NHS

Working together

Phase Two Updated Draft Case for Change September 2021

to improve hospital services in South Tyneside and Sunderland

An update on plans to improve surgical services

NHS partners working together:
South Tyneside and Sunderland NHS Foundation Trust
South Tyneside, Sunderland and County Durham Clinical Commissioning Groups

The path to excellence

Introduction

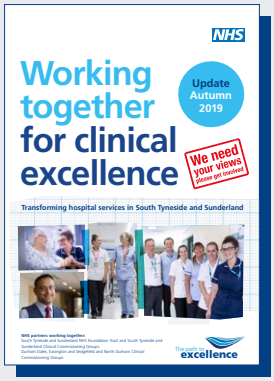
This document provides an update on Phase Two of the Path to Excellence programme. It explains why we want to make changes to surgical services. It also explains why services cannot stay as they are.

It follows four previous 'Draft Case for Change' documents that we have published since July 2018. These documents set out the issues and challenges that we face. They also share what we have learned from talking to staff, stakeholders and patients.

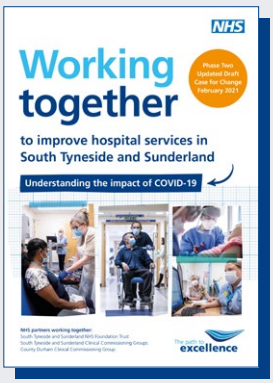
These are all available at **www.pathtoexcellence.org.uk/publications**

July 2018

February 2019



Autumn 2019



February 2021

September 2021

We are planning to hold a public consultation later in the year. This is when we will share proposals for the future of surgical services.

Background to Phase Two

Our local hospitals provide great care to thousands of people. Our NHS staff are highly dedicated. We want to make sure they are always able to provide the highest quality of care. Over the last five years, we have been working to build upon these successes. We need to prepare for the future and the ever increasing demand for health and care services.

Our ambition is simple. We want to create outstanding hospital services for the future. We want everyone to get the best care possible. Our patients deserve no less. Since 2017, our staff have been developing ideas for Phase Two of the programme.

Before COVID-19, we were looking at the following areas:

Emergency care and acute medicine

This is when people are admitted to hospital in an emergency. They may need life-saving treatment. It includes care in the Emergency Department (A&E).

Emergency surgery and planned operations

This includes patients who need an emergency operation or a planned operation.

Planned care and outpatients

This includes tests, scans and other planned treatments.

Clinical support services (radiology, therapies and pharmacy)

These services help to diagnose what is wrong. They also support patients to get better.

We paused work on Phase Two in March 2020. We did this to allow our staff to focus on managing COVID-19.

We restarted work on the programme in October 2020. Our first task was to consider the impact of the pandemic. We set this out in the draft Case for Change in February 2021.

There is no doubt that COVID-19 has increased the pressures on staff and services even more. We cannot lose sight of the vital improvements we still need to make.

We now need to make progress. That is why we are focussing first on our 'working ideas' for surgery. We want to provide the best care for everyone who needs an operation.

We will share our proposals for surgery in a public consultation later this year.

What about the other services in Phase Two?

The pressures on our Emergency Departments (A&E) and our other hospital wards haven't gone away.

The challenges are bigger than ever. We need more time to debate and discuss the impact of COVID-19. Frontline staff do not have time to do this while COVID-19 pressures remain. There are no current plans to change how our Emergency Departments (A&E) work in South Tyneside or Sunderland. Any future discussions about these services would be subject to the same rigorous process. This would include public consultation, in due course.

We would make sure that any future decisions about surgical services do not negatively impact or influence other areas of care. This is vital and very important to us.

We are pleased to say that many of our ambitions for planned care and outpatients have now become a reality. This is about common sense improvements. We are now providing more services locally than ever before. We will always do this where it is safe to do so. COVID-19 has helped us make some positive changes which we set out in the draft Case for Change in February 2021.

The Trust's ambition for a new Integrated Diagnostic Centre is now also progressing at South Tyneside District Hospital. This will increase capacity for more tests and scans to take place locally. This will be vital to help services recover from the pandemic and help reduce waiting lists.

A reminder - why is change needed?

The impact of COVID-19 has made the need to change more, not less, urgent than ever before. We must learn from the pandemic to better arrange the way we run services. This will be better both for patients to receive care and for staff to provide it to them.

