Emergency Abdominal Surgery - your questions answered

What is emergency abdominal surgery?
Emergency abdominal surgical patients are adult patients who need assessment and possible surgery for conditions such as gall bladder problems, appendicitis and other gastro-intestinal problems. All other emergency surgery including trauma, obstetrics, such as Caesarean section deliveries, and gynaecology continues to be provided at the Horton with cardiac and stroke emergency treatment continuing to be provided at the specialist centres at the JR.

What is meant by ‘emergency surgery’?
Patients referred to as emergency surgical patients are referred for assessment initially to the Surgical Emergency (Assessment) Unit at the John Radcliffe Hospital and given appropriate treatment or referral. Many patients referred in this way will ultimately not require surgery. Even where patients need ‘emergency surgery’, this does not mean it will always take place immediately. Typically emergency surgery when required will be carried out within a few days of the need being identified and patients may be sent home after assessment and be admitted for their operation at a later date.

Patients will typically be referred by a GP, will self-present at an emergency department or will be brought in by ambulance. Emergency surgery can also be defined as unscheduled surgery.

The Royal College of Surgeons defined emergency surgery in their national review as below:

Elements of emergency surgical provision
- Undertaking emergency operations at any time, day or night
- The provision of ongoing clinical care to post-operative patients and other inpatients being managed non-operatively, including emergency patients and elective patients (planned care) who develop complications.
- Undertaking further operations for patients who have recently undergone surgery (ie either planned procedures or unplanned ‘returns to theatre’)
- The provision of assessment and advice for patients referred from other areas of the hospital (including the emergency department) and from GPs. For regional services this may include supporting other hospitals in the network.
- Early effective and continuous acute pain management
- Communication with patients and their supporters.

Why was the Emergency Abdominal Surgery service at the Horton suspended?
The Oxford University Hospitals NHS Trust (OUH) announced in January 2013 that it had suspended the emergency abdominal surgical service at the Horton General Hospital as there were insufficient surgeons available to staff the emergency rota. From that point all emergency abdominal surgical patients were directed to the expert teams at the John Radcliffe Hospital.
The ending of the emergency rota did not affect elective (planned) surgery at the Horton.

**What is an emergency rota?**
An emergency rota provides 24/7 cover to give surgical advice and perform urgent operations and procedures if required.

**When did OUH first decide to look at emergency abdominal surgery at the Horton and why?**
There are a number of factors that have informed the Trust’s decision to propose ending emergency abdominal surgery at the Horton General Hospital. Some issues have been raised by GPs and Trust staff about the quality of the service, each of which has been investigated and dealt with appropriately.

The Trust proposed to transfer emergency abdominal surgery at the Horton to the John Radcliffe Hospital in part because of the national recommendations from the Royal College of Surgeons. These recommendations clearly demonstrate that emergency surgical patients should have the same level of access to suitable specialist surgeons as currently provided to patients seen on a planned basis.

In order to ensure that patients are treated by a surgeon with the relevant specialist skills, emergency abdominal services need to be centralised. This service already exists at the John Radcliffe Hospital where there is a critical mass of patients requiring emergency abdominal surgery to warrant a full range of specialist emergency surgical staff rotas.

It is neither practical nor cost-effective to think that emergency rotas could operate cross-site, nor that separate specialist surgical rotas could be replicated at the Horton General Hospital for so few patients.

**How many emergency abdominal surgical patients in the north of the county are now being referred to Oxford?**
At the point the service was suspended the OUH estimated that 3-4 emergency abdominal surgical patients a day (up to about 28 a week) would be sent to Oxford. Of these at least one a day was being sent to Oxford previously. The OUH expected that of these about 5 patients a week on average would have surgery. This was stated in briefings issued at the time. The numbers of patients have followed the predicted numbers – on average 28 patients a week from the Banbury area being seen in Oxford of whom only about 5 end up having surgery.

