



Belfast Health and
Social Care Trust

Excellence and Choice

Right Treatment, Right Place
A Consultation on a Proposal to Reorganise the
Delivery of Acute Services in Belfast

GENERAL SURGERY
5 July – 31 October 2010

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Availability in other formats

If you have any queries about this document, and its availability in alternative formats then please contact:

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast BT8 8BH

Tel: 028 9096 0069
Fax: 028 9056 6701
Textphone: 028 9090 2863
E-mail: orla.barron@belfasttrust.hscni.net

Foreword – Patricia Donnelly, Director of Acute Services

We want health and social care in Belfast to be the best. We want our hospitals to provide safe, efficient, high quality care that meets patients' needs – and that's what this document is about.

We're aiming to offer higher standards of care through the reshaping of our services. Any changes we make will only happen after we have listened to everyone's views.

As a new Trust formed in 2007 from six previous Trusts in Belfast, we were always going to look at areas where we were duplicating effort or had an opportunity to work more effectively on behalf of service users. In 2008 in our New Directions consultation document, we opened a conversation on the best way to deliver services in Belfast over the next decade.

The attached document is part of the next steps. It represents a formal consultation on specific proposals for service change in **general surgery**. Under the banner of Excellence and Choice this document give more detail on how we might change services for the better.

General surgery is an important part of our hospitals' work. Our general surgical teams deal with everything from appendicitis and hernias to stomach, liver and colon cancer. At the minute we deliver general surgery in all three of our acute hospitals (the Royal Hospitals, Belfast City Hospital and Mater Hospital), and we're not intending to change that.

What we are suggesting is that the general surgery we deliver could be improved by redefining which parts of the service are delivered on which site.

We want to separate planned and unplanned work. This will mean patients needing emergency surgery will be seen and treated more quickly than is possible at the moment. It will also mean fewer cancellations for patients with planned procedures, helping us to continue to reduce the time people wait for surgery.

We want to bring our consultant surgeons together into specialist teams, forming centres of excellence in colorectal, oesophagogastric and hepatobiliary surgery.

We want to do all of this to ensure patients get the best treatment possible, by the right person, in the right place, at the right time.

First, we want to listen to you. I hope you will take the time to read this document and let us know your views on the proposals. We remain committed to making improvements and delivering the type of service you expect. Help us to get it right.

Patricia Donnelly

Executive Summary

What Is General Surgery?

General surgery deals with a wide range of conditions such as gallstones, appendicitis, hernias and skin lesions. General surgery in the Belfast Trust also includes a number of other specialist areas, each of which deals with a different area of the body:

- Lower gastrointestinal (GI) or colorectal surgery (colon, rectum and anus)
- Upper GI surgery, which can be further divided into:
 - Endocrine surgery (thyroid gland, parathyroid glands and adrenal glands)
 - Hepatobiliary (HPB) surgery (liver, pancreas and bile duct)
 - Oesophagogastric (OG) surgery (oesophagus, stomach and upper intestine)

All three acute adult hospitals provide both emergency and planned (elective) surgery. Currently emergency surgical patients are admitted at the Mater Hospital every day, however, the Royal Hospitals and Belfast City Hospitals admit only on alternate days. If a patient attends the Royal Hospitals or Belfast City Hospital Emergency Department on a day when that hospital does not admit emergencies, then the patient is transferred to the other hospital if admission is required.

Service Location: Options Considered

The General Surgery multi-disciplinary project team, including Service Users and Trade Unions, identified the following service options for the delivery of Emergency surgery:

1. Continue with current delivery at all three hospitals (Belfast City Hospital, Mater Hospital and The Royal Hospitals)
2. Deliver emergency surgery at Belfast City Hospital and Mater Hospital
3. Deliver emergency surgery at Belfast City Hospital and Royal Hospitals
4. Deliver emergency surgery at Royal Hospitals and Mater Hospital
5. Deliver emergency surgery at Belfast City Hospital
6. Deliver emergency surgery at Mater Hospital
7. Deliver emergency surgery at Royal Hospitals

The Project Team then considered the following options for the elective activity, currently undertaken at the Royal Hospitals, which would need to move to another site to enable all of emergency surgery to be based at the Royal Hospitals.

1. Continue to deliver elective surgery at the Royal Hospitals alongside the emergency unit.
2. Relocate the elective surgery currently delivered at the Royal Hospitals to Belfast City Hospital.
3. Relocate the elective surgery currently delivered at the Royal to the Mater Hospital.
4. Relocate the elective Upper-GI surgery currently delivered at the Royal Hospitals to the Mater Hospital and the colorectal surgery to the Belfast City Hospital.

Service Recommendations

The project team recommendations were that:

There should be a separation of elective and emergency flows, to ensure that both emergency and elective (planned) patients receive the level of care appropriate to their clinical needs, and enable the development of sustainable, compliant junior doctor and consultant rotas.

An Emergency Surgical Unit should be developed at the Royal Hospitals to be the sole entry point for all general surgical emergency activity and it should deliver an improvement in the quality and timeliness of care received by these patients. This is recommended because:

- A hospital accepting emergency surgical patients should have a Specialist Registrar (SpR) on site 24 hours a day to provide medical expertise at the appropriate level of experience, but there are insufficient SpRs to provide this level of cover in 3 hospitals. Concentrating emergency surgical patients in one hospital would enable the Trust to have a SpR on site 24/7, improving both the quality of care and equality of access for all emergency surgical patients.
- Directing emergency surgical admissions to a single acute hospital would also reduce the fragmentation and duplication of emergency general surgery and it would facilitate the development of a unit dedicated to providing high quality care to non-elective patients. Patient access would be maintained through the Trust's Emergency Departments, which are not part of this review.

