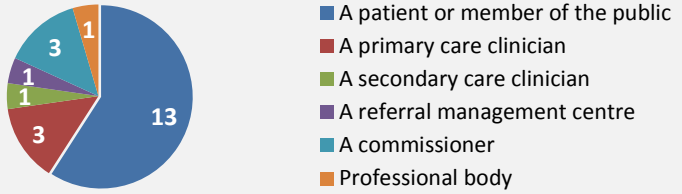
APPENDIX 3B & 4B
Analysis of sense check and feedback phase for London Choosing Wisely draft policy for:

3B: Hip arthroplasty (replacement)

4B: Knee arthroplasty (replacement)

Results – sense check and feedback phase

- The draft London policies were circulated to key stakeholders with a request to share the online feedback form with their own networks and interested parties, with a two week period for feedback to be provided.
- For **hip arthroplasty**, 44 respondents opened the survey, but only 22 fully completed it.



- For **knee arthroplasty**, there was a lower response with 22 respondents opening the survey but only 11 fully completing it.

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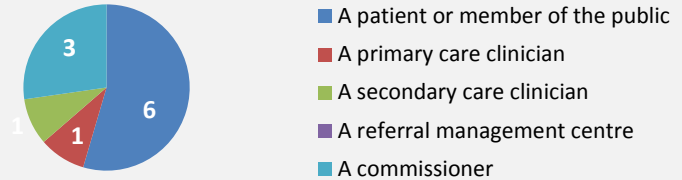
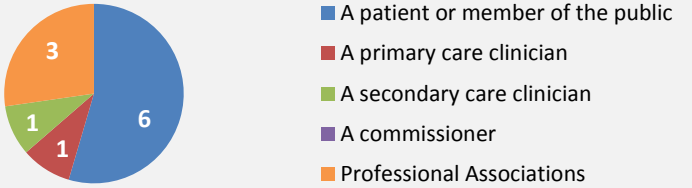


- There were a **further 11 responses to the hip/knee arthroplasty** policies via email, including Public Health England, Arthritis UK, Healthwatch Islington and the London wide Local Medical Committee (LMC) for primary care.



- There was a higher response from patients and the public, than from clinicians, and the nature of feedback reflected this with concerns raised about rationing of services. Several comments were received about the 2 week sense check period which had been misunderstood for a consultation.
- Healthwatch Enfield's comments centred on the need to have information that is accessible to a lay audience, language in the policy that is open to interpretation and the importance of a full engagement process.
- There was however engagement from professional bodies (British Hip Society and the British Orthapaedic Society) and support for the hip arthroplasty policy from the President of the British Hip Society.
- The LMC and Healthwatch Islington support both hip and knee arthroplasty policies.
- The average rating for the draft hip arthroplasty policy was 3 out of 5, and for knee arthroplasty was 3.38 out of 5, where 1 is the lowest rating and 5 is the highest (this only refers to data captured through the survey).

Updates to the draft policies

- Key comments were discussed with the T&F Group Chair and further refinements were made as necessary:
  - The language on ‘radiological evidence of degenerative disease’ for hip arthroplasty was causing confusion so wording has been updated to make the criteria clearer.
  - There was feedback on having no timeframe fixed for conservative management, and no scoring system for pain severity and functional impairment. These issues had been considered by the T&F Group (see p. 10) and the consensus was that these should not be in the policy.
  - The use of technical language was raised but as the policy is aimed at clinicians, this language is necessary and no changes have been made. Locally, CCGs may produce information for their local communities on policies and what this means for them, as part of their engagement process.
  - Whilst there were comments that the document was long, the commissioning statement itself is on 1-2 pages. The ‘summary of the evidence’ has now been removed from the body of the policy and is in an appendix to make the policy document more concise.
  - The policy has been updated to make clear that the ‘advice for primary care’ section is not part of the commissioning criteria, and re-ordered to emphasise this, with commissioning criteria placed before the ‘advice for primary care’ section.
  - The language around the commissioning criteria and reference to IFR policies has been updated to ensure that it is applicable across London, irrespective of local compliance processes and policies.
- Additionally, it was noted that the LMC also stated that a case should be made for the commissioning of conservative management services, which also reflects discussions at this T&F Group (and others) about access, availability and quality of these services.

Analysis of sense check and feedback phase for London Choosing Wisely draft policy for:

Hip arthroplasty (replacement)

Summary – sense check and feedback phase

- As part of the development of each draft policy a sense check and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
    - London's STP clinical leads
    - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
    - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
    - London Choosing Wisely Steering Group patient representatives
    - London's Healthwatch networks and patient-facing organisations
    - Relevant royal colleges and professional associations (including the BMA's London executive)

Summary - questions

The following is an extract of the London Choosing Wisely sense check and feedback phase online form questions for benign skin lesions:

Section 1: About you

1. In what capacity are you responding to this survey?

- ❑ A patient or member of the public
- ❑ A primary care clinician
- ❑ A secondary care clinician
- ❑ CCG referral management
- ❑ Other (please state)

2. Which part of London do you work (clinician) or live (public/patient):

- ❑ East London
- ❑ North London
- ❑ North West London
- ❑ South East London
- ❑ South West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

Summary - questions

Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

1) Strongly disagree
2) Somewhat disagree
3) Neither agree nor disagree
4) Somewhat agree
5) Strongly agree
6) Unable to rate (N/A)

Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.
11. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Summary – overall response

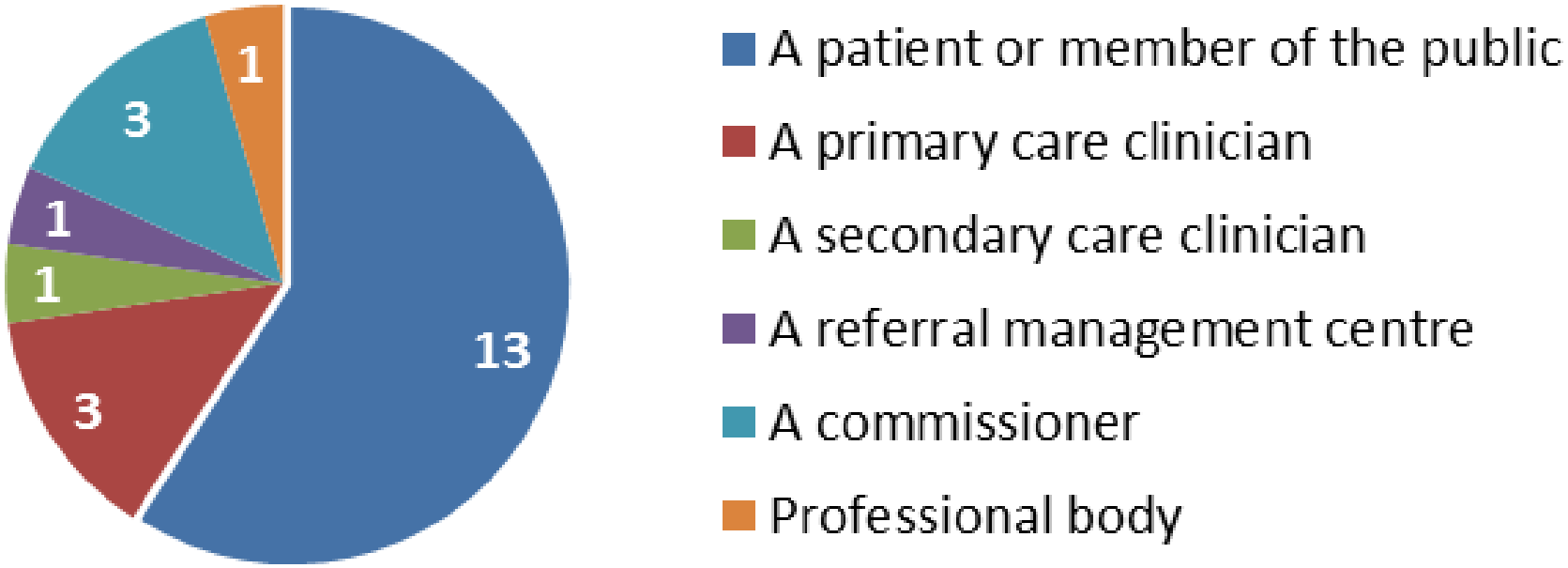
Procedure	sense check phase opened	sense check phase closed	Number of responses
Hip arthroplasty (replacement)	21 May 2018	5pm Monday, 4 June 2018	34 responses (with 22 completed online and 12 via e-mail direct)