Workforce

NHS staff are under a lot of pressure. Even before COVID-19, we often relied on the goodwill of our staff. Every day staff have to work longer hours or cover extra shifts. This is because we have vacancy gaps that we have been unable to fill despite recruitment efforts. This has increased even more during the pandemic and it continues now. COVID-19 has increased the mental and physical pressure on NHS staff. Their health and wellbeing is now even more of a concern. We can improve this if we change hospital services. It would also help us to manage the ongoing risk of staff shortages as best as we possibly can.

Future demand

The pressure on staff links directly to the growing pressure on the whole NHS. More people than ever get successful treatment from the NHS. This is good news. Medicine is much more advanced and we have more technology. This means most people who need hospital care have more complex health needs. As more people live longer, demand on our services will grow even more. That is why we must keep looking to the future to plan ahead.

Quality improvement

We deliver great care but it could be even better. Some services do not meet the highest standards of quality and safety. For example, some patients who need emergency surgery do not have access to the right specialist surgeon straight away. This should happen quickly in order to give the best care. We must take action to improve this.

Financial

Our hospital services cost more than the funding we have. We don't have enough specialist staff to keeping services running as they are now. Recruitment is improving but we still rely on locum staff to fill rota gaps. This is expensive and not good for quality. If we changed how we deliver services, we can improve this. We could better maximise staff time and expertise. This would also help attract more permanent staff. Quality of care would also improve.

Why we are focusing on surgery?

We have been talking about our 'working ideas' for surgery for a very long time. Surgical teams first began talking about this in 2016. They want to move forward and deliver the best possible care for patients.

The pandemic has increased the pressure on surgical services. We do not want patients to have any further delays or cancellations. This means we need to change services to help reduce the backlog of patients waiting.

We must also continue with our strict infection control measures. This is vital to protect patients and staff from COVID-19. It means our hospitals can continue to provide safe patient care.

We do not want to delay our plans for surgical services any further. Making changes to these services would help us recover from COVID-19.

It would also help us to prepare for winter and other periods of 'surge'. This is when lots of people arrive at hospital who need to be admitted.

There is always a surge in the winter months. This is because the weather is colder and there are lots of viruses going around.

Surges in hospital activity can happen at other times of year and for other reasons too. COVID-19 is the perfect example of this.

Every year we plan for these pressures but we also have to make difficult decisions. Sadly this means we often have to call patients to cancel their planned operation.

If we changed our surgical services, it would really help us. It means we would reduce the number of planned operations we have to cancel at short notice.

Surgical services

When we talk about 'surgery' or 'surgical services', this covers two main areas:

