

Report Title	Future Day Case Surgery Activity – Options Appraisal		
Sponsoring Executive	Liam Kennedy, Chief Operating Officer		
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Meeting	Joint Overview and Scrutiny Committee	Date	1.11.21

1. Suggested discussion points

The purpose of this paper is to outline the proposed allocation of day case surgical activity at the Sandwell & West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) opens in 2022.

As outlined in the MMUH business case SWBHT will operate from two treatment centres for planned day case surgery, these sites are the Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General hospital). Acute care and elective surgery will be delivered from MMUH.

As part of the Acute Care Model Programme the Trust has developed clinical pathways including a new theatre model which allocates surgical specialities to a single treatment centre. The new theatre model results in a change in location of day case surgery for General Surgery and Trauma and Orthopaedics.

The paper outlines the clinical case for change for these specialities to deliver surgery from their proposed locations and outlines the potential implications on workforce, equipment and financial implications should these specialities be required to deliver surgery from both treatment centres.

Members of this committee as are asked to

- Note the content of the report
- Consider the implications should Orthopaedics and General Surgery be required to deliver from dual treatment centres
- Agree to receive the public engagement and consultation plan at a future meeting.
- Agree to receive the results of the engagement and consultation activity and the Trust's recommended approach.

Future Day Case Surgery Activity – Options Appraisal

1. Introduction

- 1.1 The purpose of this paper is to outline the proposed allocation of day case surgical activity at the Sandwell & West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) opens in 2022.
- 1.2 As outlined in the MMUH business case SWBHT will operate from two treatment centres for planned day case surgery, these sites are the Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General hospital). Acute care and elective surgery will be delivered from MMUH.
- 1.3 As part of the Acute Care Model Programme the Trust has developed clinical pathways including a new theatre model which allocates surgical specialities to a single treatment centre. The new theatre model results in a change in location of day case surgery for General Surgery and Trauma and Orthopaedics.
- 1.4 The paper outlines the clinical case for change for these specialities to deliver surgery from their proposed locations and outlines the potential workforce, equipment and financial implications should these specialities be required to deliver surgery from both treatment centres.

2. Background

- 2.1 SWBHT's proposed surgical services clinical model and movement to a single site for the provision of 'hot' Acute service is set out in the Long Term Plan (NHS National Direction) , Sandwell and West Birmingham Hospitals Strategic Plan and the MMUH Business Case.
- 2.2 The clinical model is based on the following key objectives:
 - Separation of 'hot' acute services and 'cold' planned services as recommended by NHS England (NHSE), Get it Right First Time (GIRFT) and NHS Improvement (NHSI).
 - Planned day cases are delivered on a 'cold' site where capacity can be protected, reducing the risk of operations being postponed due to urgent cases or infection control implications, most notably recently experienced as part of the Covid-19 pandemic.
 - Outpatients will continue to be delivered from both sites in community settings to maintain market share and care closer to home; delivering speciality day case surgery from concentrated sites.
 - A single site day case model directly supports the business objectives in the MMUH full business case associated with reduction in inefficiencies, duplication of care, equipment, workforce and running costs.
 - An increase in delivery of day surgery and associated benefits that are evidenced in having a dedicated day case facility.

- Providing specialist care by concentrating workforce ensuring the *Right Care at the Right Time*.
- Improved performance through productive operating theatres and standardisation of pathways.

2.3 Day case units are strongly recommended by regulators including NHSE/I, GIRFT, Department of Health and professional bodies. Standalone day case units have evidenced a reduction in overnight stays and other benefits for both patients and system wide efficiencies related to patient quality and experience, reduced waiting times and financial implications. Furthermore dedicated day case units have resulted in increased productivity and improved outcomes in terms of unplanned admissions rates and post-operative symptoms. It is recommended by GIRFT that similar specialities are co-located to allow for collaborative working and better patient outcomes.

3. Current Provision

3.1 As detailed in the introduction, SWBHTs theatre model once MMUH opens has an implication for General Surgery and Orthopaedics. The current provision for these specialities are as below (data is from 2019 as this is the most relevant data pre Covid-19 implications)

- **General Surgery:** Day case activity is currently delivered from both BTC and Sandwell General Hospital. The activity volumes and percentage split at these sites were as follows:
 - 42% City (868 patients)
 - 58% Sandwell (1199 patients)
- **Trauma, Orthopaedics and Plastics:** Day case activity is currently delivered from BTC and SGH. The activity volumes and percentage split at these sites were as follows:
 - BTC 52% (1620 patients)
 - Sandwell 48% (1402 patients).
 - Plastic surgery day cases are delivered from BTC and in 2019, 336 patients were treated at BTC.

