



Shaping Surgical Services - A proposed transformation of surgical services in Tayside

Frequently Asked Questions

1. What is general surgery?

General surgery is a surgical specialty that focuses on the abdomen contents, including oesophagus, stomach, small bowel, colon, liver, pancreas, gallbladder, bile ducts and often the thyroid gland. Below is a list of the most common general surgical procedures:

- Bowel Cancer Surgery
- Haemorrhoids
- Gall bladder removal (Laparoscopic Cholecystectomy)
- Bowel surgery (small and large intestine)
- Surgery to anus and rectum
- Hiatus hernia (Laparoscopic Nissen Fundoplication)
- Hernia Repair
- Thyroid Surgery

2. What does a general surgeon do?

Despite the term "general", surgeons that practice general surgery are highly skilled surgeons. Surgery can be scheduled or unscheduled. General surgeons also carry out the majority of simple operations on children.

3. What is scheduled surgery?

This is surgery that is planned in advance, usually following discussion with the patient. This is also sometimes referred to as elective surgery.

4. What is unscheduled surgery?

Unscheduled surgery is surgery which cannot reasonably be foreseen or planned in advance. Unscheduled surgery is sometimes referred to as emergency surgery.

Unscheduled surgery can include the following:

- Undertaking emergency operations any time, day or night.
- Providing clinical care to all patients after their surgery and other inpatients who do not necessarily need an operation.

- Undertaking further operations for patients who have recently undergone surgery (ie either planned procedures or unscheduled 'returns to theatre').
- Assessing patients referred from other areas of the hospital (including the emergency department) and from GPs. For regional services this may include supporting other hospitals.

Some of the most common types of unscheduled operations:

- · Removal of a part of the large intestine
- · Removal of a part of the small intestine
- Gall bladder removal
- Stomach ulcer surgery
- · Appendix removal
- Abdominal exploration
- Abscess drainage and removal
- Strangulated hernia

5. How does the current system work?

Currently patients have different journeys into our systems. At Ninewells Hospital you are admitted to the Acute Surgical (Assessment) Receiving Unit (ASRU) which is a dedicated unit for unscheduled patients with dedicated Advanced Nurse Practitioners (ANPs), nurses, doctors in training and a senior doctor. Ninewells looks after patients from across NHS Tayside for unscheduled care for general surgery, gynaecology, urology and vascular surgery.

Angus patients also come to Ninewells ASRU and have done so for many years.

Perth Royal Infirmary does not have an ASRU. If you come to Perth Royal Infirmary you will be admitted to Ward 1 which is a mixed ward of patients. You are admitted either directly by your GP or from the Accident and Emergency Department and this is primarily patients from Perth and Kinross for general surgical emergencies only. There is no unscheduled care service for gynaecology, urology or vascular surgery. Ward 1 has dedicated nurses and doctors in training but no Advanced Nurse Practitioner. This unit is open 24 hours a day Monday to Friday only, and this has been the case for the past four years.

Currently, on average, three to four patients a day (up to about 28 a week) are seen in Perth Royal Infirmary to be assessed for unscheduled general surgery. Of these, about five patients a week on average would need to have an operation. No patients are referred from Friday, 5pm to Monday, 8am as they go to Ninewells Hospital (this is about eight patients per week). This has been the position since January 2013.

6. What will change under this proposal for patients?

Patients from Perth & Kinross who go to their GP can be referred directly to the Acute Surgical Receiving Unit (ASRU) at Ninewells Hospital in the same way as patients from Angus and Dundee. If the patient comes into the Accident and Emergency Department at Perth Royal Infirmary they will be referred directly to the ASRU at Ninewells Hospital. This is exactly the same referral pathway for patients that is in place every weekend.

At the ASRU patients are examined and reviewed by a surgeon. A patient categorised as an unscheduled surgical patient will not necessarily need an immediate operation, or in some cases need an operation at all.

The Royal College of Surgeons recommends as best practice that unscheduled general surgical patients need to have access to a specialist consultant doctor 24-hours-a-day, some types of specialist radiology and an emergency theatre 24-hours-a-day. The only way that this can be achieved for all patients in Tayside is to provide the unscheduled general surgical service in Ninewells.

7. What will this mean for scheduled surgery across Tayside?

NHS Tayside is planning to increase the number of surgical procedures carried out at Perth Royal Infirmary in order to reduce the number of people who will need to travel to Dundee or Stracathro for surgery from the Perth and Kinross area. Patients from Dundee and Angus already travel across Tayside and more will travel to the specialist elective centre at PRI.

8. What does this mean for unscheduled surgery across Tayside?

Patients will typically be referred by a GP, will self-present at an Accident and Emergency Department or will be brought in by ambulance.

Patients are referred for assessment initially to the Acute Surgical (Assessment) Receiving Unit (ASRU) at Ninewells Hospital. You may then be admitted for further investigation and given appropriate treatment as an inpatient, onward referral or treated on an outpatient basis.

