

Surgery – Task and Finish Group

Tuesday 18th September 2012

Present: - Councillor Regan (in the Chair) and Councillor S. Richmond.

Officers: - Janet Sedgwick, Associate Chief Operating Officer and Abbie Metcalfe Democratic Officer.

Members received a detailed overview of the areas under the Clinical Care Group of Surgery and Diagnostics. It was explained that Surgery and Diagnostics includes all pathology and radiology services and some Ear, Nose and Throat (ENT) services including audiology but the service excludes gynaecology. The Division also has clear links for the health and well being strands of health promotion/screening, community services and stakeholders.

Urology

Urology is the surgical speciality that focuses on the urinary tracts of males and females and on the reproductive system of males. The organs covered by urology include the kidneys urinary bladder urethra and the male reproductive.

There are two centres with Urology Services in the North East, one at Sunderland Royal Hospital and the other is a Darlington Memorial Hospital (DMH). This service is supported by Consultants from James Cook Hospital. The Trust provides a comprehensive range of outpatient clinics at Richardson Hospital and DMH, with day case and inpatient treatment at DMH. It is a small but fully integrated service and is historically very popular.

Bariatric Surgery

The Trust launched its new bariatric service in October 2011 with out-patient appointments, pre-surgery seminars and surgery being delivered from DMH, as previous there were only services at Sunderland and Leeds. Norscore have also commissioned some services from North Tees, James Cook and DMH over the past year. There are currently three consultants at DMH and it is a growing speciality and the demand for the service is high. The Trust is keen to develop a specialist weight management programme and is in discussion with commissioners about commissioning a service which at present doesn't exist. This Programme would be a middle level of support service, more than dietary planning but not as severe as surgery. It was envisaged that patients would be given the tools and confidence to self-manage their condition, through the support of their GPs and other options such as prescribed exercise, dietary plans and psychological support. This builds upon the public health prevention agenda and the programme would be designed to include family support to prevent children following their parents eating habits.

As part of the planning of the refurbishment of the theatre complex, theatres will allow for additional space to move around larger patients to ensure that surgeons can meet the demand.

Communication is key to review the service pathways and by introducing a middle tier of support programme, the numbers of referrals may decrease and GPs may need to

be more involved to support the patients rather than a surgical intervention. It was noted that North Tees, have reduced its numbers of referrals because of this. The Trust is also reviewing its elective surgery criteria making it stricter. However, patients are able to appeal on clinical grounds, if they are refused surgery and the majority of appeals are supported.

Orthopaedics

The Trust provides a comprehensive high quality trauma and elective Orthopaedic inpatient and day case surgery service. There are facilities at DMH, University Hospital of North Durham (UHND), Shotley Bridge Community Hospital (SBCH), Bishop Auckland General Hospital (BAGH) and Chester-le-Street Community Hospital (CLSCH). The Trust aims to provide immediate access to hospital admission when required at DMH and UHND and a definitive surgical management within 48 hours of admission. The Trust holds an excellent reputation in the region for the delivery of high quality training of the Orthopaedic Surgeons of the future.

It was explained that one of the Trust's aims to provide services locally and centralised expertise, for example; upper limb surgery is carried out at DMH and revision of hips is undertaken is at UHND. The Trust believes that this enables a better quality of service to be delivered. The number of Orthopaedic Consultants continues to grow and the team currently boasts 21 consultants.

Endoscopy

The Trust provides a specialist endoscopy service for direct access patients in County Durham and other local areas. It also provides a comprehensive endoscopy service for elective and emergency inpatients. There are four Endoscopy Units which are based at UHND, DMH, BAGH and SBCH. There is a high demand and is the biggest pressured area for the Trust, the number of lower bowel cancer investigations also impact on diagnostics.

Vascular Surgery

The Trust provides a specialist vascular service treating such conditions as varicose veins and aortic aneurysms and cases of vascular injury and trauma. Also provided is an emergency service for ruptured aneurysms and cases of vascular injury and trauma. Patients admitted to hospital for elective and emergency treatment also receive high quality care. Inpatients are admitted to UHND or DMH day case procedures are carried out at BAGH or SBCH. Vascular surgery is a speciality of surgery in which diseases of the vascular system or arteries and veins are surgical reconstruction. Specialist staff support team comprises of specialist nurses and radiology. The contact for vascular screening is held by Gateshead Health NHS Foundation Trust.