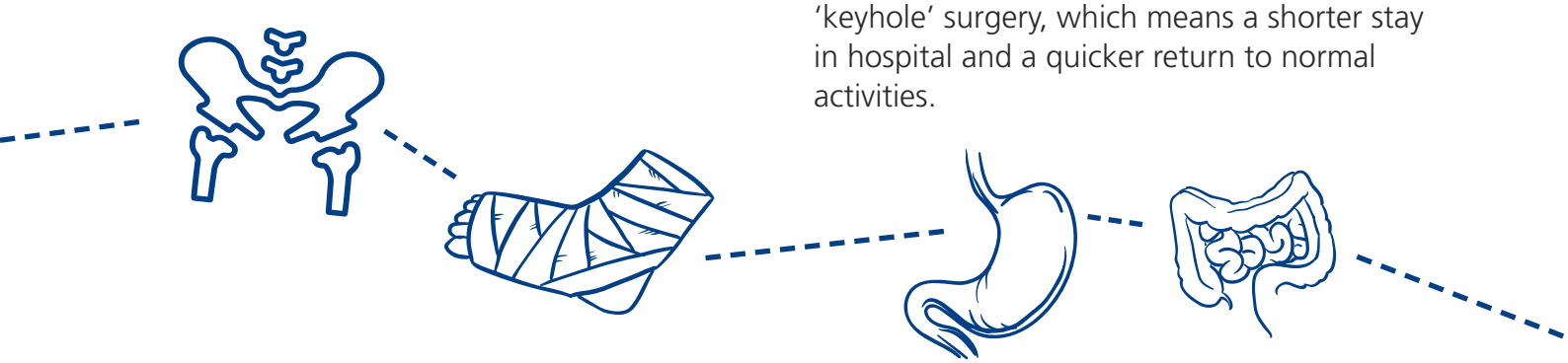
Surgical services

Trauma and orthopaedics

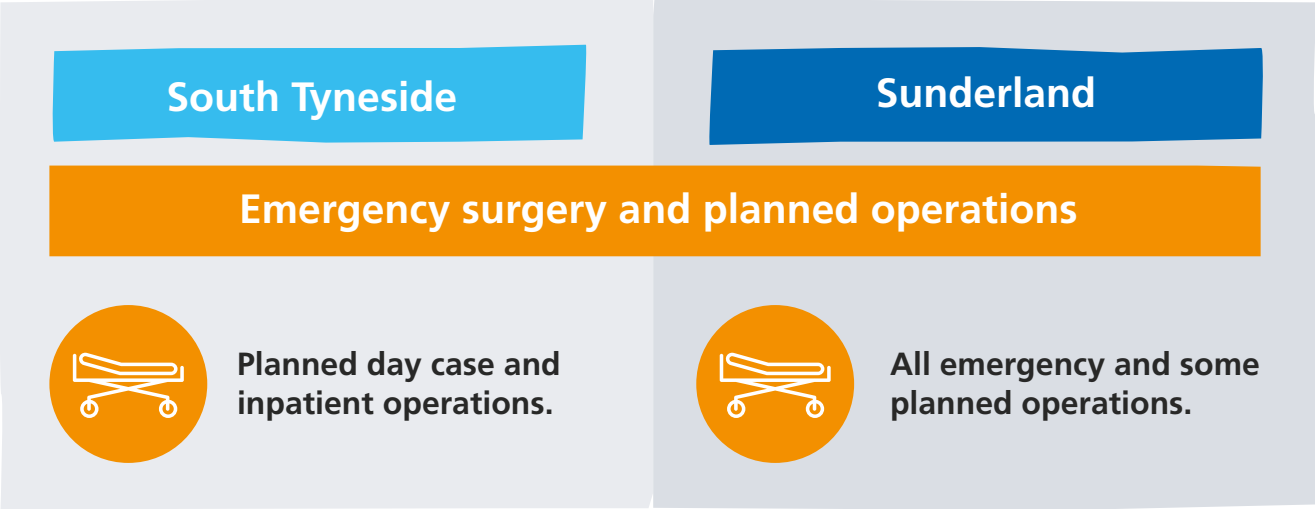
This type of surgery is to do with bones, joints and muscles. Trauma is the word we use to describe emergency operations to fix badly broken bones or injuries. For example, a broken hip. Orthopaedics is the word we use to describe planned operations on bones, joints or muscles. For example, a new hip or knee replacement.

General surgery

This type of surgery covers many parts of the body. Patients with cancer will often undergo general surgery as part of their planned treatment. The main operations we do are on the stomach (tummy), colorectal (bowels) and surgery to fix hernias. We also provide a specialist bariatric surgery service to help people with obesity. Some common emergency operations include gallbladder removal or removing a swollen or painful appendix. Most of our general surgery is now 'keyhole' surgery, which means a shorter stay in hospital and a quicker return to normal activities.



In our 'working ideas', the majority of planned operations would take place at South Tyneside District Hospital. Emergency operations and some planned operations would take place at Sunderland Royal Hospital. This would mean:



- **Patients who need an emergency operation would have this at Sunderland Royal Hospital**
- **Most patients who need a 'planned' operation would have this at South Tyneside District Hospital**
- **Some patients would continue to have their planned operations at Sunderland Royal Hospital**
- **Both hospitals would continue to run 24/7 adult Emergency Departments (A&E) services just as they do now**
- **Outpatient care and diagnostic tests and scans would continue on both hospital sites just as they do now**
- **Patients would only need to attend the specific hospital for the surgical procedure. Other tests and appointments would take place locally, just as they do now**

Both hospitals would continue to deliver some aspects of General Surgery and some aspects of Trauma and Orthopaedics work in the future.

During COVID-19, some patients have already had to have their operation in a different hospital. This was to help the NHS safely manage patient care. If we change surgical services, we would also need to think about how we help patients to recover. For example, having physio, or help with everyday tasks like making a cup of tea.

