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Subject: Emergency Surgery

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1. Introduction.

(a) In February 2011, the Royal College of Surgeons of England produced the document *Emergency Surgery. Standards for unscheduled surgical care. Guidance for providers, commissioners and service planners*[1]. This had the aim of providing information and standards on emergency surgical service provision for both adult and paediatric patients.

(b) The following provides a summary of the report.

2. What is emergency surgery?

(a) The report explains that an emergency surgical service is not one that simply operates out of hours. Instead, six elements are outlined.

Box 1. Elements of emergency surgical provision[2]:

- Undertaking emergency operations at any time, day or night.
- The provision of ongoing clinical care to post-operative patients and other inpatients being managed non-operatively, including emergency patients and elective patients who develop complications.
- Undertaking further operations for patients who have recently undergone surgery (i.e. either planned procedures or unplanned 'returns to theatre').
- The provision of assessment and advice for patients referred from other areas of the hospital (including the emergency department) and from general practitioners. For regional services this may include supporting other hospitals in the network.
- Early, effective and continuous acute pain management.
- Communication with patients and their supporters.

(b) For most surgical specialties, providing emergency surgical care works out to around 40-50% of the workload. This varies according to the speciality; for example, in neurosurgery over half the admissions are non-elective and account for 70-80% of the workload.

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[1] The Royal College of Surgeons of England, *Emergency Surgery. Standards for unscheduled surgical care. Guidance for providers, commissioners and service planners*, February 2011, http://www.rcseng.ac.uk/publications/docs/emergency-surgery-standards-for-unscheduled-care

[2] Ibid., p.7.

3. The case for change and common issues:

(a) A number of reasons for changing the way emergency surgical care is delivered are given.

Box 2. Drivers of change[3].

- Patients requiring emergency surgery are among the sickest treated in the NHS.
- Outcome measurement in emergency surgery is currently poor and needs to be developed further.
- Current data show significant cause for concern – morbidity and mortality rates for England and Wales compare unfavourably with international results.
- It is estimated that around 80% of surgical mortality arises from unplanned/emergency surgical intervention.
- The NHS has to reduce its costs significantly over the coming years – savings can only be delivered sustainably through the provision of high quality and efficient services. The higher complication rate and poorly defined care pathways in emergency surgery (when compared to elective surgery) offer much greater scope for improvement in care and associated cost savings.
- The reduction in working hours for doctors and the focus on elective surgical care has changed the level of experience and expertise of trainees when dealing with acutely ill surgical patients.
- Patients expect consultants to be involved in their care throughout the patient pathway.
- Evidence from a survey of general surgeons indicated that only 55% felt that they were able to care well for their emergency patients.
- At least 40% of consultant general surgeons report poor access to theatre for emergency cases.

(b) A number of common issues to be addressed are outlined in the report[4]:

- Priority and timeliness of surgery
- Understanding quality and outcome issues
- Teamworking
- Organisation of staff
- Organisation of facilities
- Clinical interdependencies
- Communication with patients and supporters

4. Models of care.

(a) Within the clinical interdependencies which exist, a number of models of care are outlined in the report[5]:

[3] Ibid., p.13.
[4] Ibid,. pp.8-12.

- Consultant-based care
- Separating elective and emergency care
- Surgical assessment units
- Clinical networks
- Extending the working day
- Outcomes and quality indicators

(b) The report is not prescriptive as to which model of care should be adopted, and the bulk of the report consists of describing the standards underpinning unscheduled surgical care applying to both paediatric and adult patients.

[5] Ibid., pp.13-16.