Northern Health and Social Care Trust

General Surgery Reform
Why change? Why now?

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Safety-Sustainability-Standards-Specialisation

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What is driving the need for reform?

- Patient safety
- Workforce sustainability
- Clinical Standards
- Specialisation

Safe, sustainable services require a workforce model that can be recruited to, retained and supported into the future.

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Patient Safety

- Current model is safe but fragile
- A fragile service means that safety cannot be guaranteed at the point of collapse
- Accumulation of issues impacting on workforce
  - Increasing demand & complexity
  - Consultant vacancies
  - Unexpected gaps
  - High locum dependency
- Particular pressure points – e.g. weekend on call

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Workforce Sustainability

- An aging surgeon cohort and potential retirements within next 5 years
- High dependence on Locum Consultants
- On call EGS rotas In Northern Trust are the highest frequency in the region
- Causeway : 6 Consultant Surgeons – 4 substantive and 2 locum Consultants
- Antrim : 10 Consultant Surgeons – 4.5 substantive and 5.5 locum Consultants
- Burnout /stress workload – more pressure on substantive team members - retention
- Increased demand and complexity
- Ability to recruit severely compromised with current model and uncertainty about future

The greatest risk is not change. The greatest risk is failing to respond to these clear challenges and losing the ability to sustain safe emergency services

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Every surgical service depends on having enough surgeons to deliver it

Regional Picture at a glance

TRUST	No. of EGS sites	No. of Consultant Surgeons on rota	Population
Trust A	1	18 (subspec)	363,400
Trust B	1	13	368,000
Trust C	1	11	391,000
Trust D	1	13	301,600
Northern Trust	2	Antrim – 9 (10) Causeway – 6	480,000

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Healthcare standards have evolved; service models must evolve with them

Clinical Voice - NI GS Review, GIRFT, Royal Colleges, ASGBI, AUGIS, ACPGBI.

National/Regional Recommendations	Current two site position	One site EGS position - proposed
Sustainable consultant rotas	Workforce divided across sites	Single larger rota
Critical mass of specialist expertise	Expertise diluted	Expertise concentrated
Protected elective surgery	Emergency surgery pressures disrupt elective cases	Elective centre protected from emergency demand
Compliance with standards	Does not meet NI General Surgery Standards	Meets NI General Surgery Standards
Workforce resilience	Vulnerable to vacancies and leave	More resilient staffing model
Networked hospital model	Duplication of full general surgery service	Each hospital has designated purpose

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Patient safety requires a stable, skilled and appropriately Supported workforce

Safe and Sustainable Model – Recommended Option

Precedent exists for one site EGS:

- One EGS site means one larger EGS rota
- One large team with 16 Consultant Surgeons
  - greater resilience of current team
  - more attractive to work in NHSCT
- Enhanced weekend Consultant cover
- Enable specialisation – EGS hub, UGI/LGI split

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Why Separate Emergency and Elective Surgery

Elective and emergency surgery are both stronger when each can focus on its primary purpose

- **EGS hub**: critical care, interventional radiology, endoscopy/GI bleeding rota, robust training environment, sub-specialist cover, support for complex patients, resilience, sustainable rota
- **Elective hub**: protected elective surgery, reduced cancellations, increased throughput, dedicated patient pathways
- **Benefits**: reduced waiting times, improved patient experience and improved theatre utilisation

This is not a reductionist agenda - it is a specialisation agenda

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Causeway Surgery – an Opportunity

- Elective growth across the North-West area
- High volume, low acuity
- Increased elective productivity
- Surgical Training hub
- Centre of excellence for elective surgery in NI
- Causeway Surgical Ambulatory Unit expansion

Causeway becomes stronger through specialisation, not duplication.
This is not a loss but an important change of focus and specialisation.

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What happens if we do nothing?

Doing nothing is not a neutral option

- Potential loss of current Consultants and inability to recruit new Consultants increases dependency on a shrinking locum pool
- Trust does not have the skilled workforce to deliver two on call emergency surgery rotas
- Service model not able to be sustained safely
- Only option left is a forced change

The choice is not between change and no change; it is between planned change and change forced upon us by workforce gaps which cannot be filled

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Safety-Sustainability-Standards-Specialisation

The future of EGS depends on **aligning services with national and regional recommendations,** creating attractive consultant posts with sustainable rotas that enable **specialisation.**

This will result in **improved outcomes** because patients will have the right operation, in the right place by the right **expert surgeon**.

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