Task and Finish Group members should note:

- This online feedback reflects a small sample size amongst clinician audience groups compared to patients/public – including patient-facing organisations.
- There were a total of 44 online responses but only 22 completed the online feedback form, i.e. 22 individuals exited the survey without any response to questions 4-10.
- 12 respondents were received directly via e-mail – this feedback is recorded at the end of this pack.
- The average rating for questions 4 – 9 was greater than 3 out of 5 for each question.
- There has been criticism aimed at the programme about the length of time offered for individuals to offer feedback on the draft policy. Such comments are process related and have been included at the end separately.

Analysis – question 1

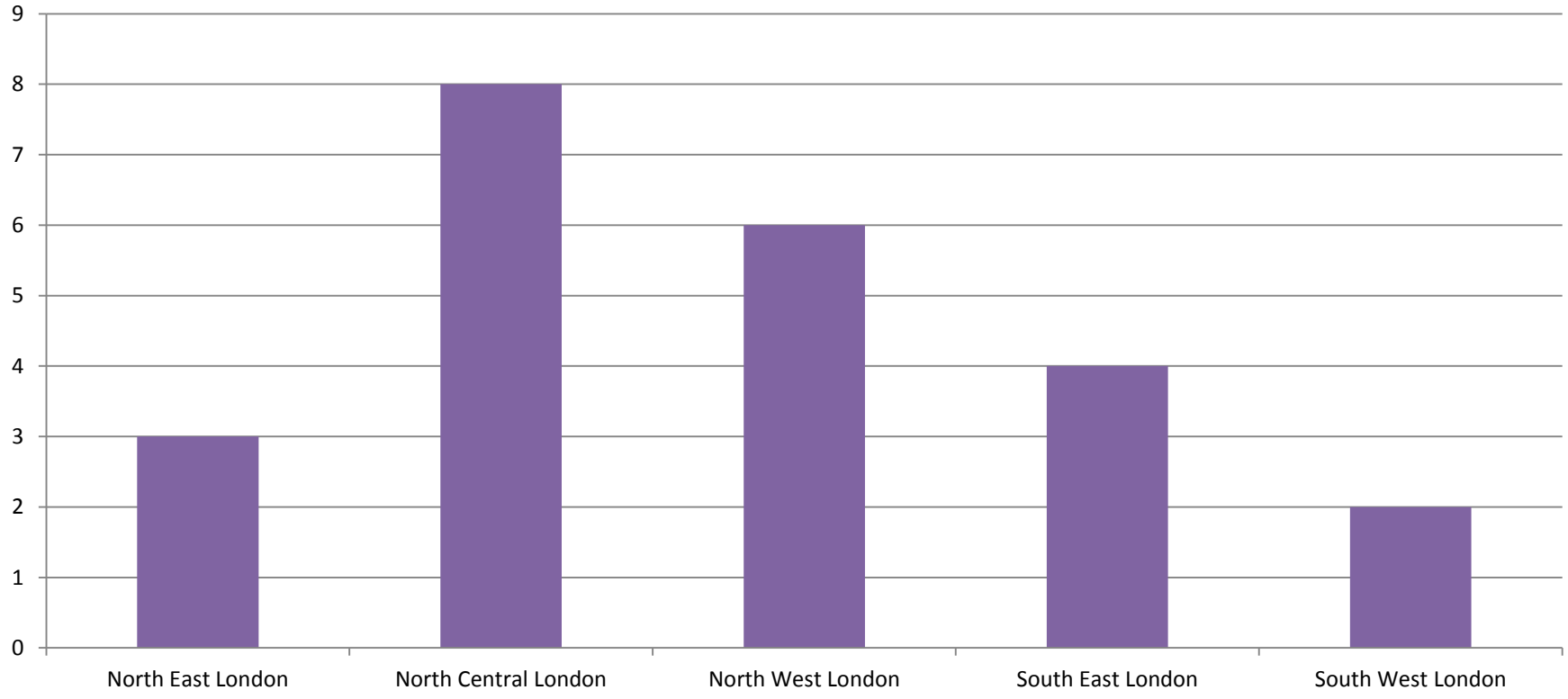
Question 1: In what capacity are you responding to this survey?



Total number of completed online responses:
22 completed online

Analysis – question 2

Question 2: Which part of London do you work (clinician) or live (public/patient):

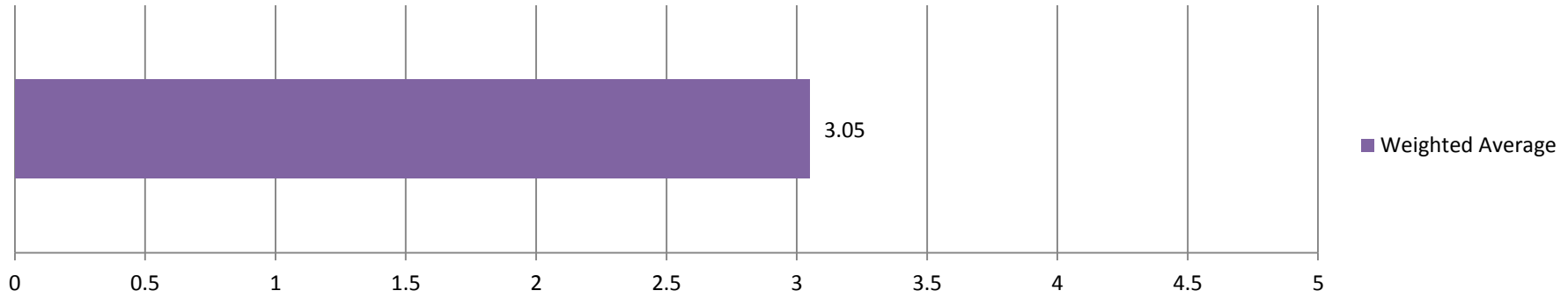


Total number of online responses:

22 (data for survey only)

Analysis – question 4

Question 4: The draft policy is clear and unambiguous.



