Dear Neil

It was a pleasure to speak to you and your fellow Committee members on 9 May 2017. Thank you for your follow up letter looking for further information, which we have endeavoured to fully answer under the key areas that the Committee highlighted.

Costs

As described on 9 May 2017, Golden Jubilee orthopaedic costs cannot be compared on a like for like basis with other NHS Boards. Almost all of the work undertaken at the Golden Jubilee is either primary joint replacement work or complex revision surgery. The Golden Jubilee is unique with this case mix as all other Boards in NHS Scotland, for Orthopaedics, will include trauma (refers mostly to minor fractures) and minor orthopaedic surgery in addition to joint replacement. Fractures and minor surgery will also significantly reduce the average cost per case for Orthopaedics. Most NHS Boards (excluding Lothian and Greater Glasgow & Clyde) will also have fairly low numbers for complex revision joint work.

The Golden Jubilee costs include:

- theatre time (the average case is two hours in theatre);
- cost of the implant (ranging for primary joints from £1,500-£3000 and for complex revisions up to £6,000 per case);
- an inpatient length of stay of approximately three days for primary joints and six days for routine revision surgery (complex revision cases can be up to as high as 14 days to three months for some patients); and
- preoperative and post operative diagnostic tests.

Territorial NHS Boards who deal in minor trauma work (high numbers) would not normally experience high use of theatre time, will have minimal use of implants, and patients will experience a smaller length of stay. This significantly reduces their average cost per case.
The following table shows:

- The Golden Jubilee average orthopaedic cost per case from the 2015/16 cost book. This takes all of our activity and total costs and divides this by the number of patients. This average includes as noted above primary joints and revisions—both basic and complex.
- The cost book Scottish average cost per patient for Orthopaedics from the 2015/16 cost book. This takes the total cost of Orthopaedics including fractures as noted above and divides by the total number of patients.
- The Golden Jubilee cost per patient for primary joint surgery, there is a different cost for hip and knee primary joint replacement and this is also shown on the attach table. We are working on a revision cost per patient split between basic revision and complex revision but this is not available as yet.
- As a comparator to the primary joint surgery cost per patient we have attached the NHS England 2014-15 (15-16 not available yet) reference costs used as a national tariff for charging within the NHS England Health Service. Scotland does not have similar costing information due to the different funding model in NHS Scotland but up until 2014/15 undertook a desktop analysis using the cost book costs and the patient resources information to estimate a HRG reference cost for hip and knee implants—this is shown also on the table below. These provide more like for like comparators to the Golden Jubilee cost per joint.

<table>
<thead>
<tr>
<th>Description</th>
<th>Average Orthopaedics cost per patient</th>
<th>Primary Hip Joint cost per patient</th>
<th>Primary Knee Joint cost per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden Jubilee Average cost per case – Orthopaedics 15/16 cost book</td>
<td>£7,613</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Book Scottish Average cost per patient - Orthopaedics</td>
<td>£4,714 noting the points raised above regarding minor trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Golden Jubilee Cost per patient for primary hip and knee joint</td>
<td>£4,516</td>
<td>£5,278</td>
<td></td>
</tr>
<tr>
<td>NHS England 2014/15 national tariff cost</td>
<td>£7,684</td>
<td>£6,685</td>
<td></td>
</tr>
<tr>
<td>HRG reference cost</td>
<td>£6,306</td>
<td>£7,754</td>
<td></td>
</tr>
</tbody>
</table>

**Outreach clinic costs**

There are additional logistical costs incurred when we provide outreach clinics in areas such as NHS Highland but we are increasing our use of telehealth to reduce this cost. When we attend these clinics, our team can see up to 100 patients at a time and our specialists can determine the suitability of patients for surgery, resulting in a high conversion to surgery rate (just under 60% compared to the average 45%). This has proved efficient in terms of reducing the need for patients to travel, patients travelling unnecessarily when they are not fit for surgery and ensures that we make best use of our theatres and planning resources.

**Occupancy rates**

During the period (2015/16) ward bed occupancy target was set at 82-85% and critical care (ICU and HDU) set at 73-85%. Ward occupancy rates across the Golden Jubilee...
were within set targets. These are based on widely acknowledged occupancy targets reflecting emergency and urgent activities.

The discussion at the meeting related to our critical care bed occupancy in 2015/16 which, at times, dropped below the target level. Bed occupancy in critical care is significantly affected by the complexity of the surgery e.g. transplant patients and some of the long term heart failure (VAD/ECMC) patients require a very high level intensity of nursing. Short-notice cancellations due to patients being unfit for surgery or surgeons being called out overnight can impact on planned cardiac surgery, which will also affect critical care occupancy too.

Since 2015/16 we have revised our targets to be more appropriate in line with our specialty mix.

Cancellations

The Golden Jubilee always aim to minimise any patient cancellations, and indeed reschedule patients immediately to ensure that they are treated within the Treatment Time Guarantee. Last year all of our patients were treated within the 12 week target.

We acknowledge that a 3% cancellation rate for capacity or non clinical reasons is more than the high standards we expect. The range of issues we have recently experienced includes:

- Urgent and emergency cardiac patient demand has increased our non elective workload to 53% of our total heart and lung activity. These cases take clinical priority potentially leading to planned surgery cancellations.
- We had an equipment issue in our ophthalmology service that temporarily impacted our high volume cataract service.
- Visiting consultants in general surgery being unavailable at short notice for a number of reasons outwith our control. As part of our expansion we are looking to introduce substantive posts in general surgery.