- The Royal Hospitals, as the regional trauma centre, is best placed to be the location for this emergency service unit. This is in keeping with the strategic direction of this hospital and also supports the strategic direction at the Belfast City Hospital, as a major elective centre and the Mater Hospital as a general acute hospital.

The development of an Emergency Surgical Unit at the Royal Hospitals will displace the elective surgery currently delivered there, which is mainly colorectal and oesophagogastric surgery. This activity will move to Belfast City Hospital, in line with the profile of elective surgery currently delivered on the Belfast City Hospital site. The Mater Hospital will continue to develop its specialist hepatobiliary service as well as becoming a specialist centre for the delivery of short-stay general surgery. Elective endocrine surgery will continue to be delivered from the Royal Hospitals.

In summary, this proposed model for general surgery has four main elements:

- Specialist units for colorectal surgery and oesophagogastric surgery in Belfast City Hospital
- A specialist unit for hepatobiliary surgery in the Mater Hospital.
- A specialist unit for the delivery of short-stay general surgery in the Mater Hospital.
- The creation of a single entry point for all emergency surgical patients at the Royal Hospitals.

Table 1 summarises where surgical services are currently delivered and the proposal for a separation of emergency and elective (planned) services.

Table 1 General Surgery – Current and proposed service location(s)

General Surgery Services	Current Location(s)	Proposed Location (s)
Emergency Surgery	Belfast City Hospital/ Royal Hospitals/ Mater Hospital	Royal Hospitals
Lower Gastrointestinal (GI)/Colorectal Surgery (Colon/Rectum and anus)	Belfast City Hospital/ Royal Hospitals	Belfast City Hospital
Upper GI Surgery – Endocrine (thyroid gland, parathyroid glands and adrenal glands)	Royal Hospitals	Royal Hospitals
Upper GI Surgery – Hepatobiliary Surgery (liver, pancreas)	Mater Hospital	Mater Hospital
Upper GI Surgery Oesophagogastric surgery (Oesophagus, stomach and upper intestine)	Belfast City Hospital/ Royal Hospitals	Belfast City Hospital
Short-stay Elective Surgery (gall stones, appendicitis, hernias, skin lesions).	BCH/RGH/Mater	Mater Hospital

1. Introduction – Right Treatment, Right Place

The creation of the Belfast Trust has provided us with the opportunity to review how we can continue to improve quality, efficiency and sustainability of our acute services for the longer-term.

The Belfast Trust's overall purpose is to improve health and well-being and reduce health inequalities – putting people at the centre of all decisions, providing services locally where possible and making the best use of our resources including our buildings and other resources.

We are also making sure there is no unnecessary duplication of services and our modernisation programme MORE¹ (Maximising Outcomes, Resources and Efficiencies) is helping us find the significant efficiency savings that the Northern Ireland Assembly has asked all public bodies to make.

This document describes the range of general surgical services we provide, how we are redesigning them and our commitment to ensuring they are of the highest possible quality. For example, we are developing specialised surgical units, bringing together all surgeons practising the same specialty interest to form centres of excellence. We are also streamlining the way we deal with emergency surgical patients to ensure they get timely, focused treatment in a dedicated Emergency Surgical Unit, geographically separated from elective (planned) surgery.

The Trust's proposed model is to separate emergency and elective surgery and bring all emergency surgery into the Royal Hospitals, as part of the major trauma centre, and deliver different areas of elective surgery from both the Belfast City Hospital and the Mater Hospital.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast. Ten overarching principles were identified which have guided our approach to reviewing and reorganising services. Specific principles were identified for acute services, children's services, mental health and other services. Those principles of specific relevance to vascular services are:

- **To provide safe, high quality, effective care** – This is a core objective of the Belfast Trust.
- **Localise where possible, centralise where necessary** – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care. The Trust therefore aims to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision.

¹ MORE: The co-ordination of strategic, clinical, operational and financial performance to deliver the best possible care for patients and deliver maximum value for money.

- **Provide clear directions to services**, developing clear pathways to access appropriate emergency care.
- **To re-profile services** to make best use of each emergency department and to improve patient flows.
- **To develop protected elective services.**
- **To reduce unnecessary duplication and fragmentation of services.**
- **Maximise utilisation of assets** – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

In addition, New Directions proposed that there would be differentiation of services to improve patient care, based on the type of patient's condition and needs:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management
- The Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services
- The Mater Hospital as the centre for ophthalmology services and general acute hospital services.
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The Trust has produced this document to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views on the new model for general surgery.

2. How is general surgery currently delivered?

General surgery deals with a wide range of conditions such as gallstones, appendicitis, hernias and skin lesions. General surgery in Belfast also includes a number of other specialist areas, each of which deals with a different area of the body:

- Lower gastrointestinal (GI) or colorectal surgery (colon, rectum and anus)
- Upper GI surgery, which can be further divided into:
 - Endocrine surgery (thyroid gland, parathyroid glands and adrenal glands)
 - Hepatobiliary (HPB) surgery (liver, pancreas and bile duct)
 - Oesophagogastric (OG) surgery (oesophagus, stomach and upper intestine)

Patients can access this care in one or more of the following ways:

- As an inpatient: an admission to hospital which includes an overnight stay
- As a day case: surgical treatment which is carried out in a single day, without the patient having to stay in hospital overnight
- As an outpatient: care provided on an appointment basis without requiring admission to hospital.