Elective surgery for both these specialities is delivered from Sandwell General Hospital. Both specialities deliver outpatients clinics from both sites and also have provision for virtual consultations.

4. Future Provision

4.1 The proposed locations for General Surgery and T&O are as follows:

4.2 General Surgery

- Electives and Emergencies: Midland Metropolitan University Hospital
- Day Cases: Birmingham Treatment Centre

The proposed location of day case general surgery has taken into account considerations for collaborative working with other located specialities including Urology and the provision of radiography.

4.3 Orthopaedics and Plastics

- Electives and Emergencies: Midlands Metropolitan University Hospital
- Day Cases: Sandwell Treatment Centre

The proposed location of day case orthopaedic and plastic surgery has taken into account considerations for collaborative working with other support services including physiotherapy, radiography and fracture clinic.

4.4 The pre-assessment and post-operative pathway will remain unchanged with appointments offered at both Sandwell and BTC within outpatient departments.

5. **Post Code Analysis and Catchment areas**

5.1 An analysis of patients that received day case surgery in 2019 has been undertaken to understand the impact to patients and potential catchment loss. Postcode maps are attached in appendix 1 for information however a summary of these are as follows:

5.2 General Surgery – Proposed location is BTC

- Patients that are referred to general surgery that required a day case procedure are generally spread across the trust's catchment area, of which 1199 patients attended day surgery at Sandwell in 2019
- Approx. 50% of these patients were located closer to City Site which is the proposed location of day case surgery.
- As such approximately 600 patients could be potentially affected by either travelling further to have their day case surgery at BTC or will choose to be referred elsewhere.

5.3 Trauma and Orthopaedics – Proposed location is STC

- Patients that are referred to trauma and orthopaedics or plastic surgery that required a day case procedures were mostly located north of the geographical region, possibly due to a regional orthopaedic centre being located in the south. In 2019, 1620 patients attended the BTC for day case surgery.
- A significant portion of these patients travelled from the north of the region. There were some postcodes that were significant for orthopaedic cases (Kingstanding and Tipton) which were seen at City hospital.
- Approximately 70% of cases were located closer to Sandwell. As such 486 patients that resided closer to City would be affected by the change, however more patients would benefit from being located at Sandwell.

A review of public transport has been undertaken to consider the travel between Sandwell and Birmingham. Currently public transport routes from parts of Sandwell, particularly towards the Walsall border, to City site can require up to 3 buses (1 from pts home to West Bromwich bus station, 1 from there to central Birmingham and 1 from central Birmingham to City site) which can be time consuming and costly as discounted tickets in Sandwell do not always cross the boundary into Birmingham. As part of the MMUH programme a transport group with partner organisations has been re-established to look at public transport routes from within our catchment which will likely improve transport.

It is however worth noting that patients that more patients would benefit from orthopaedic surgery being delivered from Sandwell and would like to reduce travel time to hospital. Furthermore as patients will be attending for day case surgery the patient will rely on family transport or taxis rather than public transport.

6. Clinical Case for Change

6.1 As detailed in section 2.0 there is a wealth of evidence into the benefits of having dedicated day case units. Further to this there are further evidenced and local benefits to patients by consolidating surgical specialities onto a single site treatment centre as opposed to delivering from two sites:

- GIRFT identified that there was evidence of increased levels of quality and patient experience by close onsite collaboration of all members of the surgical speciality MDT (i.e. surgeons, physiotherapists)
- Patient experience and outcomes may increase due to the provision of a consistent and speciality skilled workforce providing dedicated care.
- Reduction of inequitable waiting times for surgery based on spreading clinical provision across multiple geographical sites.
- Patients are treated in accordance with clinical priority and equitable waiting times and not location of service.
- Patients will still be able to able to access outpatients at both treatment centres.
- Patients that attend Fracture Clinic will be co-located with orthopaedic semi-elective trauma surgery.

As part of the Covid-19 restoration and recovery of elective surgery GIRFT have recommended the provision of “High Volume, Low Complexity” surgery for 29 surgical pathways, including orthopaedics and general surgery. Delivering high volume, low complexity efficient lists requires surgery to be delivered from a site with theatre lists scheduled with the same procedures to maximise efficiency and productivity which has resulted in reduced waiting times for patients. Consolidating a speciality to one site would enable the operational delivery of high volume, low complexity surgery.

