

8th February 2017

South Plaza
Marlborough Street
Bristol
BS1 3NX

Dear Colleague

South West Emergency General Surgery Review - Key Recommendations

I am writing to you to share the final output and key recommendations from the Emergency General Surgery Review which was conducted throughout 2016 across the 14 Trusts in the South West that deliver these services.

Originally commissioned by the Clinical Senate as the result of a deliberative session with the South West Commissioners in October 2014 this comprehensive review subsequently assessed compliance of emergency general surgery services against 22 specific standards derived from 3 sources*. The Senate Council received the review report and endorsed the recommendations on 2nd February 2017. The work was directed by Mr Paul Eyers Lead Surgeon and a project steering group comprising clinical lead surgeons and nurses from across the region.

The review report outlines six inter-linked recommendations which the Clinical Senate strongly encourages Trusts to work towards meeting in order to improve the quality of their Emergency General Surgery Services. The intention is for trusts to work towards meeting the 6 key recommendations, which are closely linked to the review standards and are felt to provide the greatest opportunity to deliver better patient outcomes and experience of emergency surgery. Individual reports are also being provided outlining additional Trust specific recommendations.

The recommendations and standards both echo and are backed up by previous recommendations made elsewhere by the Royal College of Surgeons, NCEPOD reports and also the South West Senate's own review of national evidence and standards in 2014.

The review received excellent clinical engagement and the process of assessment itself has already catalysed development in some trusts. Compliance in each trust was assessed as 'not met', 'partially met' and 'met' for each of the 22 review standards. The implication from the results was that if in the South West we can improve from 'partially met' to 'met' across the South West, we can deliver a universally high quality Emergency General Surgery service.

The recommendations are summarised as:

1. The provision of a protected Surgical Assessment Unit.
2. The provision of 24/7 CEPOD or Emergency Theatre.

3. A 'South West' standardised, rolling audit covering EGS processes, outcomes and patient experience to be delivered and reported quarterly to each Trust board. In addition we believe the results should be reported twice yearly to the 11 South West CCGs and should be in the public domain through the Clinical Senate website.
4. Each Trust to appoint an EGS lead and an Emergency Nurse lead to monitor and develop the service.
5. Job planning and delivery of 2 consultant led ward rounds of the acute General Surgical admissions, timed to ensure all patients are seen by a consultant within 14 hours of admission.
6. All EGS services to develop a fully integrated and audited ambulatory care service, including a 'hot clinic', senior decision maker and a day case surgical pathway aligned with appropriate resources.

Detail around each recommendation is found in the report on pages 43-54.

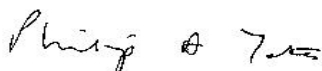
In addition to the key recommendations the Clinical Senate Council discussed and supported a network approach to addressing both the rolling audit in recommendation 3 and the additional findings around educational networking, policy documentation, SLAs, tariffs and pathways for example that were highlighted in the review. A network could also consider a standardised dashboard or annual self-assessment against the standards in the future to maintain the momentum from the review.

It was noted that the network vision is encouraged by the Royal College of Surgeons and could help support smaller Trusts. The Senate and Steering group will explore the establishment of a multi-professional network.

The Urgent and Emergency Care Networks in the South West are currently working on regional repatriation policies and it was discussed that they would consider the development of a regional transfer policy for Emergency General Surgery to address the issue identified around this through the review and link in with the proposed network.

The Clinical Senate intends to review progress against the recommendations at its meeting on 21st September 2017.

Yours sincerely



Dr Phil Yates
Chair, South West Clinical Senate

*(1) RCS (2011) Standards for Unscheduled Surgical Care, (2) London Health Audit (2012) Quality and Safety Programme (EGS) (3) NHS England (2016) 7 day standards.