York Teaching Hospital
NHS Foundation Trust

North Yorkshire Scrutiny of Health Committee

Briefing Note: Update on provision of General Surgery at Scarborough Hospital

Date: 21 June 2019

1. Purpose of the Briefing

This briefing provides the committee with an update regarding progress with the Acute Service Review in relation to the provision of general surgery for the population served by Scarborough Hospital.

A proposal has been developed by the surgeons at York Teaching Hospital NHS Foundation Trust, and this briefing provides an overview of this proposal.

2. Background

In recent years it has become increasingly difficult to maintain a 24 hour general surgery rota on the East Coast, and in the summer of 2018 the departure of three surgeons from Scarborough Hospital made this even more challenging.

The fragile nature of surgery was a key driver in the decision to commission the Acute Service Review, in partnership with the CCGs and under the auspices of the Humber Coast and Vale Health and Care Partnership, to attempt to find a sustainable solution for general surgery, rather than a short term ‘quick fix’.

In the interim, the York consultant surgeons have also been providing weekend on call cover at Scarborough Hospital alongside the two remaining substantive Scarborough-based consultant surgeons. The service has been further supported by locums who choose to work on temporary, fixed-term contracts. Reliance on locums is both expensive and creates difficulties in terms of quality and safety.

To provide a more sustainable and stable solution, the general surgery consultants from both sites have been meeting regularly to discuss how general surgery can be provided across the Trust.

This has partly been driven by the retention and recruitment difficulties on the Scarborough site but also by the will to modernise and improve services generally. The surgeons have stated that the underlying principles underpinning any solution are to provide the right care to the right patient at the right location, with the need to provide sub-specialist care both electively and acutely but also to ensure that patients benefit from these services whichever site they present at.

The proposed approach has been discussed as part of the Acute Service Review and supported by the partners to that review, including NHS Scarborough and Ryedale Clinical Commissioning Group and the Humber Coast and Vale Health and Care Partnership.

3. Current surgical activity in Scarborough

The proposal outlined in this paper covers the general surgical specialties (i.e. upper gastrointestinal and lower gastrointestinal surgery).

It does not include the following surgical specialties that currently operate in Scarborough, which remain unaffected by this proposal:

- Urology
- Gynaecology
- Orthopaedics
- Head and neck
- Ophthalmology

Surgical outpatient activity: Scarborough Hospital Jan – Dec 2018:

- 62,676 outpatient appointments: all surgical specialties including general surgery, urology, gynaecology, orthopaedic, head and neck and ophthalmology specialties.
- Of these, 8,629 were general surgery outpatient appointments.

Elective (planned) operations at Scarborough Hospital Jan – Dec 2018:

- 5,710 planned operations performed by the general surgery, urology, gynaecology, orthopaedic, head and neck and ophthalmology specialties.
- Of these, 541 were performed by the general surgery specialties.

Acute (unplanned/emergency) operations at Scarborough Hospital Jan – Dec 2018:

- 2,072 operations in total, of which 1,113 were in general surgery.

Consultant staffing at the time of the review:

	Scarborough Hospital	York Hospital
Established WTE	8	10
Substantive staff	2	10
Locum staff	Up to 6	0

4. Options considered

Four options have been considered:

4.1. Option 1: continue with the current arrangements and use locums to bridge the rota gaps.

This would maintain the status quo, however it is fragile as locums work on fixed contracts. It is also expensive as temporary and locum staff cost more to employ than substantive staff.

This approach would also cause concern in relation to continuity and quality of care.

4.2. Option 2: discontinue general surgery on the Scarborough site

This option would see all acute and elective general surgery ceasing on the Scarborough site and transferring to York. Whilst this option would be less challenging from a staffing perspective, there is simply not the capacity to accommodate all of the Scarborough activity on the York site. It would also involve significant numbers of patients travelling for all aspects of their planned surgical care, and would have an impact on emergency ambulances having to transfer patients who present in the emergency department in Scarborough.

This option would also mean that Scarborough Hospital would not be able to retain its trauma unit status as part of the trauma network and threatens the status of the emergency department as a whole.