Conditions treated by vascular surgeons include: varicose veins thread veins circulation disorders of the upper or lower limbs and aneurysms carotid disease surgery to prevent stroke. Common conditions treated include abdominal aortic aneurysm Claudication TIA/ Stroke prevention (carotid endarterectomy) critical limb ischaemia and varicose veins. The Trust offers specialist nurse led claudication clinics and rapid access carotid endarterectomy via the TIA clinics. Patients with suitable varicose veins can be treated

either with traditional operation or VNUS (endovascular radioablation). The Trust also provides a tertiary service for hyperhidrosis offering botox treatment local surgery and sympathectomy.

A review of vascular services is underway across the Country which will impact on the services provided at DMH. There is a drive for centralising specialist services across Regions and currently there are large centres at James Cook and Royal Infirmary Newcastle. The Trust would like to provide a third centre at UHND. It was suggested that there might be a hub and spoke model and figures would be measured on the number of procedures carried out against the population served. Members were reassured that if there were changes to services that a consultation would be carried out. It was confirmed that lower level of vascular surgery would continue to be delivered locally which aftercare provision at DMH.

Plastic Surgery

Plastic surgery is a regional sub-specialty service based at UHND and serves a population of 1.6 million people in the Durham, Gateshead, Sunderland, South Tyneside and Darlington areas. The greatest percentage of the plastics work is an emergency and cancer related, but also includes the removal of skin and soft tissue, tumours repair and reconstruction of all soft tissue trauma including nerve tendon and vessel injury, breast reconstruction following mastectomy, repair of complex hand injuries and correction of congenital abnormalities. The Trust are trying provide a service for day patients to be provided locally rather than at James Cook.

Emergency and planned inpatient operations are carried out at UHND alongside outpatient clinics in Durham, Darlington, Sunderland, Gateshead and South Tyneside. There are currently six consultant plastic surgeons in post supported by junior doctors and a clinical assistant. The Directorate also employs a Skin Cancer Nurse Specialist whose role is to co-ordinate the care of skin cancer patients who require plastic surgery intervention. There is a nurse-led dressing clinic at UHND and all burns patients are treated centrally at the RVI.

Ophthalmology

There are Ophthalmology in -patient and out-patient services for patients with eye conditions to the population of County Durham and Darlington. In-patient care for emergency treatment and elective surgery is also based at DMH. Patients requiring ophthalmic surgery are treated on a day case basis at DMH within the day surgery unit and at BAGH in the new Cataract Centre. Out patient clinics are held at DMH, BAGH and UHND. The department provides a range of consultant and nurse led services such as nurse led minor operations (cyst removal). Orthoptist and optician services are also provided across all main sites with orthoptist services at SBCH and CLSCH. The department also acts as a resource for those seeking support from Action for the Blind.

Screening for Retinopathy of Premature babies is performed by members of the team of consultants at UHND and DMH. The department has a well established Wet AMD treatment service with Lucentis injections at DMH. Laser treatment for diabetic retinopathy is available at all three main sites. The Trust provides a lower level of surgery services for children at a local level from 12months old and minor surgery such as squints, tonsils and grommets, are carried out at DMH.

Clinical Decision Unit

There was a pilot of the Clinical Decision Unit undertaken in early 2012 and the feedback was extremely positive. The Trust need to redesign its services to enable consultants to assess patients at an early stage to reduce the demand on diagnostic treatments. This will also avoid unnecessary admissions and enable patients to get treated quickly and discharged quickly.

Addressing unscheduled care will streamline admissions for DMH and link to the work in respect of the integration of Urgent Care Services and Emergency Department. This would mean a massive change to the physical aspects of the DMH building to allow better access to the entrance. The aim is to move the Doctors to the patients and not move the patients, this will ultimately enable patients to be managed more effectively and improve access to clinics. This could lead to a Common Assessment Unit, which would include a full patient assessment at the time of presentation; however, this is an expensive service. The use of telehealth could also be utilised and GP s will be encouraged to email Consultants directly for an opinion on a specific condition with results provided in an agreed timescales.