Inpatient general surgery can be delivered along one of two key pathways:

- Elective: This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for an operation and then brought into hospital on a prearranged day.
- Non-elective or emergency: This is when a patient accesses general surgery without prior planning, for example a patient with abdominal pain who goes to one of the Trust's Emergency Departments (EDs) and is admitted to a general surgical ward for assessment and treatment.

All three of the Trust's acute hospitals – the Royal Hospitals, Belfast City Hospital and the Mater Hospital – currently deliver both elective and non-elective general surgery.

In the present system, emergency surgical patients are accepted at the Mater Hospital every day and at the Royal Hospitals and Belfast City Hospital on alternate days (this is known as 'alternate take'). If a patient presents at the Royal Hospitals or Belfast City Hospital, Emergency Department (ED) on a day when the hospital is not accepting emergency surgery and requires a surgical admission, they are transferred to the other hospital.

Elective patients are admitted to the hospital where their consultant is based, so that the type of elective patient admitted to each hospital reflects the specialties of the consultants based there. Figure 1 shows how the various elective specialties within general surgery are distributed across the three acute hospitals, with most specialties having a significant presence on at least two of the three sites. The majority of specialist hepatobiliary surgery is delivered in the Mater Hospital, while oesophagogastric and colorectal surgery are mainly delivered at the Royal Hospitals and Belfast City Hospital. Endocrine surgery is primarily delivered at the Royal Hospitals. Endocrine surgery is primarily delivered at the Royal Hospitals.

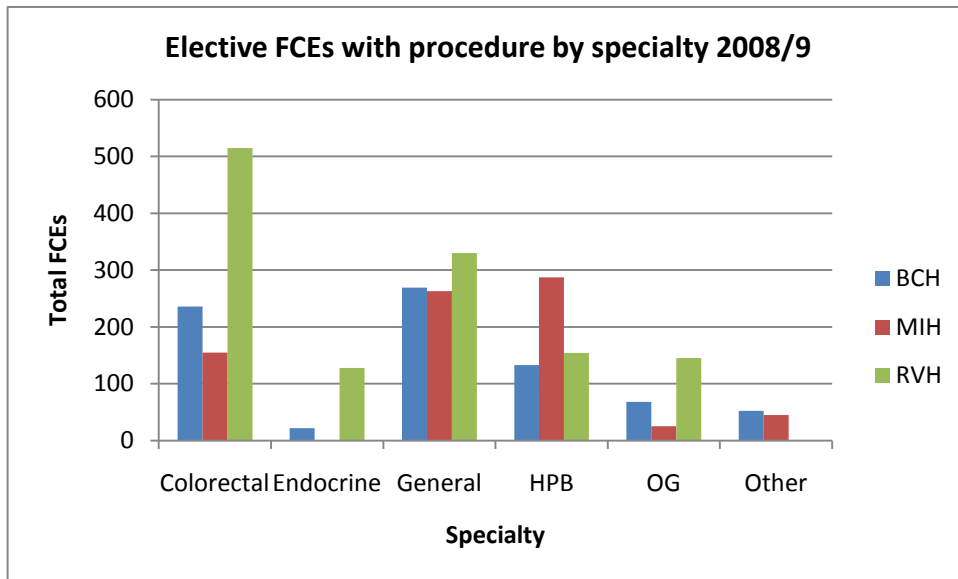


Figure 1: General surgery elective inpatient Finished Consultant Episodes (FCEs) with procedure 2008/9

3. Why reorganise general surgery now?

The formation of Belfast Health and Social Care Trust provides an opportunity to build on the high quality general surgical service delivered in each of its acute hospitals, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors which impact on our ability to sustain existing services, including the need to:

Meet public expectation for improved service quality and deliver Working Time Directive (WTD)

A hospital accepting emergency surgical patients should have a specialist registrar (SpR) on site 24 hours a day to provide medical expertise at the appropriate level of experience, but there are insufficient SpRs to provide this level of cover on 3 sites, particularly since the Working Time Directive (WTD) has reduced the number of hours a doctor can work on average each week. Concentrating emergency surgical patients in one hospital would enable the Trust to have an SpR on site 24/7, improving the quality of care for all emergency surgical patients. Failure to move in this direction would involve considerable clinical risk: for example, the Mater Hospital will be left with only very junior doctors (Foundation Year 2, with only one year's experience) on site at night to look after its emergency surgical patients. This is not an acceptable level of care for patients, nor is it acceptable from the point of view of junior doctor training and could result in the removal of surgical training accreditation from one or more of the Trust's hospitals.

Address current duplication and service efficiency

Elective and non-elective patients are currently brought into the same wards and are often looked after by the same surgeon on the same day. This can mean that, for example, a patient who is admitted to hospital for a planned operation has the procedure cancelled because of a high number of emergencies, or an emergency patient's treatment is delayed because of a surgeon's elective commitments.

Act on staff support

The way specialties have developed in Belfast has resulted in a fragmented system, with surgeons practising the same specialty not always based on the same site (see Figure 1). From a clinical and patient perspective the ideal model would be to bring surgeons of the same specialty together in the same hospital to form dedicated specialist units.

3.1 What are the main benefits of reorganising the delivery of general surgery?

Having identified the key reasons to review general surgery, there are a number of benefits for patients, staff and the hospitals which must be delivered in any proposed change on delivery or location of service. These were summarised into five key

areas, which guided the work of the project team in their review and reorganisation of acute inpatient and day surgery services and they are:

The delivery of safe and sustainable services to our patients:

Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the continued provision of these services.