**What provision has been made to see patients at the Horton with minor or urgent rather than emergency problems?**
In May last year, an urgent surgical clinic was set up at the Horton General Hospital which runs one hour sessions, five days a week, and offers GPs an alternative route
to refer patients who might have need of urgent surgical opinion (ie quicker than a referral for an elective opinion), but who might not need to go to Oxford. This has been expanded to be able to deal with minor surgical procedures such as lancing of abscesses. Regular meetings have been held with GPs to get their feedback about how this has been working for patients in the north of Oxfordshire and further provision is now being made at the Horton so that only patients who need to go to Oxford will go to Oxford. Further consultant appointments are being made in order to increase urgent surgical cover at the Horton and to increase access to diagnostic scans for urgent patients.

**How are patients requiring urgent surgical assessment referred?**

Patients from Banbury and the surrounding area, including South Northamptonshire and South Warwickshire, who go to their GP can be referred directly to the Surgical Emergency Unit at the John Radcliffe Hospital or to the urgent surgical clinic at the Horton.

If the patient comes via the Emergency Department at the Horton General Hospital they will be referred directly to the Surgical Emergency Unit at the John Radcliffe Hospital. This is exactly the same referral pathway as for patients in the rest of the county. Patients from across the county who are referred by their GP for emergency surgical opinion, are referred directly to the Surgical Emergency Unit at the JR. Patients who arrive at the John Radcliffe Hospital Emergency Department with surgical symptoms are also referred to the Surgical Emergency Unit.

On the Surgical Emergency Unit patients are then examined and reviewed by a surgeon. A patient categorised as an emergency surgical patient will not necessarily need an immediate operation, or in some cases need an operation at all.

**What effect has there been on elective (planned) surgery at the Horton?**

There is no impact on elective surgery at the Horton from the suspension of emergency abdominal surgery. In fact, the Trust is planning to increase the number of surgical lists available at the Horton in order to reduce the number of people who will need to travel to Oxford for surgery from the Banbury area.

**What is the intention regarding emergency abdominal surgery in the long term?**

The Royal College of Surgeons recommends as best practice that emergency surgical patients have the same access to the relevant specialists as elective (planned) surgical patients. The only way that this can be achieved for all patients in Oxfordshire is to provide the emergency service centrally. For that reason, we are recommending that this change is made permanent.

**Why can’t the emergency rota be set up again at the Horton?**

Developments in surgical practice have meant that for some time now surgeons have specialised in different areas of surgery and there are no longer ‘general surgeons’ in the way there used to be. Surgeons specialise in areas such as upper and lower GI (gastro-intestinal), breast etc. In surgical practice there are
requirements for surgeons to perform a certain number of operations a year (obviously the numbers depend on specialty and rareness of conditions) in order to be considered safe to perform these operations.

Currently the OUH is running specialist emergency rotas for these different specialisms at the JR. There would not be enough cases to run similar multiple specialist rotas at the Horton as the surgeons would not be seeing enough cases.

**What sorts of medical conditions/illnesses are we talking about?**
Emergency abdominal surgery is predominantly provided by specialists in upper or lower GI – gastro-intestinal surgery. Typical conditions treated might be appendicitis, emergency hernias, acute bowel and gallbladder problems.

**How much longer does it take for patients to be seen/operated on?**
Previously some patients were being admitted onto a ward at the Horton before being transferred to the John Radcliffe Hospital. Patients may now be referred directly on to the John Radcliffe Hospital after being seen in the Horton Hospital emergency department. Some patients will be transferred from the Horton to the John Radcliffe Hospital by ambulance and others may be asked to make their own way to Oxford depending on clinical need.

**How has the JR coped with the extra patients?**
On average this has meant an additional 4 or 5 operations per week which is easily absorbed into the John Radcliffe’s theatre lists. An additional 15 beds have been opened at the John Radcliffe to cope with the switch in activity from the Horton General to the John Radcliffe and some additional staff employed to staff these beds.

**What will happen to the staff who are currently running the service at the Horton?**
There will still be a requirement for theatre staff at the Horton, as the number of emergency operations was only ever a very small proportion of the number of operations carried out. It is hoped that the number of planned surgical operations will increase.

Staff on the surgical ward who used to see most of the current emergency surgical patients now instead look after more planned surgical patients.

**Does this have an impact on the viability of obstetrics? Is the anaesthetic rota affected by this withdrawal of emergency surgery?**
No.