The recent Northern Echo article highlighted GPs complaining about access to primary health care and the general public confusion over who to contact. There is also a culture change that is required around working hours of Consultants as evening and weekend working still appears to cause some issues, the Trust would like to increase the number of Consultants across the patch to address this issue. The Trust also hosts a specialist team of nurses and a high proportion of them are Nurse Practitioners who are specially trained and a number are local and work in the community. The Teams work links in with the multi-disciplinary teams who have aligned their services and support. There is a heavy reliance on Junior Doctors working unsociable hours but all are willing, passionate and have plenty of enthusiasm to develop the service.

Pathology

The Trust provides a comprehensive Pathology service to both Acute Trust and Primary Care. Each speciality is led by a Consultant and Lead Biomedical Scientist and individual laboratories are accredited through Clinical Pathology Accreditation (CPA). There are three laboratories, one on each site and also on-site presence for out-patients at SBCH. The majority of requested tests are catered for in-house; only a small percentage are referred elsewhere due to their specialist nature or because the low volume makes testing uneconomic. The Directorate has consistently achieved good results in benchmarking audits and surveys and the GPs are supportive of the excellent service.

The Mortuary service is included in the Pathology service and Members were reminded that the mortuary service is the 'cities responsibility'. There are contingencies plans in place for a pandemic that includes how bodies would be stored. There are also plans to relocate the mortuary to enable a more direct access and utilise the old Pierremont Unit.

Radiology

The Directorate of Radiology provides a Trust wide diagnostic imaging service. The acute Radiology work is concentrated at UHND and DMH which offers a full comprehensive range of diagnostic imaging and interventional procedures as well as substantial plain film reporting and ultrasound service. The department at BAGH offers a wide range of mainly outpatient based CT plain film and ultrasound procedures. It also provides plain film imaging for the PCT urgent care/minor injury unit. The CT scanner at BAH offers the majority of outpatient appointments for Trust wide referrals. This allows the scanners on the acute sites to focus more on the inpatient workload.

The Trust has suffered a chronic problem in recruiting Consultants and as result have relied upon using locums, as nationally there is a problem recruiting. There is a small number of Clinicians in post who are working long hours, which provides a risk to the service and therefore the Trust has had to outsource certain aspects of the service. The Trust has commissioned a private company to analyse the images taken and all this is carried out electronically and in a timely manner. It is an expert service which relies upon timely responses to enable the patients not to experience any delay. The Trust are continuing to advertise for Clinicians and are hoping to get back on track and are working closely with the Clinical Commissioning Groups to develop a service plan to include future commissioning intentions. There is a high demand for the services and with cutting edge technologies, imagines are becoming more dynamic and it is hoped that the speciality will once again become attractive.

Orthopaedics

The Trust provides a comprehensive high quality trauma and elective Orthopaedic inpatient and day case surgery service. There are facilities at DMH, UHND, SBCH, and BAGH. The Trust aims to provide immediate access to hospital admission when required at DMH and UHND and definitive surgical management within 48 hours of admission.

It was noted that more could be done with the assistance of the Local Authority to work in partnership to support discharge and establish a care package prior to discharge to avoid readmission and ensure that that there is appropriate access to rehabilitation. For example, there are a high number of patients seen every year requiring knee surgery, which leads to rehabilitation and sometimes social services support. A pathway could be designed to enable patients to get the most appropriate support required when leaving hospital to enable them to make a speedy recovery. There is also a need for the re-education of patients after such a procedure which limits their movement, or when patients are vulnerable and are in need of an acute intervention.

On-going issues

The Trust are working on developing packages of care and considering what this should look like. The Health and Well Being Team are exploring how the Trust engage better with patients, the patient dependency on hospitals culture, how patients can be nurtured to take responsibility for self-management of their health and conditions.

Three main future challenges:-

1. Unscheduled care

2. Mainstreaming services and providing access to consultants 24hours, 7days a week;
3. Delivering local services of a high standards and trying to compete with external providers to retain services locally

Agreed:-

- That the Associate Chief Operating Officer of the Trust be thanked for her attendance at the meeting.
- That given the vast amount of information shared at the meeting a future meeting of the Group be held on Friday 12th October 2012 at 12.30pm with Councillor Newall to be invited to discuss the nature of the work and the ways forward.