To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money:

Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing the existing duplication of services across 2 or 3 acute hospitals will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.

The Trust must optimise the use of the current operating theatre stock and the support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

To ensure services are appropriately clinically linked:

Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, emergency patients will potentially need the skills of the Emergency Department, Intensive Care, Neurosurgery, Vascular and Thoracic Surgery and Orthopaedic/fracture surgery teams.

To ensure services are accessible to service users and carers.

Service users, carers, families and visitors want to have easy access to their services, whether by public transport or by car.

To ensure the Acute Service Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the four adult hospitals is:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and a chronic admissions centre;
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services;
- Mater Hospital as the centre for ophthalmology services and general acute hospital services;

- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The service project teams used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considered their impact on each hospital.

4. Consideration of the options for the future delivery of services

A general surgery project team was established to lead the review of general surgical services. Consultant surgeons and other medical, nursing, Allied Health Professionals (AHPs) and administrative staff were engaged through a series of working groups, so that the review has drawn on a broad range of skills, experience and expertise.

4.1 Options for the delivery of emergency general surgery

The project team considered the options for managing emergency surgical patients. In theory there are a total of seven possible configurations for emergency surgical admissions:

1. Continue with current delivery at all three hospitals (Belfast City Hospital, Mater Hospital and Royal Hospitals)
2. Deliver emergency surgery at Belfast City Hospital and Mater Hospital
3. Deliver emergency surgery at Belfast City Hospital and Royal Hospitals
4. Deliver emergency surgery at Royal Hospitals and Mater Hospital
5. Deliver emergency surgery at Belfast City Hospital
6. Deliver emergency surgery at Mater Hospital
7. Deliver emergency surgery at Royal Hospitals

Providing safe and sustainable services

In terms of the first criterion above – providing safe and sustainable services – a key consideration in the development of an emergency surgical service is the provision of adequate medical cover. A hospital accepting emergency surgical patients should ideally have a specialist registrar (SpR – the highest grade of junior doctor) on site 24 hours a day in order to assess and treat patients presenting with surgical problems, with the facility to contact a consultant surgeon should the need arise.

Given the constraints of the Working Time Directive and the need to provide adequate daytime opportunities for training, it is recommended that a rota functioning 24 hours per day, seven days per week (24/7) should have at least eight trainee doctors. To have fewer doctors than this would leave medical staff working too many hours (which is not safe) on non-compliant rotas (which is not sustainable). The Trust's general surgical service has 15 WTE SpRs. This means that only one 24/7 rota can be established, so that only one of the Trust's hospitals can act as an entry point for emergency surgical patients on a 24/7 basis. This leads to the elimination of options 1-4.

Improving service quality and reducing fragmentation and deliver value for money

Directing emergency surgical admissions to a single point would also fulfil the second criterion by reducing the fragmentation and duplication of emergency general surgery and developing a unit dedicated to providing high-quality care to non-elective patients. This is a reorganisation of existing resources, and will help drive efficiencies in the service.

Appropriate clinical links

The Royal Hospital is the regional trauma centre, which shares requirements for several types of support services with an emergency surgical unit and also needs access to a responsive general surgical service.

Access for users and carers

It is important to note that this proposed reorganisation is not the same as having only one Emergency Department (ED) in Belfast – the Trust has three EDs and their configuration is not subject to review. This is a change in the way surgical emergencies are dealt with, and is aimed at improving the quality and timeliness of care received by these patients. Patient access will be maintained through the Trust's Emergency Departments, which are not affected by this review.

Any of the one-site options (5-7) would provide a single, centralised entry point for emergency surgical admissions, giving all patients access to a specialist registrar 24 hours a day according to their clinical need, thereby promoting equality of opportunity.

Compatibility with Trust strategic direction

When considering where the Trust's single entry point for emergency surgical admissions should be located, the Trust's strategic vision as outlined in *New Directions* envisages the Belfast City Hospital and Mater Hospital as the elective centres for Belfast, so that it would seem counter-strategic to centralise emergency patients there.

In addition, the Mater Hospital would not have the capacity required to accommodate all emergency general surgical patients for Belfast Trust, even with the transfer of all of its major elective surgery elsewhere.

Preferred option

Given these considerations the preferred option for the delivery of emergency surgery is option 7: the development of an Emergency Surgical Unit on the Royal site which will act as the sole entry point for all general surgical emergency activity.

4.2 Options for the delivery of elective surgery

The decision to develop an Emergency Surgical Unit at the Royal Hospitals leads to a consideration of how best to deliver the elective surgery currently carried out in the Royal Hospitals, which is primarily colorectal, oesophagogastric and endocrine surgery. For the larger specialties of colorectal and oesophagogastric surgery, four options can be identified:

1. Continue to deliver elective surgery at the Royal Hospitals alongside the emergency unit.
2. Relocate the elective surgery currently delivered at the Royal Hospitals to Belfast City Hospital.
3. Relocate the elective surgery currently delivered at the Royal Hospitals to the Mater Hospital.
4. Relocate the elective Upper-GI surgery currently delivered at the Royal Hospitals to the Mater Hospital and the colorectal surgery to the Belfast City Hospital.

Option 1 can be discounted due to the considerable increase in resource it would require on the Royal Hospitals in terms of beds, theatre sessions and critical care facilities. All of these resources are subject to strong demand from specialties other than general surgery, meaning that it would not be possible to secure such a high level of resource on the Royal Hospitals.