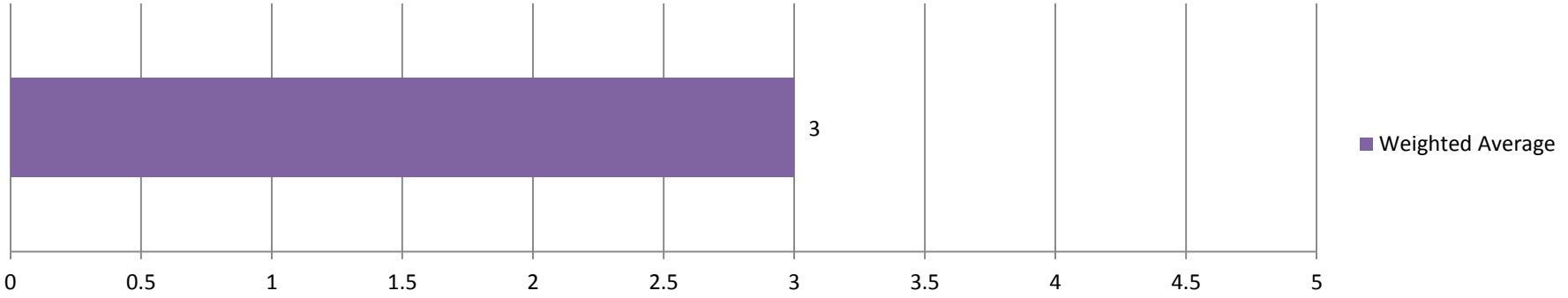
Total responses to question: 22

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	Others
• The document is too long for patients. There is no guidance at all about how long patients should receive ineffective non-surgical interventions before referral or actual surgery. • Reasons for the final decisions on policy for the whole of London are not clear.	• Policy is extensive - a summary of the actual proposals would be helpful. • One side of A4 is all that is needed as a summary of the actual proposals.	• The commissioning codes are confusing. • Non surgical treatment specifications need to be explicit if expected to be applied, e.g. what is necessary v. desirable in terms of weight loss? This could be viewed as inequitable access to surgery.	• X-ray evidence and weight loss not clear enough though, respondent suggests this probably needs to be done on a case by case basis.	• **Healthwatch Enfield:** An accessible summary should be developed to simply outline the new criteria for hip replacement. It is not clear why 'clinical evidence' has to be regionally consistent whilst the same standard isn't applied to the Equality Impact Assessments. There are several important points that lack clarity. • **BHS President:** "A helpful and thoroughly researched document." • **BOA:** There are several important points that lack clarity. Full details in the comment box at Q 11.

Analysis – question 5

Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.



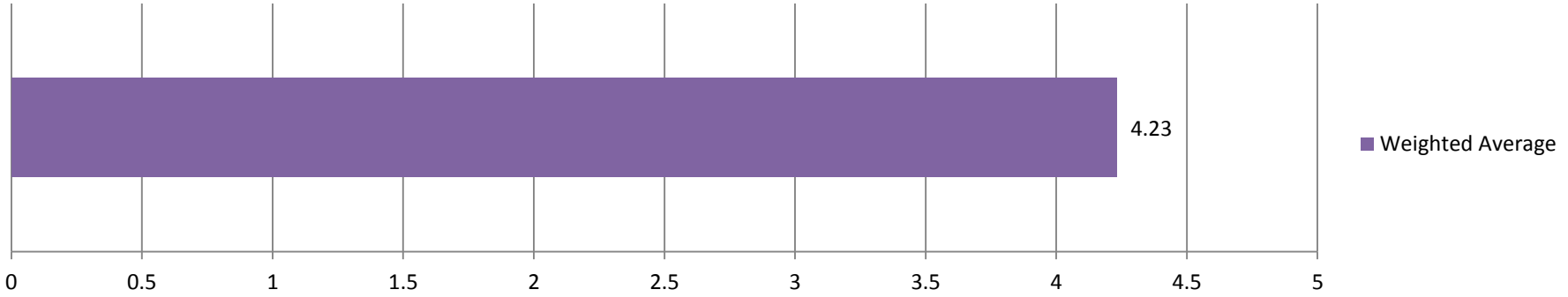
Total responses to question: 22

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• Welcome a time limit to the struggling to manage the pain and disability for a patient. • 12 weeks may be too long if pain is severe and interfering with work. • More consideration needs to be given to patient's own perception of pain and quality of life. • Cost-effectiveness studies in highly regarded journals that do not appear to have been considered.	• One view: It is too long, people [doctors] won't read it and many patients won't understand it.	• One query on why there is no scoring system for functional impairment.	• CSU policy advisor: It would be useful if the statement included the wording on smoking cessation and the decision-making aid that are contained within page 5.	• **Healthwatch Enfield:** The policy is written in technical language that requires the reader to have a suitable clinical background and understanding making it very difficult for the general public / the patient to understand.

Analysis – question 6

Question 6: It is clear which conditions this draft policy applies to.



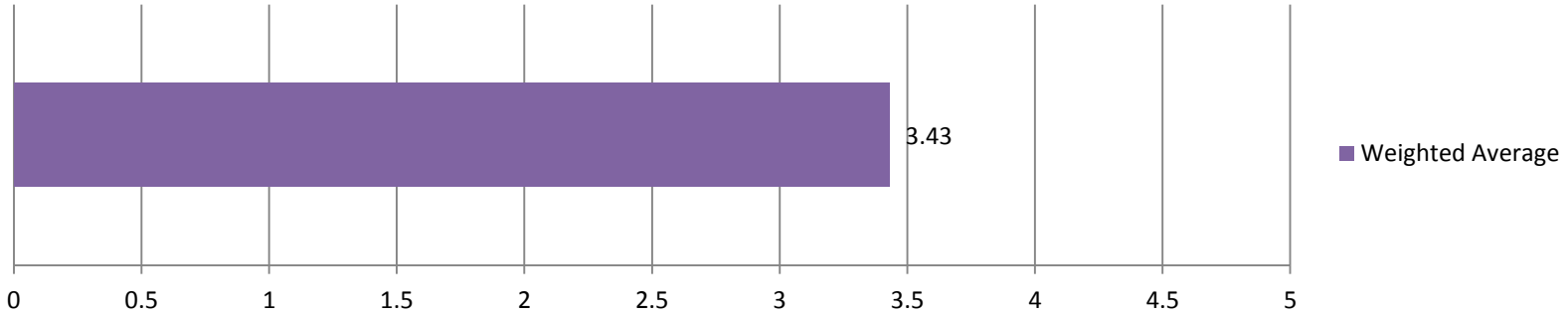
Total responses to question: 22

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• Several views felt that the conditions are well outlined and explained. • One query on whether levels of pain as important as restricted mobility.	• Yes it does say hip arthroplasty at the top.		CSU policy advisor: It would be clearer of the 'Intervention' section of the commissioning statement included 'for osteoarthritis'.	• **BHS President:** It could be made more clear that Hip arthroplasty surgery for children, for trauma, and for other conditions such as malignancy and inflammatory arthropathy is indicated and these specific areas are 'dealt with' in another document.

