

Updated Briefing for the Devon Health and Wellbeing Scrutiny Committee of the Relocation of Thoracic surgery to Plymouth Hospitals Trust

1. Introduction

This briefing provides the Health and Wellbeing Scrutiny Committee with an update on progress in resolving a longstanding challenge relating to the provision of thoracic surgery. The thoracic surgical service at the Royal Devon & Exeter (RD&E) has good outcomes and strong links with other interconnected services; however, due to the low numbers of patients requiring thoracic surgical intervention, the service is too small to be sustainable in the long term. This means:

- Only two surgeons cover the service for elective and emergency care, which is extremely onerous for the surgeons involved.
- The provision of services to local patients would be at risk in the event of any unplanned absence of anyone in the team.
- If the RD&E recruited more surgeons to reduce the on-call frequency, there would not be sufficient work to maintain the skill levels of all the surgeons.
- The national direction for specialised services such as this is for them to be centralised into a smaller number of specialist centres.

2. Process to date

The risks posed by the challenges above are well understood by both provider and commissioner organisations and a solution has been in development for a number of years. The Overview and Scrutiny Committee was briefed on this issue in November 2012 when, at the time, a partnership model with University Hospitals Bristol was being explored. After many months of detailed planning between the two organisations, in September 2013 Bristol withdrew from the proposed arrangements due to capacity constraints on their existing service.

Since then a new model of provision in partnership with Plymouth Hospitals NHS Trust (PHNT) has been developed. Such an arrangement would provide the economy of scale to ensure that the service would be resilient in case of unplanned absence and centralise expertise in the south west to ensure that the service develops and provides world class outcomes in the future. For approximately 18 months, PHNT has been supportive of providing surgical care for local thoracic patients, however, has not had sufficient physical capacity to accept the additional work. Following a reorganisation of their bed capacity, PHNT will be in a position to begin treatment of thoracic patients from June 2016. The partnership model is likely to involve approximately 250 patients per year undergoing surgery at PHNT, however all other aspects of the patients' pathway will continue to be provided locally

3. What are we doing to manage the transition and give the best outcomes and experience for patients?

- There has been discussion with local patients groups during the development of the early proposals and the change in service is supported by lead clinicians.
- All non-surgical care which can be provided locally will be. This includes the provision of a medical thoracoscopy (examination and biopsy of the chest using an endoscope) service provided by the respiratory physicians, and outpatient appointments.
- The service provision in terms of operating lists, outpatient clinics, and consultant sessions will be at least the same or greater than it is now.
- A cancer nurse specialist will be appointed to liaise between the sites and ensure that patients' pathways are optimised at all times.
- A locum consultant thoracic surgery presence will be maintained at the RD&E for 3 months after the transfer to ensure a smooth transition and the capacity to address teething problems.
- An escalation process is being developed to ensure that any problems are robustly addressed between the two organisations at senior level.
- Patient groups are being consulted to ask if there are any issues which they might have where support can be given to minimise the impact of having to travel for surgery.
- Accommodation for patient's relatives is available at Heartswell Lodge in Plymouth.

4. Consultation process

In preparation for intended implementation from 6th June, 2016, a further process of local engagement and consultation with patients will run for 6 weeks from the beginning of April 2016. This will include discussion of how patients will be supported on their pathway of care and will involve liaison with local patient groups and individual patients who have experience of the pathways. This engagement and consultation will be supported by the RD&E, PHNT, and NEW Devon CCG.

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