Similar issues apply to Option 3: the Mater Hospital would not have the beds, theatres or critical care facilities required to accommodate all the elective surgery currently carried out at the Royal.

Option 4 could potentially bring the OG and HPB elements of the Upper-GI service together at the Mater Hospital, thereby reducing fragmentation (criterion 2). However, this would only be the case if the Upper-GI surgery currently delivered in the Belfast City Hospital were to move to the Mater Hospital as well. This would lose the excellent clinical links between the Belfast City Hospital oesophagogastric cancer service and the Regional Cancer Centre on the Belfast City Hospital site (criterion 3), and would be contrary to the Trust's strategic development of the Belfast City Hospital as the major elective centre for Belfast (criterion 5). It would also be incompatible with a recent external review of the Belfast Trust's OG cancer surgery, which recommended a centralisation of the service on the Belfast City Hospital.

Option 2 involves all elective colorectal and oesophagogastric surgery being delivered from Belfast City Hospital. This can be appraised against the five criteria as follows.

Providing safe and sustainable services

The separation of elective and emergency flows will enable the development of sustainable, compliant junior doctor and consultant rotas, ensuring that both emergency and elective patients receive the level of care appropriate to their clinical needs.

Improving service quality and reducing fragmentation

Bringing together all colorectal and oesophagogastric surgeons in the Belfast City Hospital will facilitate the development of highly skilled, specialist teams, forming centres of excellence in the Belfast City Hospital delivering high quality care to patients.

Appropriate clinical links

These specialist units will be caring for a significant number of cancer patients, and will be able to forge strong clinical links with the Regional Cancer Centre, also on the Belfast City Hospital site.

Access for users and carers

General surgery will continue to be delivered from all three acute hospital sites, maintaining access for users and carers.

Compatibility with Trust strategic direction

This option is fully compatible with the Trust's strategic direction to develop the Belfast City Hospital and Mater Hospital as the elective centres for Belfast.

Preferred option

The Trust's preferred option for the delivery of elective colorectal and oesophagogastric surgery currently provided at the Royal Hospitals is option 2: relocate the elective surgery currently delivered at the Royal Hospitals to the Belfast City Hospital. The Mater Hospital will continue to provide specialist hepatobiliary surgical services. This reconfiguration will also allow the Trust to develop the Mater Hospital as a specialist centre for the delivery of short-stay general surgery, bringing further improvements to the efficiency and quality of care received by these patients.

Endocrine surgery

Endocrine surgery is a much smaller specialty, requiring only a few beds and a small theatre resource, so that there is not the same imperative to relocate endocrine surgery away from the Royal Hospitals. The service has significant clinical links with the Regional Endocrinology and Diabetes Centre, which is on the Royal Hospitals. The preferred option is therefore to retain elective endocrine surgery at the Royal Hospitals.

5. What would this mean for patients, staff and hospitals?

Based on the options appraisal above, the proposed model for general surgery has four main elements:

- Specialist units for colorectal surgery and oesophagogastric surgery in Belfast City Hospital
- A specialist unit for hepatobiliary surgery in the Mater Hospital.
- A specialist unit for the delivery of short-stay general surgery in the Mater Hospital.
- The creation of a single entry point for all emergency surgical patients at the Royal Hospitals.

Figure 2 and Figure 3 show how this simplifies the flow of surgical patients in Belfast, allowing each hospital to develop specialist services in particular areas.