Analysis – question 7

Question 7: The draft policy is clear on when treatments or referral should be offered to patients.



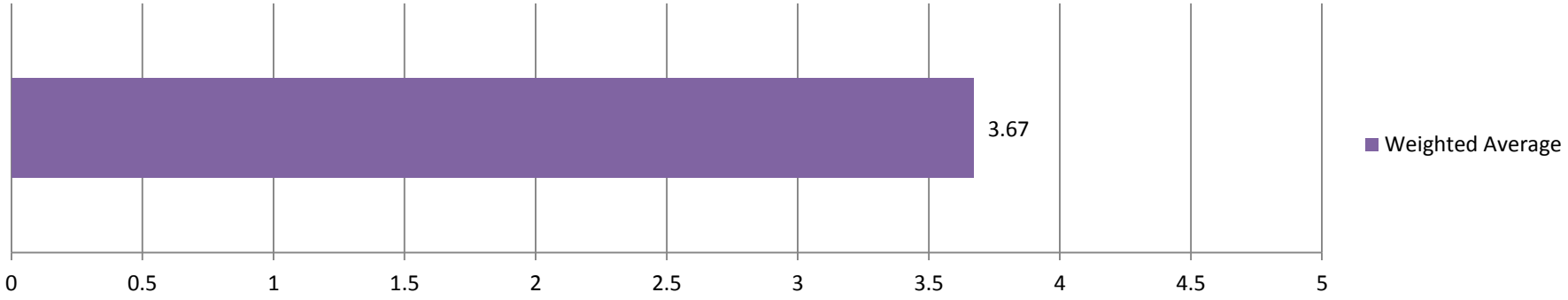
Total responses to question: 21

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• Respondents felt that the question of when has not been determined at all. It has been left open to local services to decide. • Patient organisation: major uncertainty as to the length of time for which non-surgical measures should be tried. • One view: it interferes with the clinical judgement of the GP.	• Clinicians should decide in partnership patients when they feel that they can't go on with conservative treatment anymore. • Patients will not easily find this information in the draft policy document. • Often radiological appearances are not in keeping with pain experienced, some people have lots of pain with little radiological change, some have no pain with lots of change.	• One view: It looks as though options will only be discussed if brought up by the patient. There's no screening process for OA in primary care and we don't know why some people cope with mild symptoms and others are more severely affected. Role for occupational health screening eg for bus drivers, carers.	• X-ray evidence correlates poorly with symptoms. Remove sentence re weight loss; complex relationship between weight and joint pain and using weight as an threshold will be difficult to enact equitably and fairly.	• **Healthwatch Enfield:** One of the criteria refers to 'substantial impact' however this seems subjective and open to interpretation. A referral will be made when a patient meets all criteria, however the policy is not clear on any timescales. • **BHS President**: A clearer explanation of 'what constitutes end stage arthritis' would be helpful. It might be helpful to stipulate the importance of ensuring primary care colleagues work to optimise underlying medical co morbidity and possible suitability for any consideration of surgery, prior to referral; to avoid any required cross referral or delay after secondary care opinion has been sought.

Analysis – question 8

Question 8: The draft policy reflects the commissioning codes you are currently using.



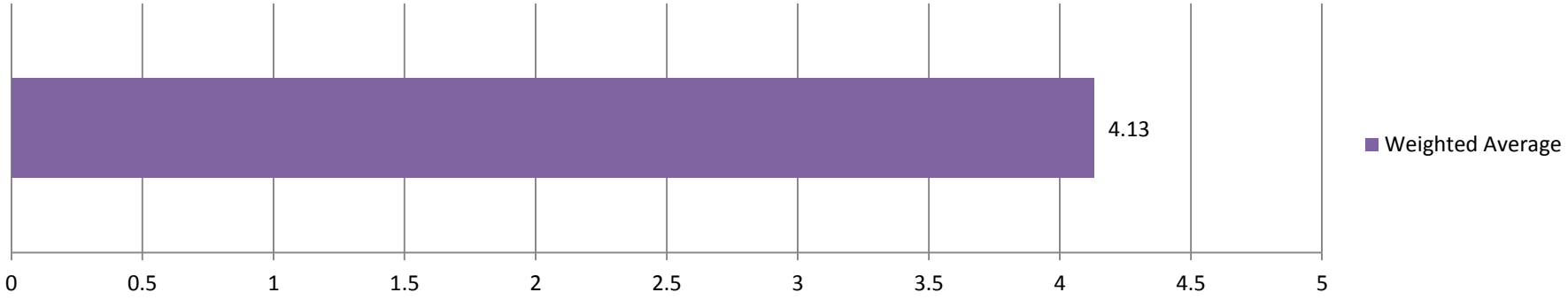
Total responses to question: 21

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
				• **BHS President:** Commissioning guides in 'my' area in the East Midlands are under review and perhaps in evolution at present We have recently had discussions with our local commissioners Actually, I feel this document and work would be very helpful for our discussions locally, if that would be an option.

Analysis – question 9

Question 9: The draft policy can be easily implemented as part of your local compliance process.



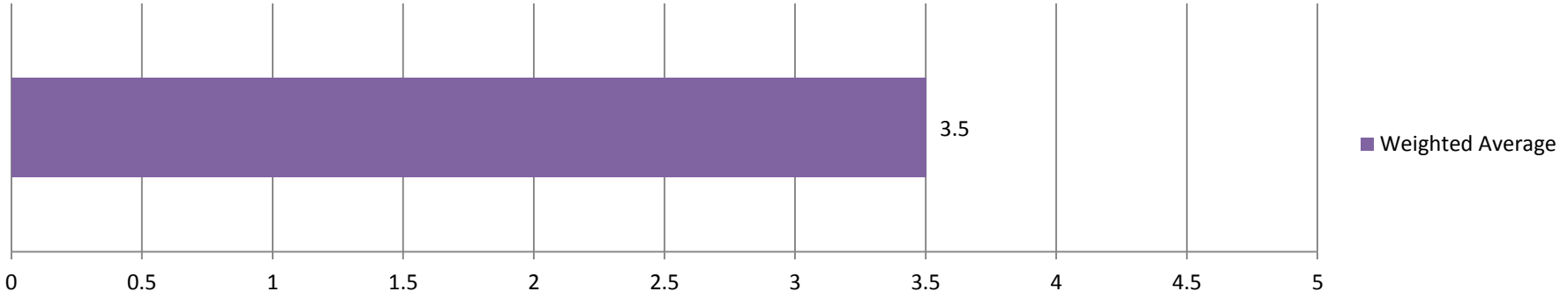
Total responses to question: 20

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
	One view: If this [question] means extra form filling in for GPs, absolutely not. I am a clinician and a highly trained professional, I am trained to decide, with my patients, when to refer, I don't need to be looking up criteria and extra forms to fill in.			

Analysis – question 10

Question 9: It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.



Total responses to question: 22

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• It is clear how it compares with policies that are actually already in place. • How can so many different groups of 'experts' come to such different conclusions about the literature and the referral criteria to be used. Which criteria will be adopted?	• This part of the draft policy needs to be presented more clearly.		• CSU policy advisor: This would be clearer is there was an overall summary of the basic elements of policy across London and the number of policies that contain specific elements. This would, in turn, help clinicians to weigh up potentially different policy options from the one proposed.	• Healthwatch Enfield: The comparison would be made easier, if a simple layout change was made i.e. where each similar criteria are presented in a separate row of a table.

