinal injury patients may not get the bed access they require at WCFT if beds are ring-fenced for major trauma patients. Once the difference between sites and pathways were explained, participants were assured around capacity; however, it raised the need to ensure this is explicit in future communications to avoid unnecessary confusion.

Queries were raised regarding how conservative management of chronic conditions would be managed and how this would impact beds. Continued management of chronic conditions through existing pain clinics and outpatient processes was welcomed.

5.2.2 – Concerns regarding waiting times for care

Participants in the focus group were interested in waiting times, specifically what the impact of the proposed changes would mean. The potential for additional clinics at CMTC for first appointments and continuation of virtual appointments were viewed as having a positive impact overall. It was raised that for some patients there is a long wait between visiting a GP and having their first consultant appointment. It was indicated this was perceived as being related to disjointed pathways in primary care and the time it takes for onward referrals from Musculo Skeletal Assessment Services (MCAS). The scope of the review and whether these elements could be improved were queried, with participants suggesting a focus on these areas could lead to improved care for a wider cohort of patients.

5.2.3 – Impact of travel and parking

Whilst participants were supportive of reconfiguring services so patients receive the same high standard of treatment, and whilst stating they would be willing to travel further to be seen by the right staff who are experts in the treatment/management of their condition, travel, and in particular parking, were noted as being important to people. Comments were framed less about the additional travel, and more about the accessibility of sites by different public transport options and availability of parking for patients and relatives. It was noted that not all public transport is accessible and this should be considered when reviewing the location of services. Likewise, there was a call to review the availability of disabled car parking at the Aintree and Walton site. Conversely, an opposing view was also present that transport, particularly for relatives, was a sub-issue that could be resolved and improved clinical outcomes should override transport concerns.

Travel and parking was also a key theme within the Liverpool Orthopaedic & Ear, Nose and Throat Services Consultation. Findings from the consultation identified that when faced with a future need to travel further for services, over half of survey respondents (56%) did not consider this to be a problem for one-off procedures, with a further 27% considering it would present some problems but that they could manage the impact. In the focus groups, some participants felt that travelling further would be something they were prepared to do, if it meant they were being treated in the most appropriate place. However, the more vulnerable members of society: the elderly, the disabled, those with sensory impairments, those with learning disabilities, and particularly those who did not own a car had most concerns about the proposed changes. These concerns were used to inform an EIA on the changes and have informed this proposal also.

5.2.4 - Loss of patient choice

In considering the impact of centralising surgery on one hospital site, it was noted that reducing choice would be an unintended consequence. A couple of participants felt that patients who had perceived their experience of care to be poor at a particular hospital would be anxious about returning to that setting. By centralising aspects of the spinal service, it was highlighted that a patient's choice of care setting would be restricted and this could cause anxiety for some patients.

5.2.5 Right Care, Right Place, Right Time

Queries were raised regarding levels of confidence that patients who require support from the spinal service are getting the right access to care. As a group, the Spinal Injuries Association shared anecdotal feedback that they hear a number of stories from patients who never get to see a spinal consultant for their symptoms and stressed that missed opportunities for interventions were not acceptable. Clarification was sought on whether the review would provide an opportunity to improve links with primary care.

5.2.6 – Perceived improved quality at a specialist centre

One participant described having emergency surgery at the Royal Liverpool University Hospital in November 2019 and further surgery at WCFT in July 2020, both conducted by the same surgeon. When comparing her experiences she highlighted that despite receiving excellent care from her consultant and therapists at RLUH, she felt care at the specialist centre (WCFT) was more personalised. This was attributed to a smaller unit where staff - ward nurses in particular - were less pressured and could spend dedicated time with patients. She felt the physical environment was less “*chaotic*” and felt calmer to her as a patient. This was enhanced by being on a ward with patients receiving similar treatment, whereas at RLUH, the ward was occupied by patients with a range of illnesses. The latter was viewed as a by-product of being in a trust with a busy A&E where capacity is difficult to control. There was also a perception that due to the specialist nature of WCFT, support staff had a better understanding of her condition. These sentiments were echoed by other participants who had received treatment at WCFT.

5.2.7 – Improved communication and continuity of care

When care is shared across clinical teams and/or providers, participants highlighted the challenges associated with maintaining effective communications and many reported experiencing poor and/or disjointed communication as a result. It was felt that by bringing clinical teams together and having them follow the patient, that communication would be significantly improved. This was also seen as an improvement to continuity of care, which all participants stated was at the forefront of what was important to them. This was overwhelmingly evident for participants who

had recently undergone surgery at WCFT. Several described previous scenarios of care where they had to repeat their stories to multiple members of staff and how this left them “*feeling like a number*”. Having the same clinician throughout their care this time was described as comforting to participants, reassuring and was highlighted as important to making them feel like a person. As one participant described “ *It’s comforting that they [staff] know my name, who I am and what’s important to me*”. Another participant described, how after years of conservative management the decision was made to undergo surgery and that having the surgery performed by the same consultant who had been managing his care meant he felt supported and “*in safe hands*”.