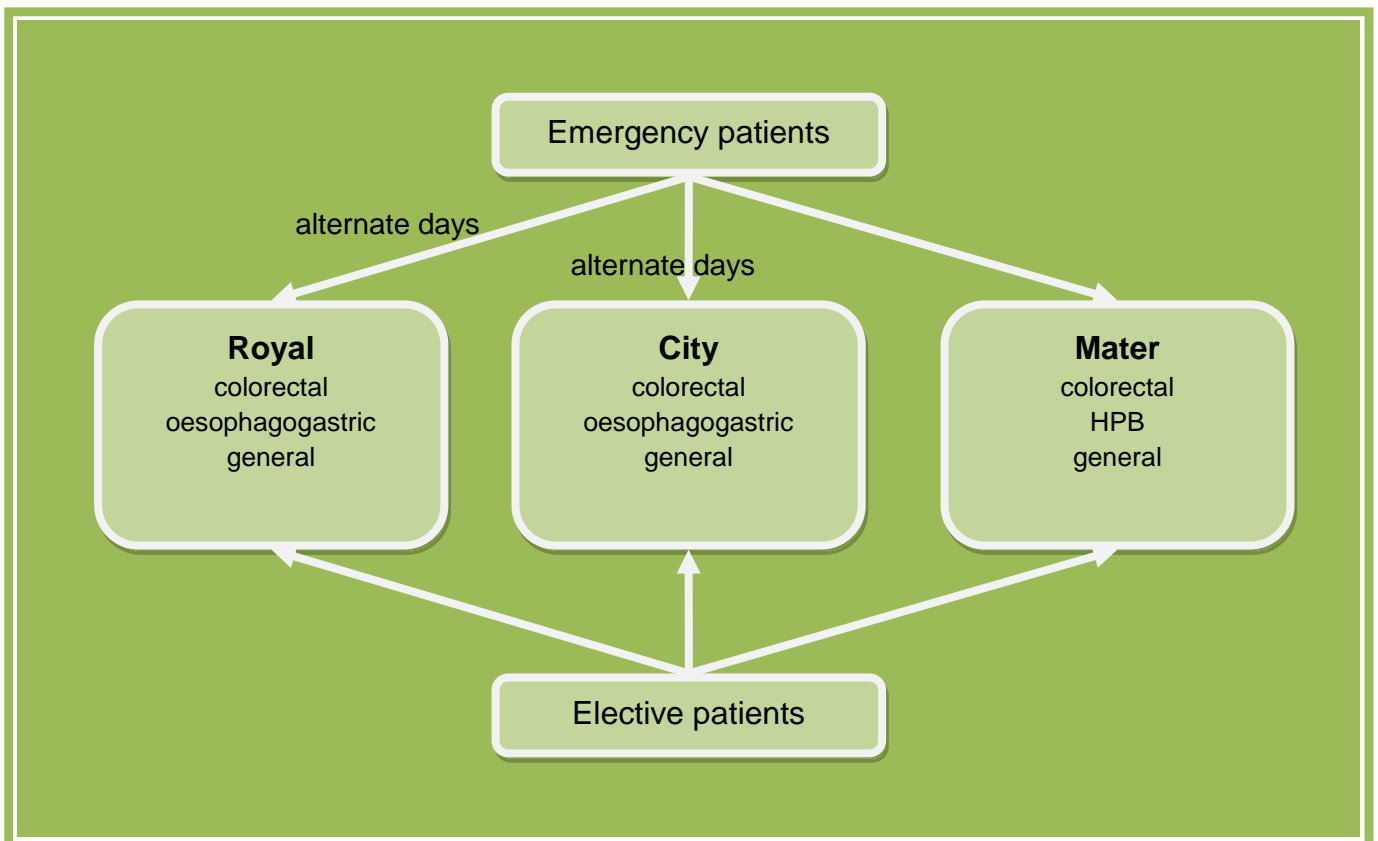


Figure 2: Flow of surgical patients in current system

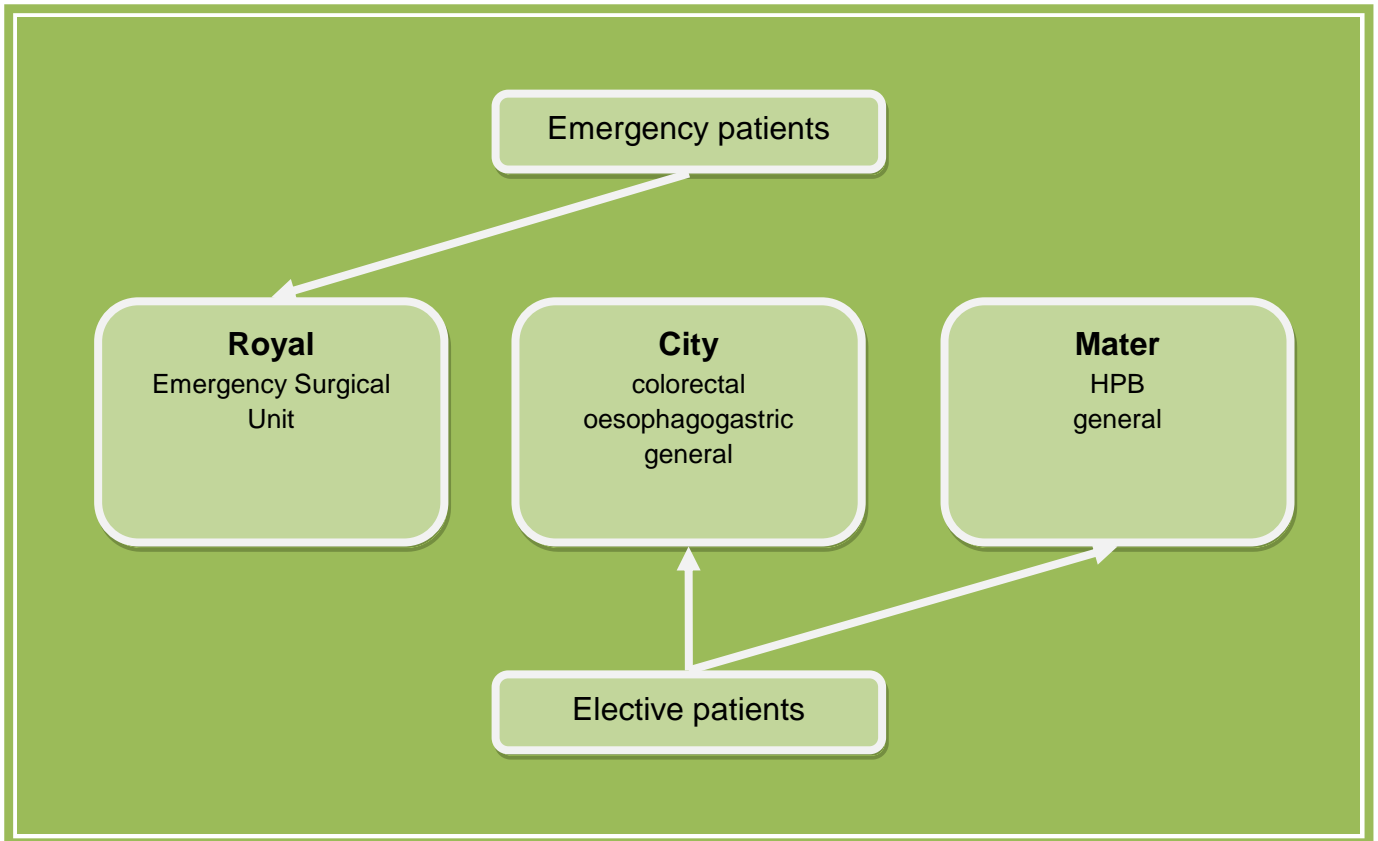


Figure 3: Flow of surgical patients in proposed model

5.1 What does this mean for patients?

Providing safe and sustainable services

Concentrating emergency patients in the Royal Hospitals will enable the development of WTD-compliant rotas for junior doctors giving resident SpR cover in the emergency unit, 24 hours per day, 7 days per week (24/7) thereby improving care for emergency patients and removing the clinical risk of having relatively inexperienced doctors on site at night to look after surgical emergencies.

