

Emergency abdominal surgery at the Horton General Hospital

1. Introduction

1.1. This paper accompanies the Oxfordshire Clinical Commissioning Group's (OCCG) paper to the Oxfordshire Joint Health Overview and Scrutiny Committee. The purpose of this paper is twofold. The paper:

- Outlines the Oxford University Hospitals NHS Trust's vision for the Horton General Hospital. This vision provides the strategic context within which issues relating to emergency abdominal surgery need to be considered.
- Describes the background for the decision taken by the Trust in January 2013 to suspend emergency abdominal surgery at the Horton General Hospital and sets out the clinical evidence underpinning the original decision to suspend emergency abdominal surgery at the Horton General Hospital and the proposal that the suspension should be made permanent.

2. Vision for the Horton General Hospital

Commitment of the OUH Trust Board

2.1. The Board of the OUHT has stated publicly its commitment to a positive and vibrant future for the Horton General Hospital. The Horton (together with the Trust's other three key sites) fulfils a central role within the Trust's overall strategy. This strategy entails the provision of high quality, local and specialist services from its four key sites on an integrated basis.

2.2. This strategy, as it is driven forward, will ensure that more patients from Banbury and the surrounding communities in north Oxfordshire and the neighbouring counties will be seen at the Horton than is currently the case. This will mean that far fewer patients from the north of the county and neighbouring communities have to travel to Oxford for care and treatment.

2.3. This section:

- Describes the national context within which the vision for the Horton General Hospital is being developed.
- Lists the design principles underpinning the vision
- Describes in outline the key service components of the vision
- Highlights current developments that are taking forward the vision

National context

2.4 The future of the acute hospital sector is the subject of considerable national discussion. The review of urgent and emergency care "Transforming urgent and emergency care services in England – Urgent and Emergency Care Review", the NHS England annual planning guidance "Everyone Counts: Planning for 2014/15 to 2018/19" and the Future Hospital Commission to the Royal College of Physician's report "Future Hospital: Caring for Medical Patients" are just three recent examples of

reports into different aspects of the debate around the shape of the acute hospital of the future.

2.5 “The Future Hospital: Caring for Medical Patients” identifies the key issues that need to be addressed. These include:

- A health system ill-equipped to cope with the needs of an ageing population within increasingly complex clinical, care and support needs.
- Hospitals struggling to cope with an increase in clinical demand.
- A looming crisis in the medical workforce, with doctors under increasing pressure, and difficulties recruiting to posts and training schemes.
- A systematic failure to deliver co-ordinated, patient centred care, with patients forced to move between beds, teams and care settings with little information sharing and services that struggle to deliver high quality services across seven days, particularly at weekends.

Design principles

2.6 The Horton is one of the smallest district general hospitals in the country and is therefore experiencing a number of these pressures earlier and more acutely than in other parts of the country. It is, therefore, imperative that any future vision for the Horton responds to these pressures.

2.7 The Trust’s vision for the Horton is underpinned by a number of important design principles. These are:

- Provide as wide a range of local services as possible.
- Use the strengths of the Horton General Hospital and the local community.
- Clinical and financial sustainability.
- Patient safety.
- Services integrated across the Trust.
- Services integrated with key partners.
- A focus on services not bricks and mortar.

Components of the vision

2.8 Taking into account these demands and pressures and the proposed design principles, a future vision for the Horton General Hospital is evolving which combines the following components:

- An emergency department and acute general medicine with specialist support. The Trust is undertaking a review of acute medicine and is currently developing a model of care at both the John Radcliffe and the Horton General Hospital with a clear pathway for acute admissions which will deliver:
 - Compliance with national external standards
 - Meeting standards for speciality input into the management of specific conditions (e.g. heart failure, respiratory disease)

- Each ward to have linked medical team with leadership working closely with nursing leadership and new joint accountability.
- Further work to explore the role of acute medicine across all inpatient specialties, particularly surgical inpatients.
- Provide 24x7 support from necessary services within the hospital
- Work with the CCG to help with admission avoidance, building on the emergency medical unit at Abingdon and other experience, developing ambulatory models of care for appropriate conditions
- Trauma unit integrated with major trauma services – the Trust has strengthened trauma services at the Horton General Hospital with the establishment of trauma clinics held seven days a week and expanded trauma operating time.
- Paediatrics – the new model of paediatric staffing has been consolidated.
- Maternity – the Trust has developed an innovative joint clinical and research model for staffing the middle grade rota in maternity that has stabilised the current model of maternity care at the Horton.
- Seven day diagnostics – in common with its other sites the Trust is seeking to expand the availability of key diagnostic services throughout the week.
- General and specialist outpatient ambulatory services – the vision sees a significant expansion in the volume and range of outpatient services being available on the Horton General Site for both general and specialist services.
- Major centre for day case and short stay surgery – the Trust is seeking to develop the Horton General Hospital as a centre of excellence for day case and short stay surgery.
- Education and training – as it develops into a modern local general hospital, the Horton will provide an excellent base for enhanced education and training for all professionals.
- Service innovation and research and development – the vision envisages the Horton contributing to and benefitting from the Trust's extensive programme of service innovation and research and development.