5.3 Access to support services

Individuals who participated in the focus group were pleased that commissioners were looking at how to improve surgical care but were keen to stress that surgery was only one part of an overall journey and the success of a patient's clinical outcomes relied on other factors, such as access to quality rehabilitation services.

The consensus from the focus group discussion was that having the highest standard of treatment and being seen by the best staff for their condition is important, but that outcomes could be undermined if plans failed to take into account the holistic needs of patients and the wider services needed to support post-operative care. It was felt that if conservative management was to become a viable alternative to surgery, then patients would require quality support services and would want assurance that the necessary provision was in place and could be accessed in a timely manner to support their needs. It was suggested that access to psychological support should form part of the support package, both for patients who have had a spinal injury and those who are being managed through conservative approaches.

“.... for some alignments and injuries, surgery may not be the best option but how will this be addressed with the patient without frightening them? Patient may be in pain and think they need the surgery ...”

5 Reflections on the approach

Overall, the engagement approach lent itself well to achieving the intended objectives. There were some areas where had additional time been available to prepare for the interviews and focus group, earlier clarification of points within the model may have been helpful. These are outlined below to act as an aid memoire should it be decided that further bespoke engagement at CCG level is required.

- The scope of the change and perhaps most importantly what is not going to change should be further clarified within the presentation. For example, the detail about the North West Spinal Cord Unit remaining at Southport was omitted, alongside rehabilitation being out of scope and the fact that not all services used by spinal patients would be part of the new centralised service.
- It may have helped avoid queries regarding the bed configuration if it was made clearer within the presentation that while being on the same site as major trauma would be a benefit, the proposal is not to bring spinal surgery within the major trauma service. Concerns regarding bed allocation reflected a general sense that participants wanted to make sure the service wasn't going to be reduced or diluted by any changes.
- Participants were interested in waiting times and it may have been helpful to have talked more in the introduction to the focus group about the fact that there is potential for this change to have a positive effect on waiting times. This is partly due to the ability to utilise CMTC for first appointments, while retaining use of virtual appointments too.

6 Conclusions

This engagement found there was support across all participants for the proposal to bring spinal surgery together in one location at WCFT. Participants could see the benefit of developing a '*centre of excellence*' staffed by specialists and were keen to highlight this as an opportunity to improve communication and continuity of care. A key factor influencing participants support for the proposal was the fact that clinicians would follow the patient across sites and be part of one clinical team. Retaining the rapport participants feel they

develop with their consultant was highlighted as important to a patient's overall experience of care.

Some concerns were expressed regarding the reduced number of beds planned in the future model and whether this would increase waiting times for surgery. While participants were reassured, once they understood how the numbers of beds was calculated, that a decline in provision is not intended, this did remain a source of anxiety with the proposals. Additionally, while willing to travel further for specialist care, participants did make the point that any centralised centre must have good transport links that are accessible and adequate car parking facilities on site. Additionally, queries were raised regarding levels of confidence that patients who require support from the spinal service are gaining access, and it was suggested there is an opportunity to improve links with primary care.

Participants stressed the impact of wider support services in determining a patient's clinical outcome and stressed the need to ensure quality support services, such as rehabilitation, are available to patients. It was highlighted that failure to address support services could undermine the anticipated benefits of the changes.

7 Appendix

7.1 Focus Group Presentation



Spinal services
presentation 1 Septe

7.2 Profile of participants

Gender	
Male	12
Female	5
Prefer not to say / Not stated	0
Total	17

Disability	
Yes	3
No	
Prefer not to say / Not stated	15
Total	17

Sexual Orientation	
Heterosexual / Straight	6
Gay	
Bisexual	

Ethnicity	
White	
English / Welsh/ Scottish / Northern Irish / British	6
Irish	
Gypsy / Traveller	
Polish	
Latvian	
Asian / Asian British	
Bangladeshi	
Indian	
Pakistani	
Other Asian background	
Black / Black British	
African	
Caribbean	
Other Black background	
Chinese / Chinese British	
Mixed Ethnic Background	
Asian & White	
Black African & White	
Black Caribbean & White	
Other mixed background	
Other Ethnic Group	
Prefer not to say / Not stated	
Total	11

Lesbian	
Prefer to self-describe	
Prefer not to say / Not stated	11
Total	17

Religion	
Buddhist	
Christian	
Hindu	6
Jewish	
Muslim	
Sikh	
Other	
No religion	1
Prefer not to say / Not stated	9
Total	17

