

**Senate Council Deliberative Meeting**  
**10.00 am – 4pm on Thursday 16<sup>th</sup> October 2014**  
**At The Bristol Hotel, Prince Street, Bristol BS1 4QF · 0117 923 0333**

**Present:**     **Dr Vaughan Lewis (Chair)**  
                  Sunita Berry (Interim Senate Manager)

Caroline Gamlin (Council Member), Christine Teller, (Council Member), Jo Parker Council member), Simon Mathias (Council Member), Helen Thomas (Council Member); Andy Holcombe, Mark Westwood, Iain Grant, Colin Philip – Clinical Kernow CCG, David Halpin, Marion Evans, Sally Pearson, John Graham, Sue Dolby, Caroline Bennett – GP Lead Gloucester CCG, Andy Seymour. Marissa Mason, Mark Juniper, Jason Kendall, Celia Hawkins. Dan Williams, Ray Sinclair, Katie Cross, Linda Prosser, Gill Jenkins- GP & LTC Clinician Lead Bristol CCG, Sanjay Vyas, William House, Paul Winterbottom, Peter Jenkins, Rosie Bennyworth, Andy Smith, Michael Haugh – Clinical Lead for urgent care – South Devon & Torbay CCG, Fay Beck, Lizz Shah ( Senate Administrator/Notes)

**Apologies:** Virginia Pearson, Council Member; Debbie Stark, Council Member; Shona Arora, Council Member; John Miskelly, Council Member; Helen Thomas, Council Member; Carol Gray, Deepak Gupta, Emma Stapley, Geraint Day, Guy Rooney, Jayne Ware, Liz Toy, Mary Backhouse, Mathew Mulloy, Phil Yates, Sara Evans, Steven Sale, Trevor Beswick, David Greatorex, Mathew Dolman, Tim Burke, ShelaghMcCormick.

**Guest Speakers:** **Paul Eyers**, Vascular Surgeon, Taunton & Somerset NHS Foundation Trust, **Professor Mike Horrocks**, President RCS, **Andy Hollowood**, PhD FRCS, Clinical Chair Surgery Head & Neck, University Hospitals Bristol NHS Foundation Trust; **Christine Teller**, Chair, Citizens' Assembly, **Dr. Marissa Mason**, NCEPOD

### **Welcome and introductions**

Attendees were welcomed to the meeting by Vaughan Lewis (VL) and introductions given by all attendees

VL informed the group of the intention to reduce the number of members of the Senate Council by around 30% to make future meetings more manageable and to address the concern that the willingness of employing organisations to release staff for 6 days a year may wane. . Documents will be circulated after the meeting.

- ❖ No undeclared Conflicts of Interest were raised.
  
- ❖ The group were advised that parts of the meeting would be recorded for the purpose of creating minutes and that the recording will be destroyed once minutes have been agreed

VL proposed that other elements of Senate business should be addressed by email following the meeting. There were no objections to this.

The question for this Senate Deliberative Session;

***'Based on available evidence and guidance, how should emergency surgical services be configured in the South West, so as to provide comprehensive, high quality emergency care based on national standards that is sustainable for the future?'***

### **Setting the Scene VL & Paul Eyers**

VL set out the purpose of the deliberation as being reconfiguration of Emergency Surgical Services in a sustainable way to provide high quality services for the future. In preparation a sub-set of an RCS Survey had been circulated to all 14 Hospitals with 100% response rate. The surveys were all self-completed with no independent verification. The survey responses were presented and explained to the Council in the form of a visual presentation. Full data will be available on the Senate website.

### **Paul Eyers**

Presented feedback from the Royal College of Surgeons Conference on 30 September 2014 regarding the role of reconfiguration in the future provision of emergency surgery in the South West. The overwhelming message was that there is a considerable amount of work to be done in individual units to meet existing standards and a pressing need for better data to provide accurate benchmarking of services and outcomes.