4.3. Option 3: No surgery overnight

This option would mean that general surgery rotas do not cover overnight. This has similar issues to option 2, for example placing additional strain on ambulance services. It would also mean that the types of cases that could be managed in Scarborough would reduce, for example to include day case work only, as it would not be possible to look after patients overnight post-procedure.

4.4. Option 4: provide a single Trust-wide rota

The fourth option is to develop a single department of surgery that serves both York and Scarborough, with sub-specialist cover from upper and lower GI surgeons.

The benefits of this approach are:

- Both acute and elective general surgery will continue to be available at Scarborough Hospital
- There will be 24 hour access to a surgical opinion
- Trauma centre status can be retained for Scarborough Hospital
- Greater support will be available from surgery for the other inpatient specialties such as acute and general medicine, elderly medicine.

The Trust is proposing to implement option 4, as this is the clinically-supported option and offers the ability to maintain as much of the current service as possible on the Scarborough site.

4.5. Further detail as to how this will work in practice is described below:

To provide access to both gastrointestinal specialties (upper and lower GI) the Trust will recruit to the full consultant establishment of 18 (9 upper and 9 lower GI surgeons).

There will be equity for all 18 consultants in terms of on call commitments at both sites as well as elective provision at the Scarborough site. Emergency care will be provided at York and Scarborough with 24/7 consultant on call.

On the York site there will be additional provision of reciprocal sub-specialty care Monday to Friday 08:00 until 18:00.

Out of hours on both sites the on call consultant will be reciprocated at the opposite site by a consultant of the opposite sub-specialty (upper and lower GI) – this will ensure that there is always a Consultant of both sub-specialties on call for the Trust at any one time.

Elective care will continued to be delivered at the Scarborough site. This will include operating lists, endoscopy lists and clinics.

Elective capacity will be similar to that which is currently provided.

In order to deliver this model, some variation will be required to current service provision, which is described below.

5. Impact of the proposed model

Elective colorectal cancer resections (approximately 50 cases per year) will no longer be provided at the Scarborough site and instead will be operated upon in York. This will expose all the Trusts colorectal cancer patients to a state of the art MDT (multidisciplinary team meeting of all of the specialists and health professionals involved in the care and treatment of colorectal cancer) with all treatment options being offered as well as benefiting from the nationally-recognised perioperative care rounds. There is also a small team of dedicated anesthetists.

There will be a single colorectal cancer MDT based at the York site. All colorectal cancer patients from the East Coast will continue to have access to out-patient services such as clinics, endoscopy, radiology and clinical nurse specialist services on the Scarborough site.

52 colorectal cancer operations were carried out at Scarborough Hospital in 2018.

It is envisaged that patients may, on occasion, be transferred between sites (in either direction) to access specialised care if there is clinical need and also on occasion the consultant may switch sites depending upon circumstances and clinical need.

Patient care pathways which are condition specific will be produced for patients at both sites which may entail transferring of patients (in either direction) if this is required to provide best possible care.

6. Approach to involvement

The change to colorectal cancer resection surgery will be clearly communicated to key stakeholders including GPs, local cancer support groups, and the Humber Coast and Vale Cancer Alliance.

The Trust will continue to monitor feedback from patients through our established patient experience routes (Friends and Family Test, PALS contacts, complaints and compliments).

A focused piece of engagement work will be undertaken to gain feedback from patients undergoing this procedure once the new pathway is introduced. This feedback will be factored in to the review of the new model for surgery which will take place 18 months post implementation.

7. Next steps and timeline

Recruitment to the rota has been successful. Allowing for contractual arrangements to be in place, the new model can be implemented from 21 October 2019.

We will use the intervening period to plan and carry out the communications and engagement activities described above in section 6.

It will be reviewed 18 months from the commencement date using the four domains of quality of care, patient access, finance, retention and recruitment.

The Trust will continue to explore the development of a ring-fenced day unit facility on the Scarborough site to ensure that operating lists can be used to full capacity.

8. Conclusions and recommendations

The proposal offers a sustainable solution for a fragile service, enabling general surgery to be maintained for the Scarborough population, congruent with our strategy.

We ask that the OSC supports the proposal to implement the new model from October 2019.

The Trust will provide an update report six months post implementation.

York Teaching Hospital NHS Foundation Trust
12 June 2019.