**Will this free up any beds at the Horton? If so, what will they be used for?**
This has freed up about 14 beds a week at the Horton. In the short term, this allowed the Trust to bring back to the surgical ward patients who had been cared for in the Ramsey Centre. It also allowed the Trust to use some of the beds to accommodate more local acute general medicine patients at the Horton.
How has this impacted on the ED more generally? Does it make it less viable?
Fewer than one emergency surgical admission per day used to come through the ED at the Horton so there is no impact on the ED. The Trust has invested in additional staffing for the Horton ED department in the last 12 months.

What is the impact on Trauma, Obstetrics and paediatrics?
There is no impact. The Better Healthcare Programme for Banbury developed plans to stabilise these services at the Horton and these are all now in place.

How has this impacted on acute general medicine services at the Horton?
It has given the Horton a little more capacity in terms of beds.

Is there any chance emergency abdominal surgery will be reinstated at the Horton General in the near future?
It would be difficult to see how this can be achieved as it is not practical from either a clinical or a financial position to set up separate specialist emergency rotas at the Horton. It would not be safe or practical to do cross-site emergency rotas. The issue is that the rotas were originally set up at the Horton in the days when there were general surgeons staffing these rotas. More recently the rotas have been staffed by whichever surgeons made themselves available to the rotas, but this meant that potentially emergency patients with a surgical issue in one speciality area were being seen by surgeons whose expertise lay elsewhere.

The population of Banbury is increasing. Does this change the Trust’s view of the need for an emergency abdominal surgical service at the Horton General?
No. Even with the largest population projections, the catchment of the Horton would not reach a size, which would support the required level of service.

What has been the impact on radiology services at the Horton from these changes?
There has been no impact on radiology services at the Horton. However, the Trust is investing in improvements in radiology. We hope that work will start in the next few months on improving the patient waiting areas and clinical environment.

Over the last couple of years what services have been developed at the Horton and what have been discontinued or transferred?
An overarching aim is to make sure that services are of the same quality at Oxford and Banbury and to reduce travel for as many people as possible.

New:
- Renal Dialysis
- Brodey Centre extension
- Day surgery in gynaecology
- Urodynamics Clinic
- Neonatal tube feeding support
- Urgent Surgical Assessment Clinic
- Increasing amount of day case and short stay elective abdominal surgery
- Ear Nose and Throat (ENT) day surgery for children
Ear Nose and Throat day (ENT) surgery for adults (coming shortly)

Transferred:
Emergency abdominal surgery

**What are the public engagement arrangements on Horton developments?**
OUH was hoping to be able to organise some public engagement with the local population last year on our future vision for the Horton General Hospital in partnership with the new Clinical Commissioning Group which makes decisions on where NHS funds should be spent.

However, Oxfordshire Clinical Commissioning Group only became authorised to commission health services on behalf of the local population on 1 April 2013 and as a new organisation, they wanted to first develop a commissioning strategy for health services across Oxfordshire looking at how they would like primary, community and hospital services to be delivered throughout the county. Because of this important piece of work, they asked us to agree that any discussion about changes to the Horton General Hospital (which would need to be led by OCCG) would take place following the development of this strategy. OUH understood that as a new organisation, the OCGC did not feel able to lead this piece of work until it had fully developed its commissioning strategy for Oxfordshire.

We agreed to hold a public meeting on the vision for the Horton General Hospital following the development of the OCGC’s commissioning strategy.

While the strategy was being developed, OCGC and the OUH continued to discuss developments at the Horton with our staff, the local community and key stakeholders including patient and public groups, the Community Partnership Network, Foundation Trust members, local councils and the Health Overview and Scrutiny Committee. Most recently, the Health Overview and Scrutiny Committee of Oxfordshire County Council discussed the issue and asked that we hold a public meeting in Banbury before their next meeting at the end of February.

OCGG and the OUH have also both agreed that the suspension of emergency abdominal surgery at the Horton should remain in place, in the interests of patient safety.

**Next steps**
The process involves going back to the County Council’s Health Overview and Scrutiny Committee with a report informed by this meeting to discuss the next steps. There will continue to be local engagement through the Community Partnership Network in discussing future healthcare developments in the north of Oxfordshire.