Improving service quality and reducing fragmentation

A surgeon working in the emergency unit will be free of all elective commitments, enabling them to focus exclusively on dealing with non-elective patients. This will result in timelier, more focused care for patients with emergency surgical conditions, ensuring they can have emergency surgery more quickly than is currently possible. For example, in the current system patients presenting to an Emergency Department with cholecystitis (inflammation of the gall bladder) are usually sent home and brought back to hospital some days or weeks later for an operation; in the new model it will be possible to perform the operation while the patient is in the emergency unit, saving the patient time, discomfort and the risk of further complications.

All elective general surgery will be delivered in one of the specialist units in the Belfast City Hospital and Mater Hospitals, meaning that elective and non-elective patients will no longer be competing for the same beds, theatre time, etc. This will lead to more efficient management of patients, reducing cancellations of elective surgery and length of stay and improving quality of care for elective patients, and helping the Trust to meet waiting time targets for the benefit of patients.

The development of specialist colorectal, oesophagogastric and hepatobiliary units will enable the formation of highly skilled, specialist teams of surgeons, anaesthetists, nurses and Allied Health Professionals, forming centres of excellence in the Belfast City Hospital and Mater Hospital delivering high quality care to patients. It will also enable the development of specialty-based emergency rotas, meaning that emergency patients with specialist conditions can be seen quickly by the appropriate specialist.

Access for users and carers

Emergency surgical patients are currently accepted at the Royal Hospital and Belfast City Hospital Emergency Departments (EDs) on alternate days (this is known as 'alternate take'), and every day in the Mater Hospital. In the proposed system all emergency surgical patients will be directed initially to the Royal Hospitals.

This change will be made in collaboration with the NI Ambulance Service (NIAS), so that any patient presenting with a suspected surgical problem to the Ambulance Service will be taken immediately to Royal Hospitals. This is similar to but much simpler than the current system of alternate take, whereby NIAS take patients with suspected surgical problems to either Belfast City Hospital or the Royal Hospitals on alternate days. Patients presenting to the Belfast City Hospital or Mater Hospital who are diagnosed by Emergency Department staff as requiring emergency admission to general surgery will be transferred to the Emergency Surgical Unit in the Royal Hospitals. Again, this is similar to the current system whereby a walk-in patient to the Belfast City Hospital or Royal Hospitals who arrives on a non-take day is transferred to the other hospital for surgical admission.

The development of a single, dedicated Emergency Surgical Unit for Belfast will enable a more focused approach to these patients 24 hours per day, 7 day per week, resulting in a more responsive, higher quality service than is currently possible with the emergency service spread out over three hospital sites.

The majority of elective surgery currently carried out at the Belfast City Hospital and Mater Hospital will remain in place, with the consultants based at the Royal Hospitals moving to one of the other two hospitals to form specialist teams in dedicated units. Colorectal and oesophagogastric surgery will be delivered in the Belfast City Hospital, and hepatobiliary surgery in the Mater Hospital. Most short-stay general surgery will be delivered in the specialist unit in the Mater Hospital.

Patients who have been looked after for a prolonged period of time by a consultant surgeon in the Royal Hospitals will remain under that consultant's care; if they require admission they will go to the surgeon's new base at the Belfast City Hospital or Mater Hospital.

5.2 What does this mean for each hospital?

Belfast City Hospital will become a centre of excellence for colorectal and oesophagogastric surgery, with highly specialised teams providing care of the highest quality in specialist surgical units.

The Mater Hospital will develop its specialist hepatobiliary service, with all surgeons of the same specialty working together in the same unit, as well as becoming a specialist centre for the delivery of short-stay general surgery.

The Royal Hospitals will be the entry point for all surgical emergencies, with a dedicated Emergency Surgical Unit providing focused, timely care for emergency patients.

This reorganisation of general surgery does not affect the Trust's configuration of Emergency Departments. Surgical services will be maintained on each site and supported by full surgical teams. Each hospital will be able to specialise and to build on its own strengths in line with the Trust's overall strategic direction. This review represents an opportunity to develop a world-class general surgical service for the population of Belfast and beyond.

5.3 What does this mean for staff?

For clinical staff, this reorganisation will mean the development of larger, more specialist multi-disciplinary teams, enabling the delivery of a higher standard of care. The separation of elective and emergency flows will mean surgeons, nurses and AHPs can focus on a particular group of patients at any given time, without having to balance the competing priorities of emergency and planned admissions. Junior doctor rotas will be made compliant with the Working Time Directive, meaning they will be safe and sustainable and will offer improved opportunities for training.

