



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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Department of Health

Review of General Surgery

Update Report – June 2023

Introduction

1. The Department of Health has produced a progress report to set out the substantial strides made towards implementing the actions from the Review of General Surgery over the past 12 months. Despite the many pressures currently faced by the HSC in Northern Ireland, significant progress has been made in the implementation of the actions in the Review. Of the 10 actions in the Review, 1 action has been completed, 6 actions are green using a RAG rating system (identified as on target to be delivered), and 3 are amber (some anticipated delay to delivery).

Context - The Review of General Surgery

2. The Review of General Surgery was published in June 2022, and it clearly states the need for change. As with other areas of care, the general surgery service in Northern Ireland has changed over time because of increasing surgical specialisation, new technology, capacity gaps within the current structure and rising demand both in unscheduled and scheduled practice. The overall aim of the Review was to therefore develop a model for general surgery that is equipped to deliver an equitable, sustainable, and high-quality service for patients.
3. The Review sets out ten actions for the future of general surgery in Northern Ireland. The first two actions in the Review set out evidence-based standards for emergency and elective general surgery. Implementation of the standards will ensure that people across Northern Ireland who require general surgery receive the highest quality care in the most appropriate environment, when they need it.
4. The emergency general surgery standards incorporate six categories:
 - I. Model of emergency surgical care – each site must have the required number of surgeons with the required training and expertise to ensure best outcomes at all times.
 - II. Clinical infrastructure – each hospital providing emergency general surgery must have full access to theatres and critical care.
 - III. Clinical interdependencies – both diagnostic and interventional radiology must be available where emergency general surgery takes place and there must be access to other diagnostic services, age appropriate provisions and other specialities.
 - IV. Surgical workforce – the emergency general surgery team must be split from the elective team and the teams must be sufficient in size.
 - V. Process and protocols – this category notes that the right processes and protocols must be in place.
 - VI. Quality assurance – subject to funding, each Trust must be a member of National Emergency Laparotomy Audit and must audit practice

against activity, return to theatre, length of stay, readmission rates and patient experience.

5. The elective standards provide expectations for the delivery of elective general surgery. For high complexity patients, the standards match those of the emergency standards – as the patient needs are similar. Across other aspects of elective general surgery, such as day procedures and high volume, intermediate complexity procedures, the standards are more flexible as the patient needs are varied but can be controlled.
6. Going forward, the emergency general surgery standards must be in place in hospitals receiving emergency general surgery patients to ensure safe outcomes through the delivery of high quality, sustainable and equitable care. Similarly, the elective standards must be in place where there are elective general surgery patients. These evidence-based standards have been developed with input from general surgeons, other clinicians, Health and Social Care Trusts (HSCTs), managers and service users.
7. The standards must also be used to drive regional and local decisions on the future delivery of emergency general surgery in Northern Ireland. Some hospitals will be able to meet these standards with developments within their existing footprints and within existing budgets. However, some hospitals will not meet these standards as currently configured. This means a higher standard of care will be delivered by reconfiguration of service delivery and cross-organisational working. The result may be a change in provisions to ensure better patient outcomes.
8. The remaining actions in the Review support the standards and to help deliver effective general surgery. They include:
 - Increase elective paediatric general surgery activity.
 - A commitment for Post Anaesthetic Care Units (PACU) across Northern Ireland which will provide an intermediate level of care for patients after surgery, release critical care capacity, and reduce last minute cancellation of inpatient surgery.
 - A workforce review will take place as part of the implementation of emergency and elective standards.
 - A Regional General Surgery Network to drive forward the transformation programme for general surgery.

Progress Against Actions

ACTION 1

HSCTs to implement the standards for Emergency General Surgery (EGS) at pace and work with the Department to develop co-produced implementation plans.

