Progress report on the Interim Centralisation of Adult High Risk and Emergency General Surgery in east Kent.

Kent Health Overview and Scrutiny Committee
June 2014

1. Introduction and Background

Over the past two years the Trust has been reviewing its surgical clinical strategy to ensure the continued safe provision of surgical services. As a result of this work, a number of options have been produced, which aim to deliver safe and sustainable surgical services for the future. These options will be subject to formal public consultation later next year.

The aim of this paper is to update the HOSC on the current and future position of adult high risk general (abdominal) emergency and high risk elective surgery at EKHUFT.

In late 2012, the Trust invited the Royal College of Surgeons (RCS) to review it's surgical services. As part of this it was recognised that a negative consequence of the current on call model is that, due to skill mix, there may be multiple and potentially significant delays for patients on an emergency general surgical pathway and emergency treatment may be being provided by inappropriately skilled surgeons.

The Trust subsequently delivered a program of work to improve general surgical services and implement a model of care to support current service provision. However, at the end of 2013, the Surgical Services Division informed the Trust's Executive Team and Trust Board of Directors of the need for urgent action due to an emerging serious clinical risk in general surgery. This increased risk was driven by workforce changes, specifically the balance between gastro intestinal and non-gastro intestinal surgeons, substantive consultants and locum filled posts and, linked to that, access for patients to substantive consultant decision making. All of these factors increased the risk of poor patient care, experience and outcomes. This was of particular concern at the WHH.

As a result, on 14th February 2014, the Trust Board agreed to test the feasibility of an interim centralisation of adult high-risk general (abdominal) emergency and high risk elective surgery at the Kent and Canterbury site from May 2014.

2. Progress

Whilst the General Surgeons supported centralisation as the strategic end point, they were concerned that about the timescales for implementation and have supported us to find a safe interim solution to maintain services, in the short to medium term, at WHH and QEQM.

In addition, the Trust's own work showed that a move to a centralised service by May had some considerable challenges in terms of capacity, in particular critical care capacity and resilience on the K&C site.

The interim solution is to ensure a rota of eight gastro-intestinal surgeons will be available to manage emergency care at both the WHH and QEQMH. This would ensure the removal of non-GI surgeons (i.e. breast and endocrine surgeons) and recruitment to the current locum posts.
Importantly this means that all eight consultants at each site will support the emergency rota and thereby enable two consultants (rather than one), to manage the emergency activity.

This will increase significantly the access to consultant led decision making including the ability to offer this at evenings and weekends.

This solution is not sustainable in the long term for a number of reasons. Firstly, it is the Trust's ambition to move to a 24hour, seven day a week consultant delivered service. Delivering this ambition from two sites is not achievable because of workforce availability, further sub specialisation and the affordability of delivering the expected quality outcomes of our commissioners and the public.

3. Board Decision

At its April Board meeting, the Board was asked to confirm that the centralisation of adult high risk general (abdominal) emergency and elective surgery remained the long term solution. The Board of Directors recognises that this will need to be subject to further public engagement and consultation. The Board therefore also approved moving to the interim solution described above.

The current expected timeline for full implementation of the interim model with substantive posts is September 2014. The Trust has already gone out to advert for a total of two consultant posts and has had a positive response in terms of applications, with interviews set for June. A further four posts will be advertised in July / August to deliver a full establishment of consultant cover.

In addition the current GI consultants are also formally supporting non GI consultants whilst they are on call. As a result of these changes the Trust can confirm that the agreed interim solution has reduced the serious clinical risk identified in late 2013.