The following outlines the clinical case for change by speciality for delivering day case surgery from one single site as opposed to both.

General Surgery		Trauma, Orthopaedics and Plastics	
Advantages	<p>Close collaborative working with urology as proposal is to work from the same day-case unit</p> <p>Reduction in duplication of equipment across 2 sites rather than 3 sites</p>	Advantages	<p>Reduction in duplication of equipment and implants across 2 sites rather than 3 site</p> <p>Reduction in on-call commitments for both consultants and registrars as only 2 sites would be required</p> <p>Reduction in impact of training of doctors and registrars in clinic and surgery through increase of on-call commitment by site</p> <p>Reduction in impact of job plans and coordination of consultants and registrars covering theatres by procedure and wards following surgery</p> <p>Reduction in duplication of nursing and physiotherapy provision at 2 sites rather than 3</p> <p>Elective surgery will be delivered from MMUH reducing the geographical impact of moving out of BTC</p> <p>Increased visibility and team working if only delivering across one treatment site.</p>
Disadvantages	<p>Market share, but this could be counter-acted by ensuring that out-patient activity continues at multiple sites</p> <p>Equity of Access for patients requiring surgery – care closer to home.</p>	Disadvantages	<p>Market share, but this could be counter-acted by ensuring that out-patient activity continues at multiple sites</p> <p>Equity of Access for patients requiring surgery</p>
Risks	<p>There is a risk that the Trust could see a reduction in referrals from catchment loss from the Sandwell area.</p> <p>There is a risk that operating from two sites would have a financial implication in duplicating equipment.</p>	Risks	<p>Cost implication to increase on-call rota for registrars across three sites</p> <p>National shortage and difficulties in recruitment of registrars to fulfil any increase in the on-call rota</p> <p>National shortage and recruitment difficulties for radiographer and three sites would require increase in radiographer provision and associated cost</p> <p>Infection control risk particularly 23hr joints on</p>

			wards if sharing with some certain specialities e.g. general surgery where infection risks are higher
Financial Implications	Camera Stack - £120,000.00 Bariatric Hydraulic Leggings - £20,000.00 Total Cost: Approx £140k	Financial Implications	Duplication of costly equipment (e.g. power tools), range of implants and appropriate storage. <ul style="list-style-type: none"> • Image Intensifier - £70,000.00 • Orthopaedic Stack - £90,000.00 • Tourniquet - £10,000.00 • Table Accessories - £30,000.00 • Power Tools - £100,000.00 • Implant and implant storage costs – TBC, MMUH Prosthetic store (Scan for Safety/GS1) <p>Additional 3 -4 registrars would be required to deliver onsite on-call rota for an additional site with an approximate cost of £280k</p> <p>Total Cost: Approx £580k</p>
Other considerations	Plan to downstream eligible procedures from theatres to outpatient procedures rooms which could be delivered from both sites.	Other considerations	Plan to downstream eligible procedures from theatres to outpatient procedures rooms which could be delivered from both sites.

Delivering general surgery and orthopaedics from both sites will result in an approximate total capital cost of £720k and an additional £280k in pay. The capital expenditure was not included in the MMUH business case.

7. Impact to Staff

7.1 The relocation of general surgery day cases being delivered from BTC, and Orthopaedics and Plastics being delivered from STC will have a impact on theatre staff with 21 whole time equivalent (WTE) staff being required to be based from an alternative site.

7.2 Within the statement of principles contained with each employee's contract the site location is detailed as Sandwell and West Birmingham NHS Hospitals Trust and employees may be required to work in other designated locations of the Trust to meet the needs of the service. As most staff will have chosen a site location based on work life and family balance needs it would not be appropriate to instigate the clause without consultation. To ensure best practice transparency and engagement the trust would support a meaningful consultation with staff through 1:1s to discuss any individual concerns.

8. Integrated Care Systems

8.1 As set out in the NHS Long Term Plan, the future direction for the NHS is the development of Integrated Care Systems (ICS) which brings together commissioners, providers and local authorities to collectively plan and deliver services to meet the needs of its population. It is

hoped that ICS's will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development.