Analysis – question 11

Question 11: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

PPI	Primary care clinicians	Commissioners	'Others'
• Language is not very clear for 'layman ' to read – summary document needed. • Has there been an Equality Impact assessment made on these possible changes? • The delay should be shorter than 12 weeks after patient Is limping in pain. Apart from minimising suffering and interruption of work due to disability, the limitation of exercise reduces muscle tone, making recovery more protracted post op. • The necessity for a GP to refer to the CCG Individual Funding Request policy increases the GP administrative work load and may be taken to indicate a lack of faith in the GP's ability to assess need.	• You should have a summary page, one side of A4 which sets out the actual proposals.	• CSU policy advisor: This is clear and high quality work. It would be desirable to include within the final policy the types of professions involved in the task and finish group and the number and type of professions who responded to the consultation, to further enhance the credibility with clinicians implementing the policy.	• **BOA:** ○ Earlier referral could/should be considered if it becomes apparent that physiotherapy / non operative measures are making no progress. ○ Draft policy requires greater clarity regarding the phrase 'with prior approval'. ○ Patients who meet the criteria for surgery should be referred promptly to ensure that any subsequent treatment can begin in a timely manner. • **BHS President:** I hope my comments are helpful and can be shared with the colleagues who have clearly worked hard in developing this helpful document. I am happy to comment further as requested. • **Healthwatch Enfield:** Ensure all Londoners have an equal chance to express their views.

Analysis – additional comments via e-mail

Below are additional observations on the draft policy:	
Public Health England	• The tools highlighted have been endorsed by PHE
Arthritis Research UK	Relevant resources important for the commissioning approach to be included in the draft policy: • 'Providing physical activity interventions for people with musculoskeletal conditions'. Arthritis Research UK 2017 • Musculoskeletal conditions: return on investment tool. *Public Health England*.
Primary Care: Londonwide LMCs Dr Hannah Theodorou, Associate Medical Director	• Welcome the more consistent access that the policies should provide for patients across London • Recognise that the recommendations are in many ways less restricting than those already put in place by some CCGs • Hope that the policy is implemented in a way that it equitable for all patients. • It is not clear whether imaging would be required for radiographic evidence of degenerative disease, prior to referral to secondary care • The term 'meaningfully engaged with conservative management' is potentially open to interpretation by commissioners • The decision making tools highlighted would not necessarily be suitable for all patient groups and would be difficult to complete in a 10 minute consultation • The paper could make a stronger case for the commissioning of conservative management services such as smoking cessation, with variable access.
Patient group: Haringey Keep Our NHS Public comments (KNOP) – Rod Wells	• Presentation is not aimed at lay people; few patients would read through 34 pages on "primary hip arthroplasty" • Patients are required to have tried conservative management 'where appropriate' and this hasn't stopped the pain. Will this mean that anyone who can't comply with exercise and weight loss requirements will be permanently excluded?
Healthwatch Islington Emma Whitby, Chief Executive	• Welcome the decision not to include a specific cut off of BMI and duration of conservative management prior to referral for surgical opinion for hip and knee surgery

Analysis – additional comments via e-mail

Below are additional observations on the programme (process related):

Patient group: Socialist Health Association London – Jos Bell (Chair)	• Timescale very short, not enough time to respond fully as would wish
Patient group: Haringey Keep Our NHS Public comments (KNOP) – Rod Wells	• Appears to be rationing disguised as a clinical argument. • Short consultation timeframe could be an attempt to push through these unpopular restrictions which will have a long-lasting impact on patients
Patient / Public:	• The whole of the planned care pathway for hip replacement needs to be included in the review if it is to work well • To what extent have General Practice, Primary Care and Social Services been involved in formulating this policy, because there will be a considerable impact on them? • The necessity for a GP to refer to the CCG Individual Funding Request policy increases the GP administrative work load and may be taken to indicate a lack of faith in the GP's ability to assess need • Is there a history of inappropriate Hip Replacement referrals in London? If there isn't such a history, then this new policy seems unnecessary.
Patient group: Hornsey Pensioners Action Group (HPAG) – Janet Shapiro	• Lack of publicity and notification. • People living in different areas of England should have similar experiences when needing hip or knee replacements. The National Institute for Clinical Excellence (NICE) guidelines should be the norm for all areas administered by NHS England. • Introduction of criteria additional to those recommended by NICE could substantially delay treatment.
Patient / Public:	• It is a complex document. • It is unacceptable to have such a short response time.
Secondary Care Clinician:	• It is essential to have a longer period of consultation.

Analysis of sense check and feedback phase for London Choosing Wisely draft policy for:

Knee arthroplasty (replacement)

Summary – sense check and feedback phase

- As part of the development of each draft policy a sense check and feedback phase has been introduced to ensure that the draft policy is easy to follow and use, and ensure that patients will receive the most effective clinically appropriate treatment available to them.
- Stakeholders (listed below) were invited to comment on the draft policy via an online feedback form. Specifically, the online feedback form was aimed to receive comments on how easy the draft policy was to follow and on the clarity of the language used.
- The link to the online feedback form was sent to the following audience groups with a request to share the online feedback form with their own networks and interested parties (for example, key CCG colleagues, primary and secondary care colleagues, local patient groups, professional associations, and referral management centres):
    - London's STP clinical leads
    - Members of the London Choosing Wisely Programme Board (which includes London's STP PoLCE leads)
    - London Choosing Wisely Task and Finish Group members or contributors who had developed the draft policy
    - London Choosing Wisely Steering Group patient representatives
    - London's Healthwatch networks and patient-facing organisations
    - Relevant royal colleges and professional associations (including the BMA's London executive)

Summary - questions

The following is an extract of the London Choosing Wisely feedback and sense check phase online form questions for knee arthroplasty:

Section 1: About you

1. In what capacity are you responding to this survey?

- ❑ A patient or member of the public
- ❑ A primary care clinician
- ❑ A secondary care clinician
- ❑ CCG referral management
- ❑ Other (please state)

2. Which part of London do you work (clinician) or live (public/patient):

- ❑ East London
- ❑ North London
- ❑ North West London
- ❑ South East London
- ❑ South West London

3. Please provide your e-mail address so that we can keep you informed about the development of London Choosing Wisely policies:

Summary - questions

Section 2: Feedback questions on the draft policy

Please rate the following [Qs 4 – 9] on a scale of 1 to 5 where 1 is the lowest and 5 is the highest:

1) Strongly disagree
2) Somewhat disagree
3) Neither agree nor disagree
4) Somewhat agree
5) Strongly agree
6) Unable to rate (N/A)

Note: through the online feedback form there is an options comment box for all questions asking for the reason for that rating.