As an organisation that believes in continuous improvement, we want patients to have a good experience of our health service, and particularly our hospital. That is why we work extremely hard to avoid cancellations (e.g. scheduling patients around their choice of dates and times) as we know the negative impact that this can have on our patients.

Referrals from Boards

We currently have referral requests from all NHS Boards in Scotland. This year the allocation for NHS Greater Glasgow & Clyde is 3,588 procedures compared to 3,254 procedures carried out last year.

NHS Grampian have 690 procedures allocated this year and we carried out 210 last year.

Savings

The Committee requested that we quantify the savings that would accrue if all Boards followed our model of care. Unfortunately this is more complex than simply estimating a savings number across NHS Scotland. The uniqueness and efficiency of the Golden Jubilee is based upon:
- a high volume centre of joint surgery undertaken by a dedicated team of staff who only undertake this work and therefore highly experienced in doing this efficiently (with excellent outcomes);
- reduced variation due to the nature of the elective procedures;
- efficiency within theatres with no capacity for teaching time (which in other centres can reduce the core operating time);
- a focus on electronic notes, prescribing and administration system which reduces clinician time on non operating tasks;
- routinely carrying out specialised procedures, for example complex revision surgery, which improves quality and efficiency;
- no interruptions due to unplanned trauma work; and
- the enhanced recover after surgery (ERAS) model is fully embedded which adopts a comprehensive approach to joint replacements by preoperative management, modern anaesthetics and early mobilisation of patients.

In order for other centres to adopt the Golden Jubilee model there would require, in a number of hospitals, a change in their elective and unscheduled care pathways, and a number of the points noted above would need to be in place.
However, as stated within the meeting, the Golden Jubilee works with other Health Boards who have adopted elements of our model, where possible. The total savings for this has, however, not been fully calculated and is therefore not available for the committee.

Communication with patients

The Golden Jubilee National Hospital (GJNH) aims to ensure all patients experience care that is safe, effective and person centred. We recognise the importance and value in listening to the views of our patients in supporting and improving the high quality services we provide. We do this by informing, involving and engaging them in a number of ways.

Information

- Our website has a wide range of information on our services, developments and clinical specialties.
- All patients receive appropriate patient information booklets before and after their procedure.
- A range of films have been published on our YouTube channel (linked from our website) with more currently in development. These include information on patient pathways, services, innovations and research.
- A patient information app is being developed for piloting with orthopaedic patients.
- Our corporate social media channels push out information on services, developments, news and events; they are also used for sharing critical information. Our social media posts were seen or read by 1,751,110 people in 2016/17; up from 416,760 in the previous year for Facebook alone (320% increase).

Engagement

Patients can engage with us through:

- Face to face or over the phone by speaking to a member of staff.
- Through our SpeakEasy feedback scheme for patients, visitors and staff. During
2016/17 we received 146 speak easy forms, down from 195 in 2015/16; 75% of these are from patients, with 37.4% being 'Overall Compliments' (58).

- Our generic email boxes (comms@gijnh.scot.nhs.uk and enquiries@gijnh.scot.nhs.uk). In 2016/17, we received a total of 523 emails to our generic Golden Jubilee National Hospital mailboxes of the 523 emails received, 503 were positive or neutral (96.18%) and 20 were negative (3.82%). Examples of e-mails include:
  - patients requiring information or help about appointments or procedures;
  - relatives/carers needing visiting times/message to inpatients;
  - professional requests for staff contact information;
  - gratitude of care; and
  - requests relating to recruitment and work experience
  - Our website comment boards.

- Our corporate Facebook and Twitter accounts.
  - 31,670 comments, reactions, and shares/retweets in 2016/17, compared to 9,077 in 2015/16 (249% increase).
  - 649 ‘tweets’ were sent to/about us in 2016/17, compared to 478 in 2015/16 (35.77% increase). Of these 649 ‘tweets’, 618 were positive (95.22%) and 31 were negative (4.78%).
  - 2,200 ‘posts’ were posted on our Facebook ‘wall’ or ‘timeline’ or sent as a private message in 2016/17, compared to 1,318 ‘posts’ in 2015/16 (66.92% increase). Of these 2,200 posts, 2,194 were positive (99.73%) and 6 were negative (0.27%).

- The Care Opinion (formally Patient Opinion) website is an externally managed programme which our patients and relatives can provide feedback on our services. In 2016/17, a total of 24 ‘opinions’ were published about the Golden Jubilee National Hospital, compared to 22 in 2015/16. Of the 24 ‘opinions’ 22 were positive (92%) and 2 were negative (8%). The negative posts relate to individual patient issues.

I sincerely hope that the information provided in this letter is useful to the Health and Sport Committee members and adequately covers the issues you requested. Please let us know if you need further clarification or more information.

Thank you once again for the opportunity to meet the Committee and keep you up to date with the work of the Golden Jubilee Foundation.

Kind regards,

Jill Young DL
Chief Executive

The Golden Jubilee Foundation is the new brand name for the NHS National Waiting Times Centre.
Golden Jubilee National Hospital Charity Number: SC045146