Why is it better to do emergency operations at one hospital and planned operations at the other?

By organising surgery like this, it would be much better for patients and staff.

It is a tried and tested model and there is lots of national evidence (see page 12). Many other parts of the NHS have already done it with great success. We are now one of the only parts of the region that doesn't do this already.

For patients it would mean:

A surgeon who is an expert in the field, would carry out your operation. This would be the case if you needed a planned operation or an emergency operation.

There would be less chance of the NHS having to cancel your planned operation at short notice.

If you did need an emergency operation, the NHS could make sure the right surgeon was available 24/7 to treat you.

There would be less chance of suffering any complications after your surgery or having to return about the same problem in future. This is because your surgery would be delivered by specialists.

More chance of being discharged home sooner and less time in hospital due to more specialist care.

A quicker recovery following surgery and better quality of life after your operation .

An improved patient journey and better experience

For staff it would mean:

Surgeons would get to carry out more of their chosen specialism all of the time. This means they would continue to develop their skills and expertise in the field. Staff who specialise in ankle surgery would get to do more ankle operations.

Less pressure to fill rota gaps at short notice and less demanding on-call commitments. This is important to improve work life balance.

Being able to concentrate fully on planned operations without the risk of an emergency case interrupting the theatre list.

Being part of a service that attracts and retains more permanent staff. This means we wouldn't need to rely on temporary locum staff.

Having more time to deliver high quality training for those at the start of their career.

More opportunities to carry out research in their chosen field. This would help the NHS to stay at the forefront of ground-breaking treatments.

For the NHS overall it would make sense:

It would mean we can maximise the use of theatre lists to do more operations.

We would better control the spread of infection.

It would give us the best chance of reducing waiting lists.

We would have more capacity to meet demand during times of surge.

What does the evidence say?

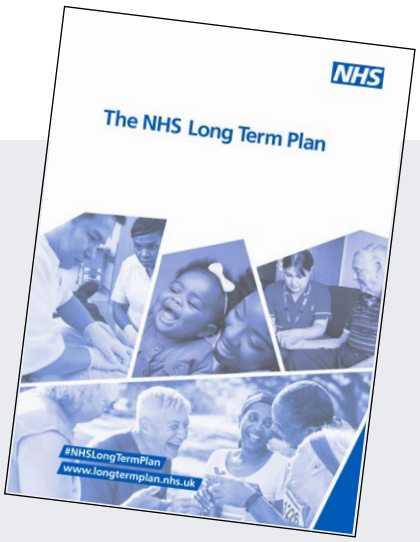
The national evidence* is very clear about the benefits for patient care. It suggests that by separating emergency surgery from planned surgery it will:

- Reduce unnecessary cancellations or delays.
- Ensure consultant-delivered care and rapid availability of a senior surgical opinion.
- Ensure surgeons are not required for routine operations or clinics whilst on call.

*The evidence base

The 'NHS Long Term Plan'

The 'NHS Long Term Plan' also outlines the benefits and thinks this is a good idea. It means hospitals can run more efficient surgical services. It also means patients have better access to the right expertise at the right time.



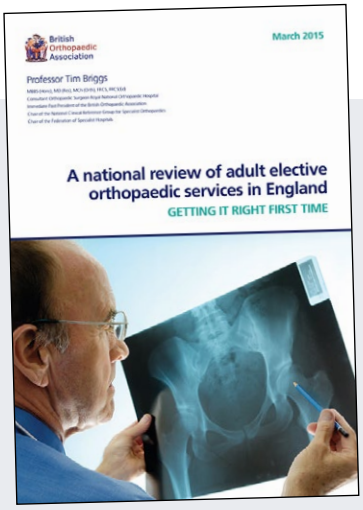
➤ The NHS Long Term Plan (2019)

The evidence base cont'd

The Royal College of Surgeons

"Outcomes for patients having emergency surgery at night and weekends, are comparatively poor compared to those treated within working weekday hours."