4. The draft policy is clear and unambiguous.
5. The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.
6. It is clear which conditions this draft policy applies to.
7. The draft policy is clear on when treatments or referral should be offered to patients.
8. The draft policy reflects the commissioning codes you are currently using.
9. The draft policy can be easily implemented as part of your local compliance process.
10. It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.
11. [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

Summary – overall response

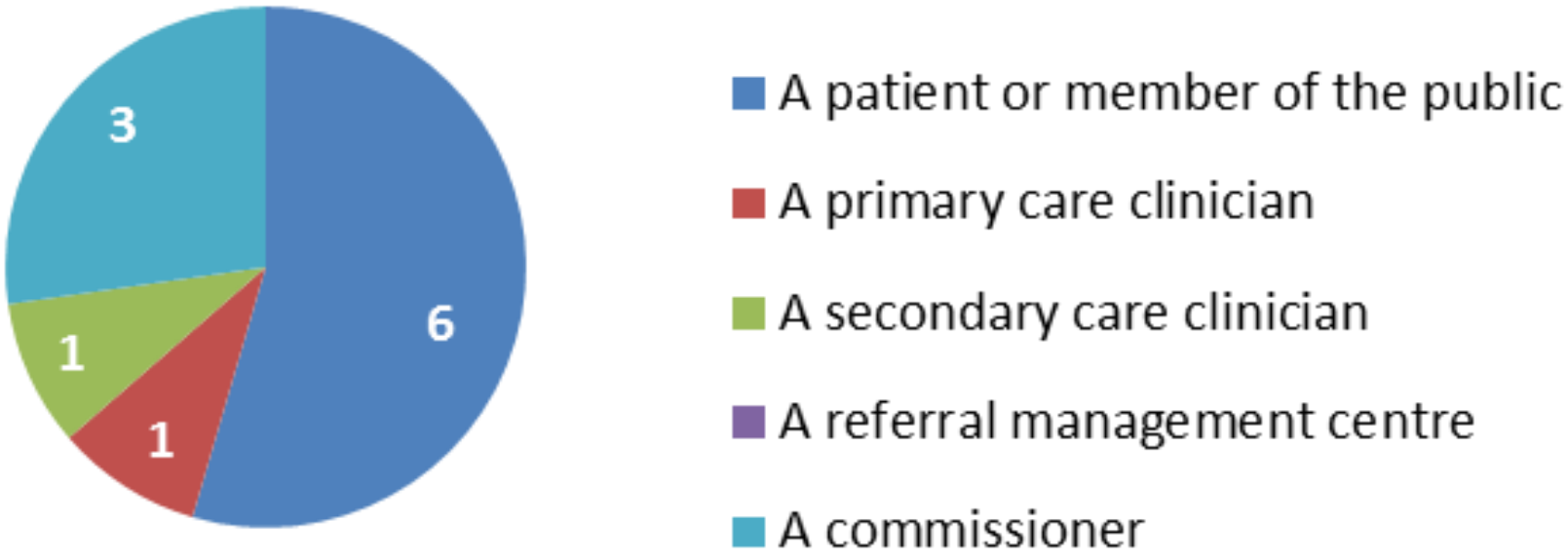
Procedure	Sense check phase opened	Sense check closed	Number of responses
Knee arthroplasty (replacement)	21 May 2018	5pm Monday, 4 June 2018	22 responses (with 11 completed online and 11 via e-mail direct)

Task and Finish Group members should note:

- This online feedback reflects a small sample size amongst clinician audience groups compared to patients/public – including patient-facing organisations.
- There were a 22 online respondents but only 11 completed the online feedback form, i.e. 11 individuals exited the survey without any response to questions 4-10.
- 11 additional responses were received directly via e-mail – this feedback is recorded at the end of this pack.
- The average rating for questions 4–10 was greater than 3.3 out of 5.
- There has been criticism aimed at the programme about the length of time offered for individuals to offer feedback on the draft policy. Such comments are process related and have been included at the end separately.

Analysis – question 1

Question 1: In what capacity are you responding to this survey?



Total number of completed online form responses:
11

Analysis – question 2

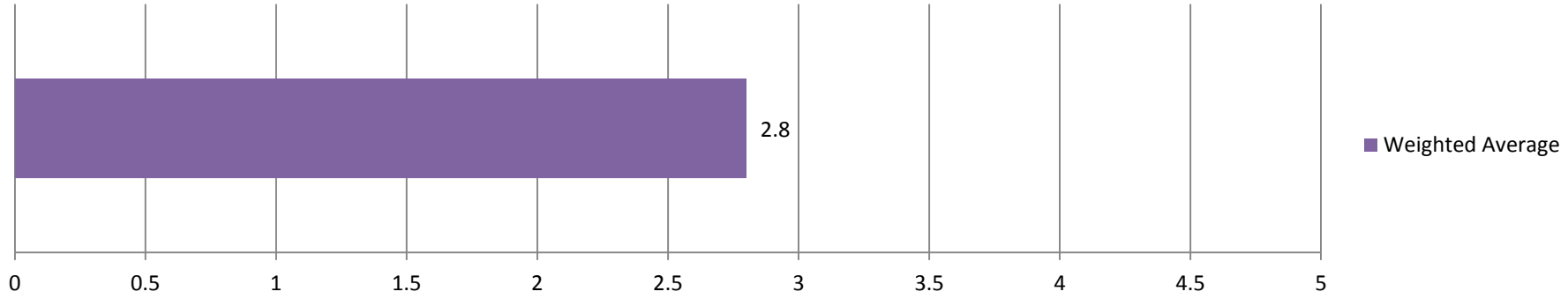
Question 2: Which part of London do you work (clinician) or live (public/patient):

Total number of online responses:

11 (data for survey only)

Analysis – question 4

Question 4: The draft policy is clear and unambiguous.



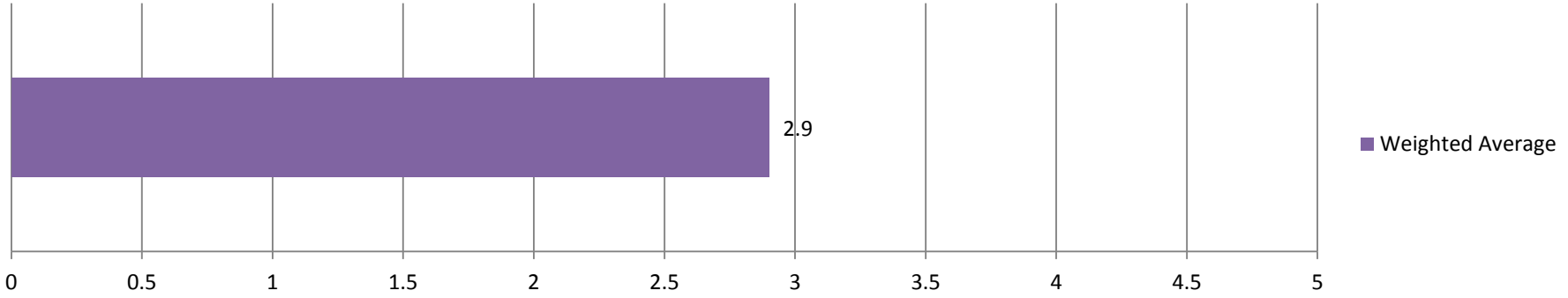
Total responses to question: 11

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• Too technical for the general public. There is no guidance at all about how long patients should receive ineffective non-surgical interventions before referral or actual surgery. • Found the policy to be rather confused about best time to make referral for surgical treatment to patient.	• As an assessor there isn't enough information to assess against and no criteria or time duration eg for trial of conservative management or how to assess the pain/stiffness/impact on quality of life. • Patients are now being triaged by physios, so will we expect that the majority of referrals will come from AHP or secondary care rather than primary care?		X-ray evidence and weight loss not clear enough though, respondent suggests this probably needs to be done on a case by case basis.	**Healthwatch Enfield:** An accessible summary should be developed to simply outline the new criteria for knee replacement. It is not clear why 'clinical evidence' has to be regionally consistent whilst the same standard isn't applied to the Equality Impact Assessments. There are several important points that lack clarity. The policy is not clear how its implementation and impact is going to be monitored and reported.