6. Workforce

The Trust will put in place a range of support mechanisms for staff to manage the potential change process. These may include:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on Human Resource policies and procedures

The main impacts anticipated for staff are:

- Relocation. As part of the proposed reorganisation of the service some staff may be expected to move from one site to another in order to continue to deliver the service and retain specialist expertise. The Trust has in place agreed protocols with Trade Unions on relocation and/or redeployment. The protocols have been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working agreements. Consideration may be given to redeploying staff to other posts on their current site.
- New ways of working/retraining or re-skilling. As the Trust is proposing to reconfigure inpatient services on all sites, staff whose job roles may change will be offered appropriate training/retraining.

The Trust will work in partnership with Trade Union Side to consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.

Appendix 1 – Programme of Consultation and Your Invitation to Comment

This document is one of a suite of documents that represent a formal public consultation between Belfast Trust and the citizens we serve on how we would like to deliver our acute services. The consultation period will open on 5 July 2010 and close on 31 October 2010.

All the documents will be available to our staff and the public using both the Trust's intranet and internet pages, and by posting them to relevant organisations.

We will hold a series of meetings with staff, Trade Unions, service users, carers and clients to ensure they are fully engaged in the consultation papers.

A report will be presented to Trust Board in December 2010. The Trust Board meeting is open to the public.

We are committed to ensuring that we consult broadly on these proposals. If you have any enquiries regarding the consultation programme, please contact the Communication Department at Belfast Trust on 9096 0077.

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services
Communications Department
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Alternatively, comments may also be emailed to:

stakeholdercomms@belfasttrust.hscni.net

Availability in other formats

If you have any queries about this document, and its availability in alternative formats then please contact:

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast
BT8 8BH

Tel: 028 9096 0069

Fax: 028 9056 6701

Textphone: 028 9090 2863

E-mail: orla.barron@belfasttrust.hscni.net

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, in this case, Belfast Trust. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.

Appendix 2 – Equality and Human Rights

Equality and human rights underpin the services that health and social care provide. They are integral to all functions of the Belfast Health and Social Care Trust such as service delivery, policy formulation, employment and procurement.

The Trust recognises that equality in health and social care is not about people getting the same treatment – equality means people accessing person-centred, person-led, quality care which meets their needs.

Human rights are founded on 5 fundamental values: fairness, respect, equality, dignity and autonomy. The Trust has incorporated both respect and dignity in its corporate values and behaviours.

Moreover, the Trust's higher purpose is to improve health and well-being and reduce health inequalities - by working in partnership with others and by engaging with staff to deliver safe, improving, modernising cost effective health and social care.

Under Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust is obliged to consider the implications for equality of opportunity and good relations. As part of this assessment, the Trust also considers implications for human rights and disability. This means the Trust is not only morally and ethically bound to deliver its acute services to its users in an equitable fashion with respect and dignity; but it also is statutorily bound to do so.

Section 75 of the Northern Ireland Act 1998

Section 75 (1) of the NI Act 1998 requires Belfast HSC Trust, in carrying out its work, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without. Section 75 (2) requires the Trust to promote good relations between persons of different religious belief, political opinion or racial group.

The Trust is carrying out an equality impact assessment on this proposal to ensure that it undergoes a full and systematic analysis to firstly, determine the extent of differential impact upon the 9 aforementioned groups and secondly establish if that impact is adverse

If so, the Trust must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

The Belfast Health and Social Care Trust is committed to listening to the view of staff, service users, carers and families and advocacy groups and the wider public and making an informed decision on the basis of these consultation responses.

The EQIA pertaining to this proposal can be found at
<http://www.belfasttrust.hscni.net/involving/Consultation.html>

Should you require further information or need this document in an alternative format, please contact:

Orla Barron
(Acting) Health and Social Inequalities Manager

028 90 960069

orla.barron@belfasttrust.hscni.net

Appendix 3 – Glossary

Glossary of abbreviations

AHP	Allied Health Professional
BCH	Belfast City Hospital
ED	Emergency Department
EQIA	Equality Impact Assessment
WTD	Working Time Directive
FCE	Finished Consultant Episode
GI	Gastro-Intestinal
HPB	Hepatobiliary
OG	Oesophagogastric
MIH	Mater Infirmorum Hospital
NIAS	Northern Ireland Ambulance Service
RVH	Royal Victoria Hospital
SpR	Specialist Registrar

Glossary of terms

Allied Health Profession	A clinical profession distinct from medicine, dentistry and nursing, such as physiotherapy, occupational therapy, speech and language therapy and dietetics
Colorectal surgery	Surgery concerned with the rectum, anus and colon
Day case	A surgical procedure carried out without an overnight hospital stay
Elective surgery	A surgical procedure which has been planned and booked in advance
Emergency surgery	A surgical procedure which is of an urgent nature and has not been planned or booked in advance
Endocrine surgery	Surgery concerned with the thyroid gland, parathyroid glands and adrenal glands

Working Time Directive	A law seeking to protect the health and safety of workers which limits the number of hours that doctors are allowed to work over an average week
Finished Consultant Episode	An episode of medical treatment during which a patient is under the care of a single, named consultant
General surgery	Surgery of a non-specialist nature, including procedures such as hernias and removal of skin lesions
Hepatobiliary surgery	Surgery concerned with the liver, pancreas and bile duct
Lower-GI surgery	See colorectal surgery
Oesophagogastric surgery	Surgery concerned with the oesophagus, stomach and upper intestine
Specialist Registrar	The highest grade of junior doctor, just below consultant level
Upper-GI surgery	Surgery concerned with the upper gastrointestinal tract, including the oesophagus, stomach, liver, pancreas and bile duct