Gloucestershire Hospitals
NHS Foundation Trust

General Surgery Reconfiguration Pilot Proposal

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Introduction

- This is a proposal to pilot the reconfiguration of general surgery, where:
  - **Emergency general surgery and complex planned general surgery** will be centralised at Gloucestershire Royal Hospital (GRH)
  - **Short-stay and daycase general surgery** will be centralised at Cheltenham General Hospital (CGH).
- General Surgery is an overarching term for upper gastrointestinal surgery and colorectal surgery.
- Gloucestershire Hospitals has a history of successfully centralising services:
  - **Centralised at CGH:** vascular surgery, urology, ophthalmology, orthopaedics (pilot)
  - **Centralised at GRH:** obstetrics, acute paediatrics & neonatology, ear nose & throat, trauma.
- Reconfiguration will enable the service to improve patient outcomes and experience by improving performance against national standards, providing 7-day access to sub-specialist care and addressing workforce challenges.

Context…

One Gloucestershire
Transforming Care, Transforming Communities

This proposal links to two of the five priorities of One Gloucestershire:

- **Pursue excellence in hospital services** – with an emphasis on quality, safety and the best health outcomes
- Develop a sustainable local health and care workforce – **offering the best training, education, learning, professional supervision** and environment to attract and keep the best staff.

And to three ambitions of the Sustainability & Transformation Plan (STP):

- Ensure that those people with more **serious or life-threatening emergencies are treated in centres with the very best expertise and facilities** in order to maximise their chances of survival and a good recovery
- Ensure when an admission to hospital is needed, that we will start planning discharge home as soon as possible so **people do not stay in hospital any longer than absolutely necessary**, and so health and social care work together effectively to support safe discharges
- Ensured that **our main hospitals provide a range of services 7 days a week in order to meet the agreed national clinical standards.**

Context…

One Gloucestershire
Transforming Care, Transforming Communities

Our STP ambitions were informed by public engagement in 2016/17, which told us:

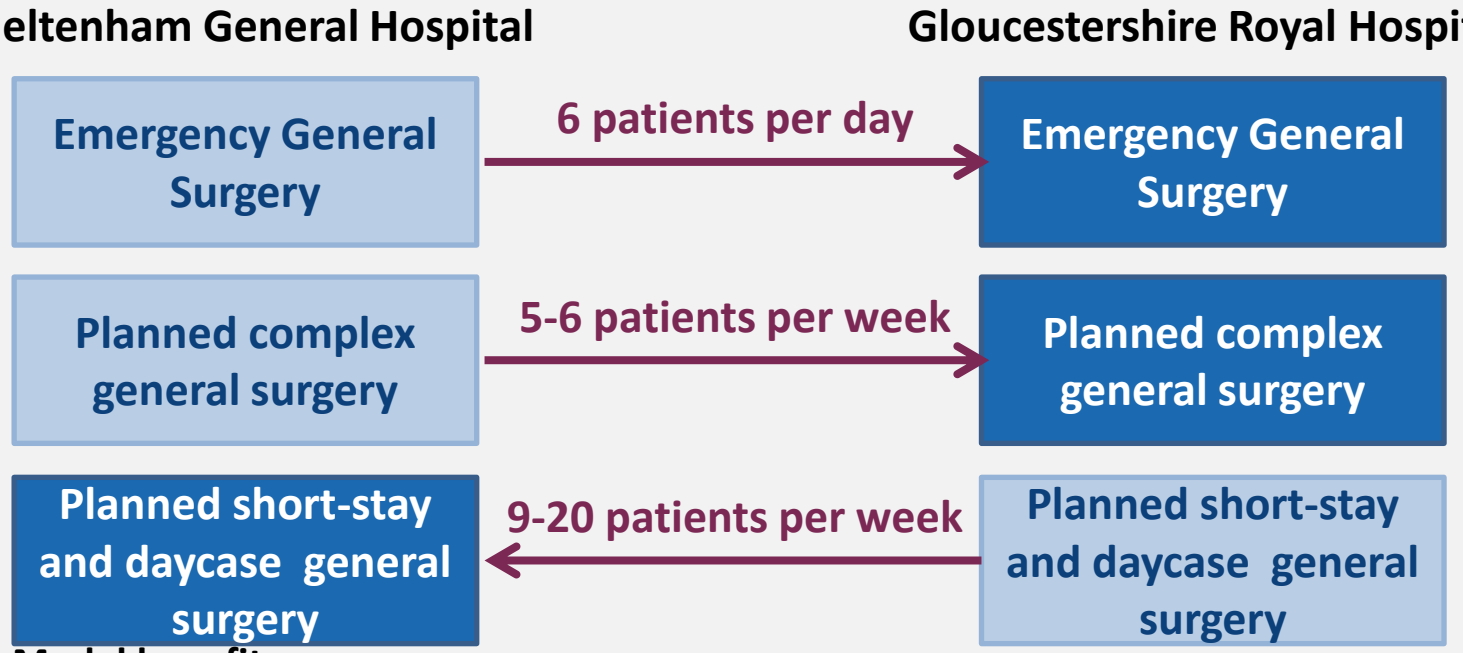
- **69% of respondents generally agreed we should bring some specialist hospital services together in one place.**
- The most important thing if people needed urgent or emergency care services was:

- **35% Prompt assessment and decision making**
- **33% 7 day access to services,**
- 14% Centres/services staffed by specialists
- 10% Joined up services
- 8% Distance to travel.

Drivers for change

- Inability to sustainably deliver **national standards** for emergency general surgery
- Inability to provide **consistent access to sub-specialist care**, for example:
  - <50% of ED patients presenting with gall stones, see an upper GI specialist
  - <50% of ED patients with colorectal conditions see a colorectal specialist.
- **Unwarranted variation** in patient experience across the two sites
- **Workforce challenges**, particularly at Registrar level
- Inability to provide a **suitable training, education, and professional supervision environment** for our Junior Doctors – this has been escalated to the General Medical Council (GMC) and Severn Deanery
- **Reconfiguration recommendations** from external reviews completed by South West Clinical Senate and national Getting It Right First Time (GIRFT) programme
- **Consensus among the clinical team to both the centralisation of emergency general surgery at GRH** and that '**do nothing' is not an option**.

The proposed model of care



Model benefits:

- 24/7 specialist colorectal and upper GI consultant cover
- Two consultants & two Registrars on-call: one team emergency operation, one team supporting Emergency Departments, hot clinics & review of deteriorating patients on both sites
- 24/7 CEPOD operating list
- Sustainable Emergency Surgical Assessment Unit (ESAU)
- Ambulatory Emergency Care/ Hot Clinics
- Standardised care pathways
- Reduced planned care cancellations

Benefits

Our clinical teams have devised a range of standards and indicators that will be used to measure the impact of this reconfiguration, examples include:

1. Patient safety and experience

- All emergency patients to be reviewed by a specialist within 12 hours of the decision to admit or within 14 hours of arrival
- All patients to have a daily specialist senior review
- Number of emergency general surgery cases done on the day surgery was originally planned.

2. Activity

- Number of emergency patients assessed on the Surgical Assessment Unit (SAU)
- Number of patients seen in Ambulatory Emergency Care (AEC)
- Number of patient transfers between GRH) and CGH
- Number of patient cancellations for non-clinical reasons.

3. Workforce

- Specialty trainees available within 30 minutes to see and treat acutely unwell patients
- Trainee rotas are compliant with national trainee contract, EWTD and Deanery regulations for each tier
- Positive GMC survey returns
- Staff feel positive about working in the service – all professions and grades.

Timescales

- Approval for pilot requested at HCOSC - **November 2018**
- Implementation planning - **November 2018 to March 2019**
- Implementation approach approved by GHFT - **February 2019**
- System mobilisation - **April to September 2019**
- Go-live - **September 2019** (to be confirmed through implementation planning)
- Progress reported to HCOSC – **after 3 months then on frequency tba**

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Questions