Current developments

2.9 This vision is already being driven forward by the Trust. Recent important developments have included, for example, the expansion of the Brodey Centre delivering chemotherapy services locally and the establishment of a renal dialysis unit. Further developments that are currently being progressed include:

- In collaboration with Oxford Health, the development of emergency assessment functionality at the Horton.

- A scheme to provide a dedicated paediatric outpatient facility. This will free up some space in the main outpatient department which will enable the first phase of an expansion of outpatient services.
 - The expansion of elective surgery. In recent weeks the Trust has introduced paediatric ENT operating lists and will follow this with adult ENT operating lists in the near future.
 - A major capital scheme to expand and upgrade the ultrasound department at the Trust.
 - Developing plans for:
 - The expansion of outpatient facilities
 - An integrated day case unit
- 2.10 The developments, as described above, involve a capital investment of over £2m in the Horton General Hospital and will, in line with the overall vision, promote the continuation of a transfer of services, where clinically and financially sustainable, from the Oxford sites to Banbury, thereby significantly reducing the number of patients needing to travel to Oxford for their care and treatment.

3 Emergency Abdominal Surgery

The National Perspective

- 3.1 In recent years there has been a growing national agenda to improve the standards of emergency surgery. Several important documents over the last few years (*Emergency General Surgery: The future. A consensus statement*, Association of Surgeons of Great Britain and Ireland 2007; *Emergency Surgery. Standards for Unscheduled Surgical Care*, Royal College of Surgeons 2011; *Emergency General Surgery* ASGBI 2012; *Emergency General Surgery*, Royal College of Surgeons 2013) have highlighted concerns about the quality of care provided to patients requiring Emergency Surgery, and the resulting outcomes, and the variable provision of appropriate resources to provide a safe service for this sometimes critically ill group of patients.
- 3.2 An increasing number of units have provided a subspecialist emergency surgery service with specialist Upper GI (gastro-intestinal) and Lower GI surgeons on call together (at the John Radcliffe Hospital we have provided this subspecialty on call service for six years, with patients triaged to the appropriate subspecialty).
- 3.3 Thus, the provision of Emergency Abdominal Surgery is changing significantly, with clear recommendations from the Royal College of Surgeons and the Association of Surgeons (ASGBI) as to how such services should be provided in the modern NHS, with such emergency care being provided on a networked basis. Surgical treatment of acutely ill patients must take priority over elective surgery when necessary, and there must be adequate resources to support the service, particularly with respect to emergency or urgent theatre access, critical care facilities, and 24 hour a day radiological support.

- 3.4 The clinical evidence is clear: patient outcomes are better if patients are assessed and operated on by surgeons who have a specialist interest and treat a large number of patients with the relevant conditions. Conversely, if a surgeon only does relatively small numbers of a procedure their outcomes will not be as good.
- 3.5 This development in clinical practice is reflected in and promoted by parallel changes in doctor training. Surgeons are now trained in a sub-specialism and not in the broad discipline of general surgery. Effectively, general surgery and general surgeons no longer exist.
- 3.6 Inevitably this means centralisation of many aspects of the emergency surgery service, in particular those patients needing admission for assessment and monitoring, and those needing emergency or urgent surgery. It is clear that a new specialty of Consultant Emergency Surgeons is developing, and these Consultants will run the Emergency Abdominal Surgery service, retaining the generalist approach to the assessment and management of these patients, but closely linked to the appropriate subspecialist (Upper GI and Lower GI) expertise when necessary.

