

Report to: Trust Board – 28 June 2012

Enclosure 4

<b>Title</b>	<b>Business Case for Fractured Neck of Femur Service</b> (Business Case for additional MSK Trauma Lists & Orthogeriatrician)
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<b>Purpose</b>	
<b>Previously considered by</b>	Hospital Executive Committee – May and June 2012

### Executive Summary

This business case has been developed to expand the current provision of MSK Trauma Services cross site to ensure 7 day operating for Fractured Neck of Femur patients, enhance co-morbidity management via increased Orthogeriatrician provision and implement effective case management through the appointment of Trauma Nurse Specialists. These service changes are required to meet NICE Guidance around hip fractures, and moreover to attract 100% additional best practice tariff (BPT) payments.

The UK population continues to grow, there has been a 32% increase in the over 65's between 2005 and 2011 and a 64% increase in the over 85s (Specialist Orthopaedic Alliance). As the population ages, more individuals will present following falls and require surgical repair of hip fractures.

The Musculo-Skeletal Centre at SaTH has been noted as an outlier nationally in 2011 in terms of compliance with NICE Guidance around Hip Fragility Fractures. The Orthopaedic Trauma service now requires urgent expansion to operate efficiently and effectively, and enable the Trust to meet National Guidance and avoid associated adverse publicity. The Care of the Elderly Team has for some time provided a partial outreach service for orthogeriatric cases on the RSH site – this has been achieved with sessional commitment from one of the COE consultant team who has expertise and interest in orthogeriatrics and has a 4 PA contract with Robert Jones and Agnes Hunt. This service has not provided daily input however and without the specialist nurse support the service has not come close to meeting the criteria for best practice tariff. This has however been better than the provision on the PRH site where no such, even partial service has been provided due to lack of capacity and skill mix. Provision of a full service as described on the PRH site will be achieved by appointment of the consultant orthogeriatrician – the post will be funded by tariff increase from within the MSK Centre but the post holder will function and operate within the team of Care of the Elderly Physicians with a job plan that provides designated sessional commitment and close working alongside the Orthopaedic team. Full service provision will be achieved on the RSH site by job planning adjustment such that a daily sessional commitment of orthogeriatrician time will be provided for outreach. This sits well with broader COE plans in progress for the Medicine Centre which include backfill of a funded consultant post which will provide additional capacity for this and for the Frailty Pathway which aims to support Frail Elders admitted to SaTH to achieve quality experience with reduced length of stay and in some cases admission avoidance.

- The current service is not sustainable without additional investment.

- The service has seen a £629k loss year on year in terms of failing to attract full National BPT.
- To fully achieve BPT and deliver a safe and nationally-compliant service the following areas require additional investment: Orthogeriatrician Consultant, radiology, Trauma Nurse Specialists, theatre, and therapies (physio/OT).

The additional resources identified as being required within this business case are fundamental to delivering safe and effective patient pathways for patients admitted with Fractured Neck of Femur. They will enable better forward planning and more effective use of available theatre capacity. There will be less reliance on surge methodology and service delivery that then impinge on elective surgical activity.

- This case was initially presented to the Hospital Executive Committee in May 2012, where the general principles were met with agreement, but it was asked that it be reworked to review and reduce the costs, optimising the gains & benefits whilst reducing the costs, aiming to contribute approximately 30% margin. The revised case is now presented for approval.

Related SATH Objectives	SATH Sub-Objectives
<p>Using our resources wisely</p> <p>We will insist that we will deliver the best services to our patients, GP and commissioners.</p> <p>We will always provide the right care for our patients</p> <p>Learning and Growth</p>	<ul style="list-style-type: none"> <li>• Maximise the productivity and efficiency of our services</li> <li>• Develop and grow services that make a positive financial contribution</li> <li>• Deliver services that offer safe evidenced-based practice to improve outcomes</li> <li>• Supporting integrated care</li> <li>• We will change and improve</li> </ul>

<b>Risk and Assurance Issues</b>	The organisation fails to demonstrate best practice and therefore does not qualify for uplift in the tariff.
<b>Equality and Diversity Issues</b>	Supports delivery of improved services to older persons
<b>Legal and Regulatory Issues</b>	None

**Action required by the Trust Board:**

**To APPROVE this Business Case.**