9. The Review of General Surgery recognises that some hospitals will not meet these standards as currently configured. This means a higher standard of care will be delivered by reconfiguration of service delivery and cross-organisational working. The result may be a change in provisions – to ensure better patient outcomes. The work to oversee the implementation of the EGS standards is a primary function of the Regional General Surgery Network established as Action 9 of the Review which facilitates engagement between the Department and HSCTs on plans to deliver the standards.
10. In the Review, the Royal Victoria Hospital and Ulster Hospital were identified as largely meeting the standards for Emergency General Surgery. A separate group – Craigavon Area, Altnagelvin and Antrim Area Hospitals - was identified as those that could meet the standards by putting the necessary processes or resources in place. With the support of the Department and the General Surgery Network, these hospitals continue to make progress towards meeting the standards.
11. A third group identified was those requiring ‘more fundamental changes in a number of areas to meet the standards’ - Causeway, South West Acute (SWAH), and Daisy Hill Hospitals.
12. In relation to Causeway Hospital, the Northern HSCT is continuing to develop plans for the delivery of general surgical services across all of its hospital sites in the context of the Review of General Surgery.
13. In February 2022, EGS was stopped at Daisy Hill Hospital due to unsustainable consultant staffing levels and all Southern HSCT EGS was moved to the Craigavon Hospital site. In January 2023, the Trust consulted on this model as a permanent change. The outcome of this consultation will be considered with a report expected in the autumn of 2023.
14. In December 2022, EGS was temporarily suspended in SWAH due to a lack of consultants available to sustain the EGS rota. This was consulted on by the Western HSCT from 16 January 2023 to 10 April 2023. The outcome of this consultation is available from <https://westerntrust.hscni.net/>.
15. Longer term decisions on the future of Emergency General Surgery at the Daisy Hill and SWAH sites will be subject to the approval of the Department. In the meantime, the Department continues to work with these HSCTs to develop a sustainable model for the delivery of general surgery.

ACTION 2

A). HSCTs to develop a model for the delivery of complex and non-complex elective care informed by the implementation of the standards for emergency general surgery and elective surgery.

B). As part of implementation, Elective Overnight Stay Centres will be established in line with the wider elective care policy direction and the changing picture of health and social care delivery across Northern Ireland. In the initial phase – subject to HSCT decision making processes and public engagement – we will consider the Mater Hospital as an initial site. We will also identify a further centre in the wider design plan intended to be published in the Autumn.

RAG status	Green
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16. Elective Overnight Stay Centres (EOSCs) are centres for intermediate complexity surgery that will sometimes, but not always, require an overnight stay in hospital. An EOSC will provide a range of specialities including General Surgery, Urology, Gynaecology and ENT with the aim of improving patient outcomes. EOSCs, along with our regional Day Procedure Centres (DPCs) are a means to increase productivity, efficiency and reliability of the service, and are expected to have a significant impact on the number of patients treated. By providing services for the region, they also aim to ensure that patients have equitable access to the care they need, irrespective of where they live.
17. In line with the Review of General Surgery, the Mater Hospital in Belfast was announced as the first Elective Overnight Stay Centre. Subsequently EOSCs were announced at Daisy Hill Hospital (DHH) and South West Acute Hospital (SWAH). These three EOSCs are being taken forward on a phased approach with lists already underway at all sites.
18. Phased implementation at the Mater Hospital is underway with an incremental increase to full capacity of 30 sessions per week over the summer of 2023. Cumulatively, 1,000 patients have been treated at the Mater EOSC across a range of specialities, with a further circa 1,300 patients projected to be treated by the end of 2023.
19. Lists are up and running at DHH across General Surgery, ENT and Gynaecology with an increase in elective activity planned from mid-June to early September 2023. Cumulatively over 600 patients have undergone elective surgery in DHH since the start of the year, with a further circa 500 procedures expected to be undertaken by the end of 2023.
20. Since January 2023, SWAH has been incrementally building the capacity for elective operating lists with the rebuild to full capacity expected in the autumn of 2023. It is expected that over 360 patients will have been treated in SWAH EOSC by the end of 2023 across General Surgery and Paediatrics. In addition to EOSC activity, core activity continues to provide sessions for Gynaecology, Dental, Breast and MRI patients.

