

Fact File

FIT FOR THE FUTURE

Developing urgent and hospital care in Gloucestershire

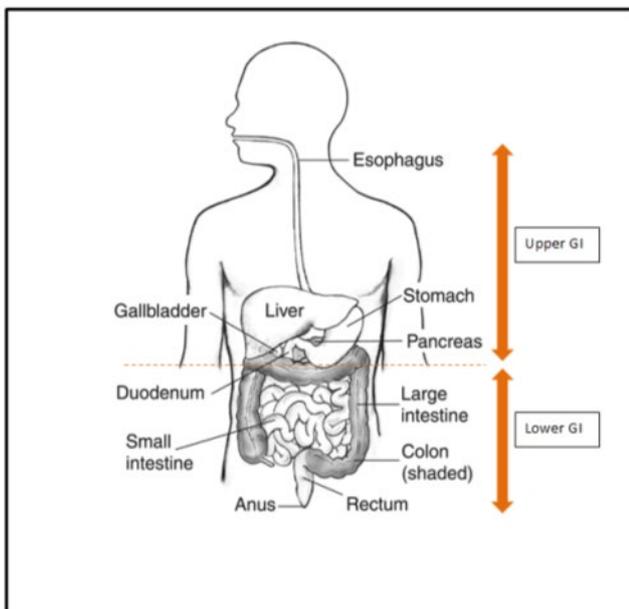
General Surgery

What is General Surgery?

Although the words 'general surgery' might suggest this is a catch-all for all types of surgery performed in a hospital, general surgery is actually a term used for the surgical management of conditions relating to the abdomen, specifically the digestive system or gastrointestinal (GI) system. This is more commonly known as the guts, bowels, intestines, giblets, belly, tummy or stomach.

In hospital care there are specialists who look after the 'upper' part of the gut or the 'lower' part of the gut - also known as Upper GI (gullet, upper guts and stomach) and Lower GI (colorectal) (large bowel, back passage and bottom). There are some instances of cross over between the two specialist teams.

The image below shows the parts of the body included:



The General Surgery team see two groups of patients:

1. **Emergencies:** when you come into hospital unexpectedly, after being seen by your GP or attending one of our Emergency Departments (also known as Accident & Emergency (A&E)) and you need an urgent diagnosis and / or treatment.
2. **Planned:** when your appointment and / or surgery is planned in advance for a specific time and location. This is also known as elective care.

Emergency work includes:

- Assessment and care of patients with abdominal emergencies, such as pain, bowel blockages, infections and complications of hernias. This service is provided by General Surgeons who deal with all patients regardless of whether they come to hospital with an Upper or Lower GI condition.
- Emergency operations, although a large proportion of our patients do not need an operation.
- Support to the Emergency Departments.
- Support and specialist opinion to patients under the care of other teams.

The same surgeons do planned work within their specialist area (Upper or Lower GI).

This planned work includes:

- Planned inpatient and daycase operating lists, including cancer surgery.
- Outpatient clinics.
- Endoscopy (a telescope test used to get a view of the inside of the body).

The general surgery team cares for around 9,800 people each year in our hospitals (excluding outpatients and endoscopy), of which almost 70% are emergencies.

How are services provided at the moment?

General surgery services are predominantly based in the county's two main (acute) hospitals – Cheltenham General Hospital (CGH) and Gloucestershire Royal Hospital (GRH). There are also some services provided in the community hospitals:

	Emergency General Surgery	Lower GI Planned Hospital stays	Lower GI Daycases	Upper GI Planned hospital stays	Upper GI Daycases
Current Hospital	BOTH	BOTH	BOTH	GRH	BOTH

All of these services are currently provided by Gloucestershire Hospitals NHS Foundation Trust. The same staff provide emergency and planned care, although the staff are separated into four teams (two teams at each site), providing either emergency or planned care at any one time. Many of the staff provide care at both hospitals.

Background – why is change needed?