Avoiding the pitfalls of  
Transformation Paul E

### **Christine Teller Chair Citizens Assembly**



Presentation CA  
Responses Emergemc

Presented responses from 102 people surveyed and the subsequent CA Assembly meeting on 15 September. There were more people satisfied than dissatisfied however, 15-30 % reported that their surgery had not been properly explained. 100 % were very happy with their local hospital and 96% felt that patient family and doctor should work together to make decisions about their treatment

### **Mike Horrocks President of RCS**



Emergency surgery  
presentation Prof Horr

Presented the recently published RCS emergency surgery policy document.

### **Andy Hollowood**

**PhD FRCS, Clinical Chair Surgery Head & Neck, University Hospitals Bristol**

Presented the experience of the recent internal reconfiguration of surgery at UH Bristol.



Clinical Senate.pptx

### **Marissa Mason NCEPOD**

Presented on the work of NCEPOD and working together to generate recommendations through published reports



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presentation.pptx

### **Questions and points following the presentations**

The overwhelming message is the need for a much more coordinated approach to data in all its forms - organizational data or individual patient outcome data.

1. One of the things emphasized by Paul Eyers as an output from the RCS conference is that there is still a need for individual organizations to address their own internal issues. There is a need to recognize that any changes to the provision of urgent emergency surgery will need to mirror changes that are happening elsewhere in the system, particularly those that are going to come out of the urgent and emergency care review. It is in nobody's interest for organizations to be in competition, there needs to be collaboration through networking.
2. There needs to be more collaboration within organizations. With the ageing population, there is now more than ever before a need for a medical approach to post-operative management
3. The patients need to be at the centre both in terms of individual outcomes and also taking account of factors such as where they live, what their support requirements are and any service changes needed to accommodate those requirements.

### **Panel discussion with CCG Representatives**

Marisa Mason NCEPOD

Mark Juniper – Critical Care

Ian Grant Director of the Trauma Network – Peninsula

Prof. Mike Horrocks – Retired Vascular Surgeon and President of RCS

Mark Westwood Head of School of Surgery, Peninsula Deanery

Andy Hollowood Clinical Chair Surgical services BRI

VL reminded the Council that although workforce considerations hadn't be raised in the presentations this was an opportunity to ask mark Westwood about the issues that are going to affect junior Doctor rotas in the future.

VL noted that some key themes had arisen and the deliberative discussion explored these further.

To what extent are the CCG's already using some of the data sources that have been talked about both presented and those that are out there and what their views are as to what extent they should be using them in the future?

What recommendations could the Senate make around the provision of emergency surgery service in a rural location?

There is a specific issue about how about data is collected by providers and how they can work with Commissioners so that they are looking at data that can move the system in the right direction

The following key points for advice were agreed by the Council:

The need for an Operation & Delivery Network with ongoing patient involvement

Workforce issue comes down to having data and there is not sufficient data to have a meaningful conversation about the issue at present

The RCS should be asked to work with Networks to collect and jointly own data

### Pre-reading

1. <http://www.rcseng.ac.uk/publications/docs/reshaping-surgical-services/> (2013)
2. <http://www.rcseng.ac.uk/publications/docs/emergency-surgery-standards-for-unscheduled-care> (2011)
3. <http://www.rcseng.ac.uk/surgeons/supporting-surgeons/regional/docs/dpa-toolkit/seven-day-consultant-present-care-aomrc-2012/view?searchterm=seven+da> (2012)
4. NCEPOD Report summaries below
  - 2013 <http://www.ncepod.org.uk/2013sah.htm> subarachnoid hemorrhage
  - 2011 <http://www.ncepod.org.uk/2011poc.htm> peril-operative care
  - 2011 <http://www.ncepod.org.uk/2011sic.htm> surgery in children
  - 2010 <http://www.ncepod.org.uk/2010eese.htm> surgery in the elderly
  - 2007 <http://www.ncepod.org.uk/2007t.htm> trauma care
  - 2006 <http://www.ncepod.org.uk/2005aaa.htm> care of abdominal aortic aneurysms
  - 2002 <http://www.ncepod.org.uk/2001cwo.htm> changing the way we operate looked at how surgery had changed over a 10 year period
  - 2003 <http://www.ncepod.org.uk/2003wow.htm> ' who operated and where'