ACTION 3

As the model for elective general surgery is implemented there will be a focus on streamlined and consistent pre-operative assessment processes that follow best practice.

RAG status	Green
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21. Pre-operative assessment is necessary prior to most elective surgery in order to ensure that the patient is fit to undergo surgery, to highlight issues that the surgical or anaesthetic team need to be aware of, and to ensure patients' safety during and after their procedure.
22. Although high quality pre-operative assessment is already delivered across all HSCTs in Northern Ireland, work is underway at a regional level to expand the delivery of Pre-Operative Assessment in conjunction with the necessary increase in elective care provision required to resolve the significant waiting times. Issues such workforce expansion and skills mix, enhanced digital infrastructure and collaborative working across specialities are being taken forward to support the delivery of surgery at the regional DPCs and EOSCs.

ACTION 4

PACUs will be established across Northern Ireland on a phased basis, initially in hospitals undertaking complex surgery that meet agreed criteria. The PACUs will be ring fenced for elective care.

RAG status	Green
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23. Post Anaesthetic Care Units (PACUs) are an intermediate level of care where a higher degree of observation, monitoring and interventions can be provided for patients (who do not require HDU/organ support) than in a general ward. PACUs will protect critical care capacity and reduce 'last minute' cancellation of inpatient surgery. This will support surgical capacity during times of increased critical care activity, such as during emergency surges or winter pressures.
24. The introduction of PACUs and monitoring of performance has been driven forward by the PACU Implementation Group (PACUIG) which consists of multi-disciplinary representation from each of the HSCTs.
25. PACUs at the Belfast City, Royal Victoria, and Ulster Hospitals have been building capacity incrementally since becoming operational. From April 2023, a total of 310 patients have stayed in a PACU.
26. Craigavon Area Hospital opened two PACU beds on 7 August 2023 and it is anticipated that the remaining designated sites at Antrim and Altnagelvin Hospitals, will be operational before the end of 2023.

ACTION 5

The British Association of Day Surgery (BADs) targets regarding the proportion of specific procedures which should be carried out as daycases will be used to compare daycase rates for specific procedures at a local and regional level and will be used to drive performance and efficiency.

RAG status	Amber
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27. BADs produces a directory of over 200 procedures that includes targets for daycase surgery rates. Though not unique to General Surgery the Department has developed a dashboard to compare surgery rates across the region for a basket of procedures which are benchmarked against the recommended targets set BADs. Work will continue over the coming months to include all relevant procedures. At a strategic level, the Elective Care Management Team is monitoring performance against BADs targets and will direct any necessary action by Trusts.

28. Implementing and achieving targets set by BADs will reduce length of stay in hospital for some patients and will therefore generate potential efficiencies such as releasing beds so that more patients can be treated, reducing overcrowding and long waits in emergency departments.

ACTION 6 & ACTION 7

Continued regional collaboration to rebuild elective paediatric lists.

Continued support for the Child Health Partnership (CHP) as it develops age appropriate pathways, training opportunities and models for delivery of paediatric surgery.

RAG status	Green
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29. CHP continues to work on the development of age appropriate pathways and is scoping the demand for the Public Health Agency to deliver accredited training for nurses. In addition, the Department held a Regional Paediatric Surgery Workshop in January 2023 which had representation from a range of paediatric surgical specialties, the Royal College of Surgeons, and the Royal College of Paediatrics and Child Health. The workshop enabled clinical and managerial teams across the region to discuss methods of improving collaborative working and address systemic challenges, as well as reinforce the support available from CHP and the Department.

30. The Department has instructed HSCTs to formalise and develop arrangements for the re-establishment of the commissioned paediatric general surgery lists in the Ulster Hospital and two paediatric day procedure

lists per month in the other Trusts. This has been actioned in South Eastern HSCT, the Western HSCT and Northern HSCT with the latter two now in a position to offer support to the region to help to tackle waiting lists. The Southern HSCT has resumed one list per month and work is ongoing to increase this to a second.

31. Work continues with HSCTs, established clinical networks and the Department to maximise the capacity for paediatric lists across the region to tackle long waits. This includes exploring historical funding, looking at pre-covid capacity and exploring new ways of working.