- 8.2 The Trust has been working closely with partners within the Black Country and West Birmingham ICS to identify opportunities for the collaboration of acute care. Future provision of services will be consider and maximise economies of scale to rationalise services and standardise clinical care, which will include the development of hub and spoke models for the efficient delivery of surgical services. The development of the treatment centres and consolidating services at the Trust provide an opportunity to meet the future system vision.

9. Summary

- 9.1 The paper outlines the clinical case for change for the delivery of general surgery and orthopaedics to be delivered from one treatment centre as opposed to both. There are evidenced patient benefits in the proposal and minimal impact to patients, in the case of orthopaedics more patients will benefit from travelling to Sandwell as opposed to BTC. Furthermore the paper has outlined that there would be considerable financial and workforce implications in duplicating day case surgery across both sites.

- 9.2 Patient engagement and a consultation was undertaken as part of the MMUH business case and Right Care Right Here Programme however there has not been any recent patient engagement in regards to the proposed location of surgery particularly for general surgery or orthopaedics whereby there will be a change of location.

- 9.3 The Trust proposes to carry out a public engagement and consultation exercise to inform patients of the options to be considered in relation to day case surgery, sharing the engagement and consultation plan with JHOSC and to return to a future committee meeting with the results of that engagement activity and a recommended option.

10. Recommendations

- 10.1 The Joint Overview and Scrutiny Committee are asked to:
- Note the content of the report
 - Consider the implications should Orthopaedics and General Surgery be required to deliver from dual treatment centres
 - Agree to receive the public engagement and consultation plan at a future meeting.
 - Agree to receive the results of the engagement and consultation activity on conclusion of the engagement period, and the Trust's recommended approach.