Analysis – question 5

Question 5: The draft policy is easy to follow and supports dialogue between the patient and clinician about decisions including treatment or referral.



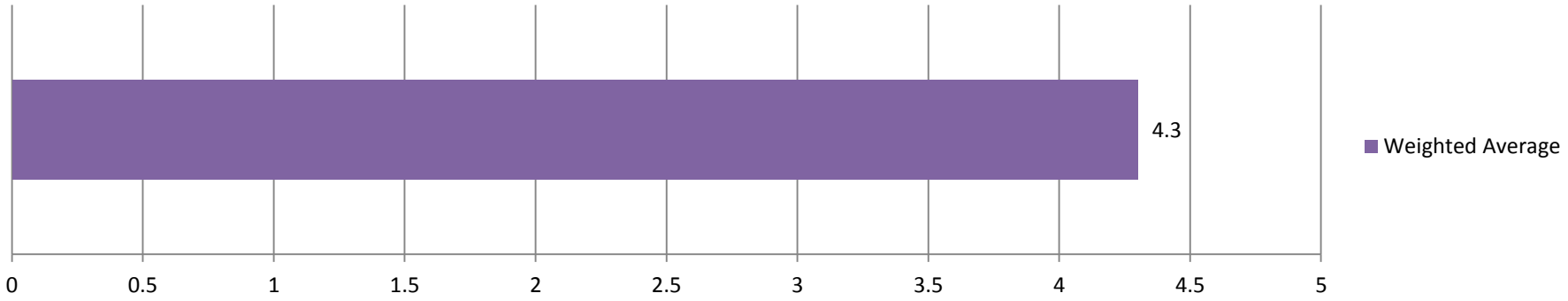
Total responses to question: 11

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• It does support dialogue between patient and clinician but does not give enough consideration of patient's own perception of degree of pain and effect on quality of life. • Too technical for the general public. • Concern that patient will have to wait longer and clinical outcome will be not as successful .				**Healthwatch Enfield:** • The policy draws on several pain and function scales/definitions, that will form the basis of a conversation with a patient, however it does not make it clear which one / if any will be adopted or should be used going forward. • An accessible summary should be developed.

Analysis – question 6

Question 6: It is clear which conditions this draft policy applies to.



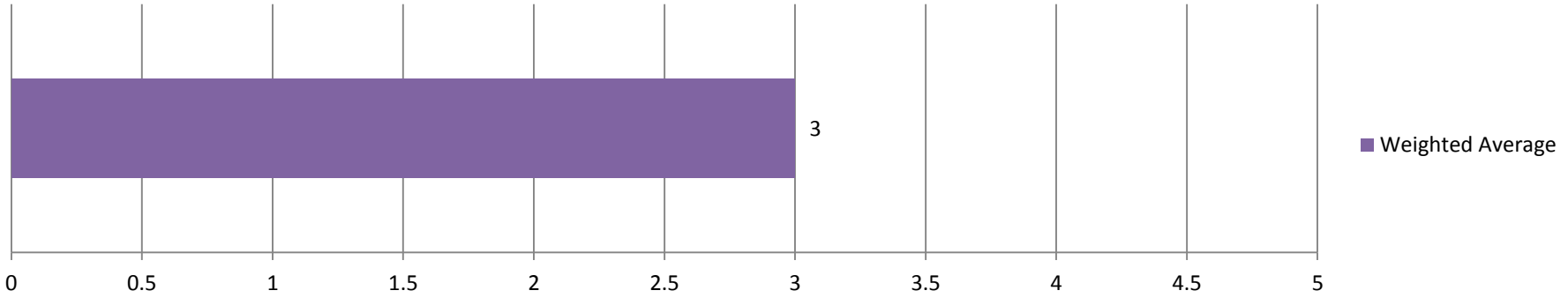
Total responses to question: 11

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
				Healthwatch Enfield: We believe the policy applies to knee replacement for osteoarthritis with several exclusions.

Analysis – question 7

Question 7: The draft policy is clear on when treatments or referral should be offered to patients.



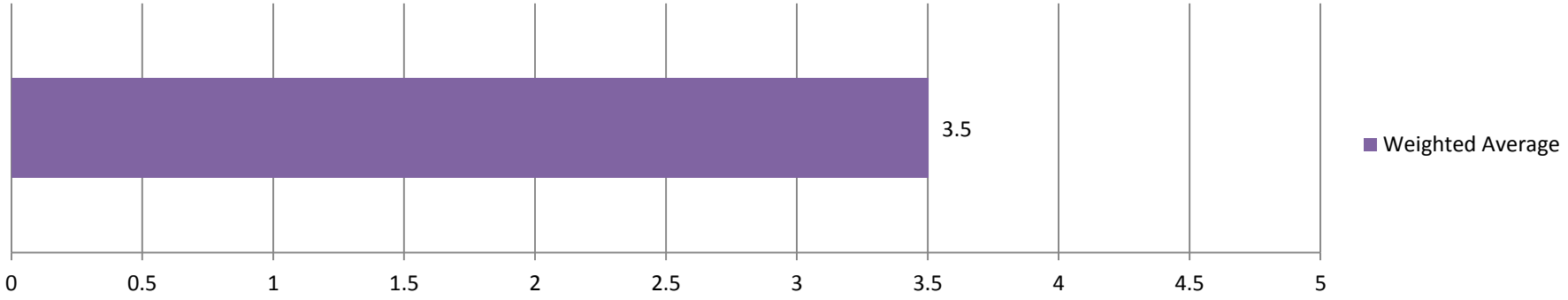
Total responses to question: 10

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
• It is fairly clear but don't feel the length of time before referral for surgery is acceptable. • More guidance about a maximum wait time before surgery is needed. • Language needs to be simplified for patients. • will not be well received if people are left living in pain.	• One view: it is unclear who will be making the application for patients would likely be referred to the MSK service.	• Exclusions are a bit confusing. Joint replacements are occasionally carried out on inflammatory arthropathy and sickle cell etc.	• Weight and joint pain is a complex issue and may lead to inequity and discrimination. • Xray evidence correlates poorly with symptoms so insert "any" before "radiological evidence".	• **Healthwatch Enfiled:** One of the criteria refers to 'substantial impact' however this seems subjective and open to interpretation. Does this include other nonclinical circumstances? A referral will be made when a patient meets all criteria, however the policy is not clear on any timescales.

Analysis – question 8

Question 8: The draft policy reflects the commissioning codes you are currently using.