Emergency Abdominal Surgery in Banbury

- 3.7 In 2010 the Trust commissioned an external review of the Horton General Hospital Emergency Abdominal Surgery service following concerns raised by the Horton Consultant Surgeons about the sustainability of the service. This review (the Giddings report) found that the service was unsustainable in its present format. One of the options suggested in this report was to move the Emergency Abdominal Surgery service from the Horton General Hospital to the John Radcliffe Hospital in Oxford. In 2012 the Clinical Director for Surgery was asked to develop a proposal to transfer the Emergency Abdominal Surgery service from Banbury to Oxford, specifically to see whether it was both safe and feasible.
- 3.8 Through the second half of 2012 a series of workshops were set up to look at this proposal, involving extensive engagement with the Horton General Hospital Emergency Department, representatives from Primary Care and all appropriate hospital specialties. It was clear from this work that the transfer of Emergency Abdominal Surgery was not only feasible and safe, but would lead to better care of patients with emergency abdominal conditions. The Clinical Director for Surgery was preparing proposals recommending the transfer of the Horton Emergency Abdominal Surgery service to Oxford, which would have included engagement with the local community, but before this was able to be taken forward, events in January 2013 led to the suspension of this service.

The reasons behind the decision to suspend emergency abdominal surgery

- 3.9 In January 2013 Oxford University Hospitals announced a temporary suspension of the emergency abdominal surgical service at the Horton after some unexpected changes in medical staffing personnel at the Horton meant there were no longer sufficient numbers of consultants available to staff a rota for emergency abdominal surgery.
- 3.10 The emergency abdominal surgery rota was staffed by five of the surgeons who worked at the Horton - the minimum number needed to run an out of

hours rota. One consultant left the Trust for non-clinical reasons, another consultant withdrew from clinical practice and a third surgeon decided to withdraw from the emergency rota while continuing with elective practice at the Horton. The Trust did consider appointing locum Consultant Surgeons to support Emergency Surgery in the Horton Hospital, but it was felt that a safe service could not be guaranteed with a service provided by a majority of Locum Doctors. It is not possible or safe to have cross-site rotas, so that was not an option and as the Trust was already looking at proposals to transfer this service to the John Radcliffe Hospital, it was considered that the only option was to bring forward the proposal developed above with immediate effect.

- 3.11 In August 2013 the School of Surgery (representing the Royal College of Surgeons) withdrew recognition of out of hours training for junior surgeons at the Horton Hospital.

There has been no impact on elective (planned) surgery at the Horton - indeed there has been an increase in the amount of elective day and short stay surgery at the Horton.

Communication of decision to patients, staff and stakeholders

- 3.12 Once it had been established that emergency abdominal surgery would need to be transferred, the Trust drew up a protocol with GPs and ambulance staff for the referral of patients and developed a plan to communicate the decision to staff, patients and stakeholders. The Trust's plan involved briefing commissioners (including those for the surrounding areas to Oxfordshire), the GPs in the north locality, staff at the Horton, the former Strategic Health Authority, the former Primary Care Trusts, South Central Ambulance Service and East Midlands Ambulance Service, HOSC, CPN (Community Partnership Network), staff more generally in the surgical division in the Trust, local MPs, Keep the Horton General, Oxfordshire County Council, Oxfordshire CCG (then in shadow form), the Care Quality Commission, out of county GPs, Ramsay Healthcare and the local media.

The future for Emergency Abdominal Surgery for Banbury patients

- 3.13 The OUH Trust believes that the suspension of the Emergency Abdominal Surgery service at the Horton General Hospital should be made permanent. Since the suspension of the service in January 2013, there have been regular audits and meetings with key stakeholders. Many changes have been implemented to improve the service for Banbury residents. There is a daily (Monday to Friday) Consultant led Urgent Surgical Assessment Clinic (currently one hour a day but there are proposals to increase this to four hours a day) and an abscess pathway has been set up so that patients requiring minor incisions and drainages of abscesses can be treated in Banbury. Despite these improvements it is clear that there is still an average of 6 patients a week being referred from Banbury to the Surgical Emergency Unit at the John Radcliffe Hospital for urgent assessment only to be discharged back home after being seen. In order to ensure that only patients who need to be admitted are referred to Oxford, we will be significantly enhancing the Consultant led assessment of surgical patients in Banbury, and this will be supported by increased access to emergency scans for these patients at the Horton General Hospital.

4. Conclusion

- 4.1 Therefore, for the reasons set out above the Board of the Oxford University Hospitals NHS Trust believes that in the interests of patient safety and the quality of patient care, the suspension of emergency abdominal surgery at the Horton General Hospital should be made permanent. The Trust will continue to work with GPs, the public and other stakeholders to minimise the number of patients who have to travel to Oxford.
- 4.2 The Trust Board is committed to a positive and vibrant future for the Horton General Hospital that will see a significant increase in the volume and range of services provided in Banbury. This will ensure that more patients in the catchment of the Horton are treated locally.

Mr Andrew Stevens
Director of Planning & Information

14 February 2014

Mr Nick Maynard
Clinical Director
Surgery