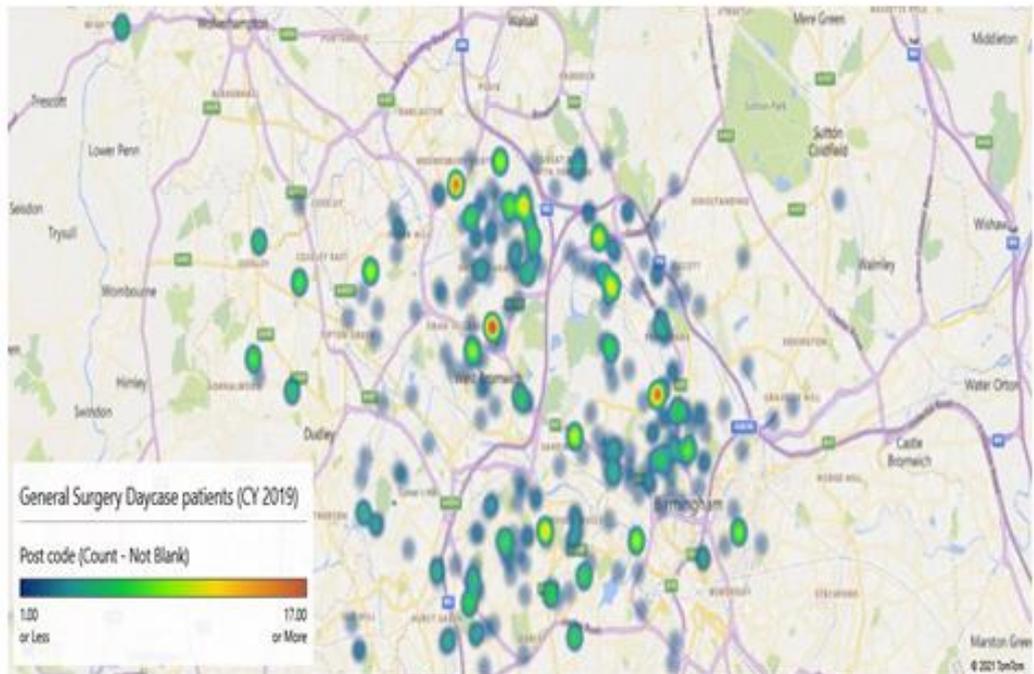
Annex A: Post Code Analysis Maps

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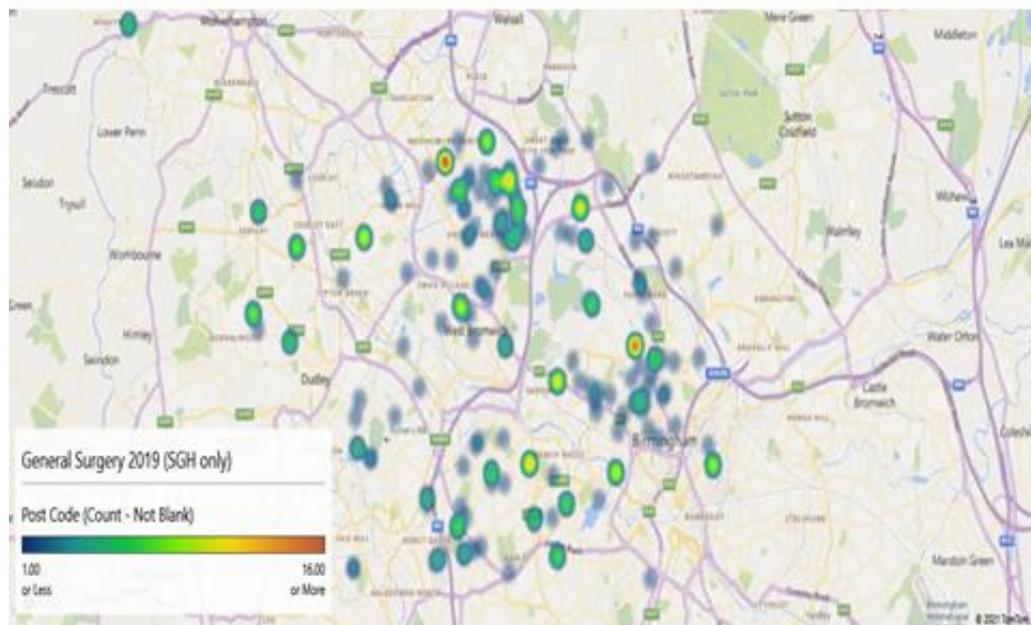
Annex A

Post Code analysis Maps

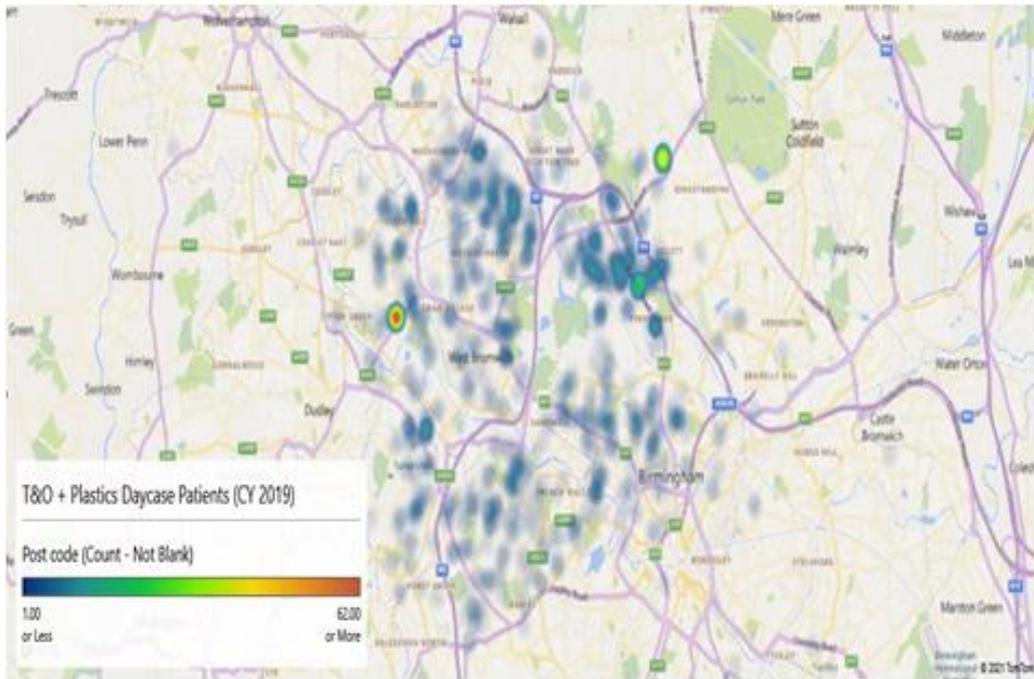
General Surgery Daycase Patients 2019 – All Theatre Activity



General Surgery Daycase Patients 2019 – Population Affected by Consolidation (Sandwell Daycase Theatre Cases)



T&O + Plastics Daycase Patients 2019 (All Daycase Theatre Activity)



T&O + Plastics Daycase Patients 2019 – Population Affected by Consolidation (City Daycase Theatre Cases)