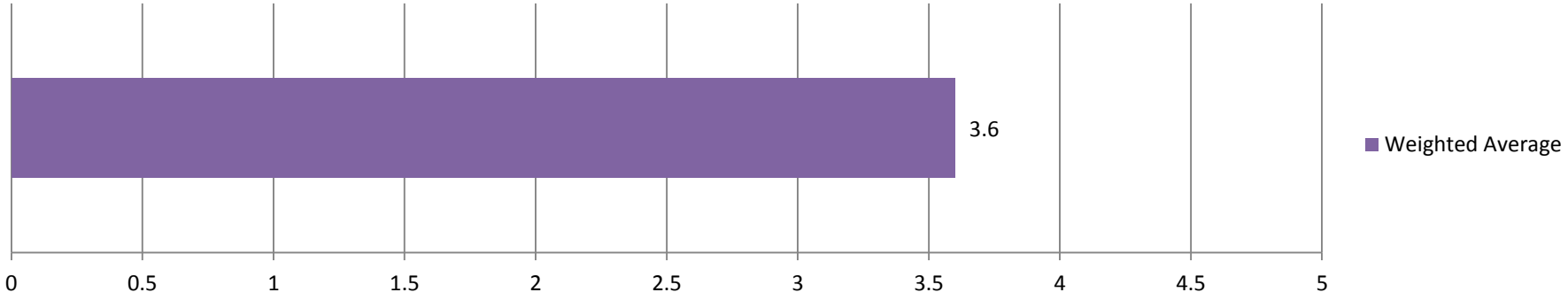
Total responses to question: 11

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
No additional free text comments received online.				

Analysis – question 9

Question 9: The draft policy can be easily implemented as part of your local compliance process.



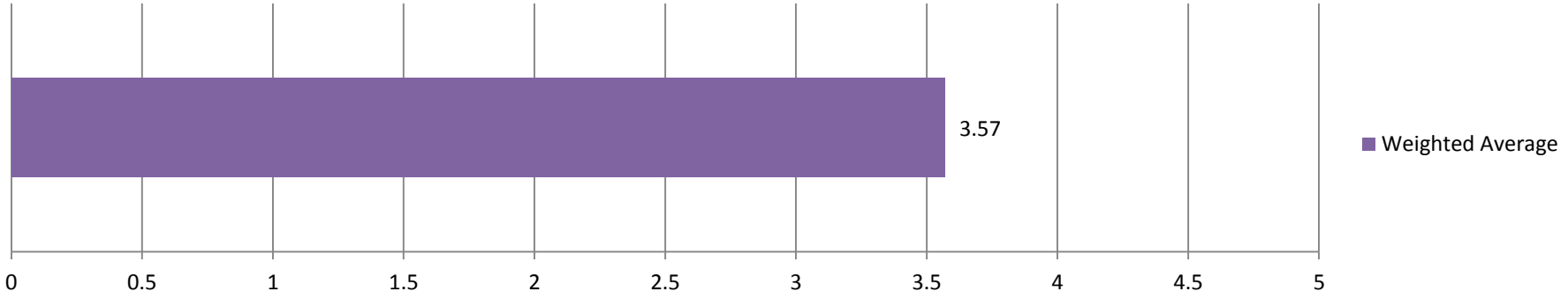
Total responses to question: 20

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
No additional free text comments received online.				

Analysis – question 10

Question 10: It is clear how the draft London Choosing Wisely policy compares with local policies currently in place across London.



Total responses to question: 11

Themes and comments by audience group:

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
If the evidence is in the public domain and systematic review is a science then why are there different referral criteria?				**Healthwatch Enfield:** The comparison would be made easier, if a simple layout change was made i.e. where each similar criteria are presented in a separate row of a table.

Analysis – question 11

Question 11: [Comment box]. Please use the following comment box to add any additional observations you may have about the policy – for example, you may wish to comment on how easy it is to follow or the clarity of the language used.

PPI	Primary care clinicians	Secondary care clinicians	Commissioners	'Others'
•	•	• Need to improve exclusion criteria definition.	•	• **Healthwatch Enfield:** As the policy is seeking to implement a London-wide approach, we would propose that is also prescribes London-wide approach to meaningful engagement with patients and stakeholders on the draft as well as the implementation to ensure all Londoners have an equal chance to express their views.

Analysis – additional comments via e-mail

Below are additional observations on the draft policy:	
Public Health England	• The tools highlighted have been endorsed by PHE
Arthritis Research UK	Relevant resources important for the commissioning approach to be included in the draft policy: • 'Providing physical activity interventions for people with musculoskeletal conditions'. Arthritis Research UK 2017 • Musculoskeletal conditions: return on investment tool. *Public Health England*.
Primary Care: Londonwide LMCs Dr Hannah Theodorou, Associate Medical Director	• Welcome the more consistent access that the policies should provide for patients across London • Recognise that the recommendations are in many ways less restricting than those already put in place by some CCGs • Hope that the policy is implemented in a way that it equitable for all patients. • It is not clear whether imaging would be required for radiographic evidence of degenerative disease, prior to referral to secondary care • The term 'meaningfully engaged with conservative management' is potentially open to interpretation by commissioners • The decision making tools highlighted would not necessarily be suitable for all patient groups and would be difficult to complete in a 10 minute consultation • The paper could make a stronger case for the commissioning of conservative management services such as smoking cessation, with variable access.
Patient group: Haringey Keep Our NHS Public comments (KNOP) – Rod Wells	• Presentation is not aimed at lay people; few patients would read through 34 pages on "primary hip arthroplasty" • Patients are required to have tried conservative management 'where appropriate' and this hasn't stopped the pain. Will this mean that anyone who can't comply with exercise and weight loss requirements will be permanently excluded?
Healthwatch Islington Emma Whitby, Chief Executive	• Welcome the decision not to include a specific cut off of BMI and duration of conservative management prior to referral for surgical opinion for hip and knee surgery

Analysis – additional comments via e-mail

Below are additional observations on the programme (process related):

Patient group: Socialist Health Association London – Jos Bell (Chair)	• Timescale very short, not enough time to respond fully as would wish
Patient group: Haringey Keep Our NHS Public comments (KNOP) – Rod Wells	• Appears to be rationing disguised as a clinical argument. • Short consultation timeframe could be an attempt to push through these unpopular restrictions which will have a long-lasting impact on patients
Patient / Public:	• The whole of the planned care pathway for hip replacement needs to be included in the review if it is to work well • To what extent have General Practice, Primary Care and Social Services been involved in formulating this policy, because there will be a considerable impact on them? • The necessity for a GP to refer to the CCG Individual Funding Request policy increases the GP administrative work load and may be taken to indicate a lack of faith in the GP's ability to assess need • Is there a history of inappropriate Hip Replacement referrals in London? If there isn't such a history, then this new policy seems unnecessary.
Patient group: Hornsey Pensioners Action Group (HPAG) – Janet Shapiro	• Lack of publicity and notification. • People living in different areas of England should have similar experiences when needing hip or knee replacements. The National Institute for Clinical Excellence (NICE) guidelines should be the norm for all areas administered by NHS England. • Introduction of criteria additional to those recommended by NICE could substantially delay treatment.
Patient / Public:	• It is a complex document. • It is unacceptable to have such a short response time.
Secondary Care Clinician:	• It is essential to have a longer period of consultation.