➤ Emergency Surgery: Standards for unscheduled care



British Orthopaedic Association

➤ A national review of adult elective orthopaedic services in England Getting It Right First Time (2015)

gettingitrightfirsttime.co.uk

➤ General Surgery Getting It Right First Time Programme National Specialty Report (2017)

The NHS Long Term Plan (2019) NHS Long Term Plan v1.2 August 2019
Royal College of Surgeons: Emergency Surgery: Standards for unscheduled care (rcseng.ac.uk) (2011)
British Orthopaedic Association: A national review of adult elective orthopaedic services in England Getting It Right First Time (2015) (gettingitrightfirsttime.co.uk)
General Surgery Getting It Right First Time Programme National Specialty Report (2017) (gettingitrightfirsttime.co.uk)

Minimising the need to travel

We know that local access to services is very important. People don't want to travel further unless they have to.

Our 'working ideas' do mean that some patients would need to travel to a different hospital for their surgery. We want to be upfront, open and honest about that. But we also believe that there are many benefits that would outweigh the downside of this.

Importantly, all other appointments would still take place locally. It would only be the surgical procedure that may take place in a different hospital. Everything else would continue just as it is now.

Through our work so far, we have developed a set of desirable evaluation criteria. One of these criteria is about minimising the travel impact of any future changes. We remain committed to this.
We are also undertaking a detailed travel and transport assessment. This will help us understand how any changes might impact patients.

Since 2019, we have had a successful staff hopper bus in place. This transports staff between our two hospitals in South Tyneside and Sunderland.

We are now actively exploring what cost effective solutions we could potentially put in place for patients and families.

We would encourage any local voluntary and community sector transport providers to get in touch with any ideas they may have.

Patient and public involvement

We have collected over 17,000 responses during phase two.

People have responded to a survey or attended a meeting or event. Many have responded via social media such as a like, share, view or comment.

This includes feedback from NHS staff and patients who have used hospital services. We have also involved key stakeholders and staff to help set evaluation criteria and assess the 'working ideas'. This has been vital to help us understand key issues and help refine the ideas into proposal for public consultation.

Local MPs, councillors and Healthwatch have also told us about key issues they would like us to consider. All feedback is very important and continues to influence our thinking.

You can read all of our feedback reports here: https://pathtoexcellence.org.uk/publications/feedback-reports/

We value everyone's views and are always open to new ideas. No matter what stage of the programme we are in, you can discuss what you think with us.

We can also connect you with other people who are interested in this work. Please get in touch with us with the details below.

www.pathtoexcellence.org.uk

nhs.excellence@nhs.net

facebook.com/nhsexcellence

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Get involved

Working with community and voluntary sector organisations

It's very important that we continue to hear a range of views from patients and their families and carers, the public, staff, stakeholders and wider partners.

We know that community and voluntary organisations are extremely close to key communities who could be more impacted than other people by future changes to hospital services.

We have worked with community and voluntary organisations throughout the programme and are extremely grateful for their input and expertise. Feedback from their service users and members has influenced how we have developed and assessed our ideas.

We would like to invite groups once again to get involved in giving their views.

We are particularly interested in hearing from organisations who are involved with:

- **Older people aged 65+ and 75+**
- **Patients with long term health conditions (such as heart disease or breathing problems, or diabetes) and their families and carers**
- **Patients with musculoskeletal conditions – problems with joints**
- **Patients with cancer of the stomach or bowel**

We are also keen to hear from groups who work with people with protected characteristics defined by the Equality Act 2010 that includes:

Age

Disability

Gender reassignment

Race

Religion or belief

Sex

Sexual orientation

Marriage and civil partnership

Pregnancy and maternity

We will be able to provide tools and training to carry out focus groups and a small payment. Please contact us on the details on the back page.


FREE

Next steps

We are at the final stages of work before starting a public consultation. We would only progress ideas that are realistic and are genuine proposals for change. This doesn't include keeping things as they are. We are open to ideas on how we can solve these problems - please see the back page for how to get involved.

Our clinical teams are clear that we cannot keep the status quo. This is because we want to improve the quality and safety of care. We also need to build services which are resilient for the future.

We are currently working through the normal NHS processes and assurance and aim to start a public consultation later this year. We will let people know before this is due to start.

How to get involved

There are lots of ways to get involved and give your views. The best way to find out what is going on is to look at our dedicated website. This includes up-to-date documents, links to surveys and details of up and coming events. We also widely promote activities through the media, online and via key partners and stakeholder groups. You can contact us any time via:

www.pathtoexcellence.org.uk

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We need your views
please get involved

Get involved

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