ACTION 8

As part of implementation of the emergency and elective standards there will be a review of current surgical services in each HSCT to ensure that workforce aligns with the new service model. This will cover medical, specialist nursing, AHP and pharmacy. Consideration will be given to the optimum skills mix required to deliver the new service model.

RAG status	Amber
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32. This action will be implemented on a phased basis as the models of service delivery develop across the HSCT sites. For example, the development of the EOSCs, along with DPCs, has provided the opportunity to explore new staffing models.
33. The approach to workforce will be different for each site depending on configuration and surgical case mix, and as each develops it is considering the appropriate skills mix required to deliver a high-quality efficient service. The focus is on all elements of the service from clinical teams, nursing ratios, pre-operative assessment, admin/booking and support teams.
34. Particular consideration is also being given to the non-consultant workforce element of the skills mix. SAS surgeons (a term covering staff grade, associate specialist, specialty and specialist grades), Physician Associates, Operating Department Practitioners and specialist nurses all have a role to play in providing care to patients. Examples of this in practice include the DPC at Lagan Valley Hospital where there is a diverse workforce providing patient care including nurse endoscopists, specialty doctors, Advanced Nurse Practitioners and Physician Associates, and at the South West Acute Hospital where SAS surgeons are operating under consultant supervision and there is nurse led admission and discharge.
35. The development of a comprehensive multi-disciplinary surgical care team in the general surgical environment in Northern Ireland will strengthen the core team and ensure that the contribution of the wider comprehensive surgical care team is maximised to improve outcomes, efficiency and safety for patients. The Elective Care Management Team is playing a key role in

shaping the strategic direction to maximise productivity, efficiency and sharing of learning and best practise across each of the sites.

ACTION 9

Establishment of a Regional General Surgery Network to drive forward a multifaceted transformation programme for general surgery at a regional level, incorporating best practice from other parts of the UK.

RAG status	Complete
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36. In October 2022 a Regional General Surgery Network was established. The overall aim of the Regional General Surgery Network is to oversee the implementation of the actions set out in the review of general surgery to ensure a safe, sustainable and equitable general surgery service for the population of Northern Ireland. It will also oversee the transformation and reconfiguration of General Surgery (both scheduled and unscheduled) at a regional level and will review performance and provide a forum to drive innovation.

37. The Network is clinically led and involves both clinical and managerial staff across the HSC and the Department. The Network is co-chaired by Professor Mark Taylor, Consultant in General and Hepatobiliary Surgery and Dr Tomas Adell, Director of Elective Care and Cancer Policy, Department of Health, and membership consists of general surgeons, anaesthetists, and clinical directors from each HSCT as well as representation from the Northern Ireland Ambulance Service and CHP.

ACTION 10

The Department of Health will develop an Integrated Dashboard for General Surgery made up of on the interlinked components of Patient Experience, Quality and Safety of Care; and Activity and Access to Care.

RAG status	Amber
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38. The development of an integrated dashboard is at a formative stage and work on the individual components continues to be progressed. The DPC at Lagan Valley Hospital has been selected to pilot the general surgery patient experience data collection process. Discussions between its management team and the Public Health Agency on an approach for using Care Opinion, the primary Online User feedback system used by HSC, are ongoing.

39. Across the HSC there are a range of interactive datasets in place that allow Trusts to monitor and challenge activity, access to care and performance. The HSC currently has a regional contract with the company CHKS to benchmark performance and key indicators for general surgery such as

mortality, flow and efficiency, and safety and quality. The Department is also pursuing regional access to the National Emergency Laparotomy¹ Audit (NELA). It is important that these local and regional level audits are in place to measure performance against a set of recognised quality and performance indicators. This information will be used to identify areas where performance falls below expected levels and targeted action can be taken to address the underlying issues, thus ensuring standards are maintained. It will also identify areas of good performance and support the ability to share good practice for the specialty.

¹Laparotomy is a type of open surgery of the abdomen to examine the abdominal organs