There is a particular need to focus on improving our emergency general surgery services. This is because the way the service operates at the moment does not meet national standards, and is falling behind the best centres nationally. This limits the ability to attract and retain the very best staff.

Doctors provide emergency cover to both hospitals at the same time. This can sometimes mean if you come into hospital with gallstones (an Upper GI condition), you may be cared for by a Lower GI surgeon. This means that if you need an operation, it will have to be done at a later date by an Upper GI surgeon. This is also the case for some Lower GI conditions where you may need a different surgeon. This delay may mean that you have to live with the symptoms for longer.

Whilst this is not unsafe, it is not the best care for patients.

There have been discussions about possible solutions for a number of years linked to a number of changes within services in Gloucestershire hospitals, including:

- The transfer of emergency (999) ambulances after 8pm from CGH to GRH means that more patients require input from our junior doctors 'out of hours' on the GRH site.
- Risks to the sustainability of the consultant 'on call' emergency general surgery rota. The 'on call' consultant is responsible for care of patients coming to hospital with emergency general surgery conditions. This consultant does not do any planned work during this time. They are available 24/7 to see patients and operate if required.
- Historically, general surgery consultants did not specialise: this has changed over the years with some groups of consultants (e.g. breast, vascular) looking after their patients only. This has meant that they no longer take part in the general surgery emergency rota.
- National reduction in the availability of trainees (junior doctors).

Reviews of the emergency and planned general surgery services by the South West Clinical Senate and national Getting It Right First Time (GIRFT) programme have demonstrated short-comings in provision and have suggested areas for improvement.

Sub-specialist Emergency Care:

Analysis of over 30,000 emergency patients in England and Wales undergoing laparotomy (a surgical procedure involving a large incision through the abdominal wall), demonstrated a greater chance of experiencing complications from a Lower GI emergency when operated on by an Upper GI surgeon. (BJS, 2019).¹

¹ Original article *Association between surgeon special interest and mortality after emergency laparotomy*, H. Boyd-Carson (et al), on behalf of the National Emergency Laparotomy Audit (NELA) collaboration, first published 25 April 2019.

Some helpful terms:

Abdominal pain: pain in the tummy. It can be acute (comes on suddenly e.g. appendicitis) or chronic (present for a long time, e.g. irritable bowel syndrome), it may reflect a major problem, such as appendicitis, or it may result from a fairly minor problem, such as an excessive build-up of gas.

Acute hospitals: provide specialist emergency and planned health care when a patient is treated for an episode of illness, which may be minor or severe, for conditions that are the result of disease or trauma.

Community hospitals: small local hospitals that provide a range of services to their local community.

Daycase: a patient whose operation and recovery is not expected to require an overnight stay in hospital.

Emergencies: a patient who comes to hospital unexpectedly, after being seen by their GP or by attending the Emergency Department, requiring urgent diagnosis and treatment.

Endoscopy: a telescope test used to get a view of the inside of the body.

Gastrointestinal (GI): more commonly known as the guts, bowels, intestines, giblets, belly, tummy or stomach.

- **Sub-specialty of Upper GI:** gullet, upper guts and stomach
- **Sub-specialty of Lower GI (colorectal):** large bowel, back passage, bottom

Inpatient: a patient who's operation and recovery requires at least one overnight stay in hospital.

Junior doctors: a fully qualified doctor below the level of consultant.

Laparotomy: a surgical procedure involving a large incision through the abdominal wall to gain access into the abdominal cavity.

National standards: standards set by the Royal College of Surgeons and Association of Surgeons of Great Britain and Ireland, for the delivery of emergency general surgery.

On call consultant: This is the consultant responsible for care of patients coming to hospital with emergency general surgery conditions. This consultant does not do any planned work during this time; they are solely focussed on emergency care. They are available 24/7 to see patients and operate if required.

Planned: inpatient and daycase care and surgery that can be planned in advance for a specific time and location. This is also known as elective care.