Many patients referred in this way will ultimately not require surgery. Even where patients need unscheduled surgery, this does not mean it will always need to take place immediately, within a couple of days or event at the time of the same admission.

On occasion it may be possible for a patient to go home after assessment and be admitted for their operation at a later date.

9. Does this mean Ninewells Hospital is a single site for unscheduled surgical services in Tayside

Yes, in the proposed plans Ninewells would become the centre for unscheduled general surgery for all Tayside patients. Angus patients have accessed unscheduled surgical services at Ninewells for many years. However, this means that for some people they may have to pass Perth Royal Infirmary even if they live close by to access services for unscheduled general surgery. This is because the specialist teams required for your treatment would be based at Ninewells Hospital and we can no longer provide additional teams at PRI. We appreciate that this may be frustrating. Patients who needed orthopaedic trauma surgeries would continue to be treated at Perth Royal Infirmary.

10. If I have to travel further, will this affect my clinical outcome?

In the proposed new service patients will be referred to Ninewells Hospital ASRU which operates 24/7 with senior clinicians available, seven days a week and access to dedicated theatre. Some patients will be transferred from Perth Royal Infirmary to Ninewells Hospital by ambulance and others may be asked to make their own way to Dundee depending on their clinical need. Dundee and Angus patients will be referred to Ninewells ASRU also.

It is critical to note that it is the timing of the start of appropriate treatment, rather than the time of arrival at hospital ,that affects the outcome. This means interventions by paramedics, rapid assessment and/or rapid access to the appropriate specialist team once at the hospital offsets or overcomes the risk created by the additional travel time.

This is important to note as the current arrangements for unscheduled service within PRI do not have an ASRU streaming assessment and has limited access to emergency theatres.

Under the current arrangements a patient may get to hospital quicker but their time to definitive care is not as quick as an optimised set up of services could achieve.

11. How will this impact on Accident and Emergency Department?

Less than one emergency surgical admission per day currently comes through Accident and Emergency Department at Perth Royal Infirmary so there is no impact on the Emergency Department.

12. What is the impact on Trauma services?

There is no impact.

13. How will this impact on acute general medicine services at Perth Royal Infirmary?

There will be no impact.

14. What if my child requires assessment for emergency general surgery? Will they be affected by this change and have to travel to Ninewells Hospital?

Children (0-16) referred for paediatric surgery currently all go to Ninewells already. There is no emergency surgery at Perth Royal Infirmary for children and they have always had to travel to Ninewells to get the expert care from paediatric surgeons and specialist paediatric anaesthetists at the Tayside Children's Hospital. The ambulance service and GPs have well established protocols that ensure patients are directed to the right place.

15. What will happen to me if I have an accident, such as a car crash?

If you are unlucky enough to have an accident requiring hospital treatment your treatment pathway will not change. All serious accidents already go to Ninewells Hospital. Less serious injuries are treated in Perth Royal Infirmary Accident and Emergency Department.

16. What if my condition is so serious I cannot travel?

This happens very rarely. Many serious conditions are cared for by our expert paramedics and ambulance service teams who have significant experience of transporting very sick people. In such cases patients are stabilised in the ambulance and brought directly to a suitable Accident and Emergency Department.

NHS Tayside already had bypass protocols in place for the very sick, such as major trauma and some life threatening surgical emergencies, such as aortic aneurysm surgery.

17. Are critical care services, such as intensive care or high dependency care affected by this change at PRI?

No. We will ensure critical care services are fully used by medical patients and scheduled care patients who have planned stays post-operatively follow major surgery. We need anaesthetists to support this critical care service and the planned surgical patients.

18. How will Ninewells Hospital cope with the extra patients?

On average, this will mean an additional four or five operations per week which can be easily accommodated into the Ninewells Hospital theatre lists.

19. I do not have access to a car, what happens then?

In reality most people who need to be admitted for unscheduled general surgical assessment will be transported in an ambulance which is booked by the GP or by calling a 999 ambulance if you are directed to do so by NHS24 or your GP. Some people call 999 services themselves and a decision will be made by the ambulance crew about whether you need to be transported to a hospital.

Anyone who goes to the Accident and Emergency Department in Perth Royal Infirmary by car or public transport will be assessed in the Accident and Emergency Department and, if clinically appropriate, transported to Ninewells Hospital by ambulance to the acute surgical receiving unit at Ninewells Hospital. Often if you are transported by ambulance, a person is allowed to travel with you, such as a family member.

20. How will my relatives, friends and carers get to see me if I have to go to Ninewells Hospital?

Family, friends and carers are welcome to visit you during your hospital stay. Parking facilities are available at Ninewells Hospital for a charge of £2.20 per visit.

There is a direct bus service from Perth Royal Infirmary to Ninewells Hospital. This is the X7 and runs hourly. For concessions this service is free or at reduced cost. There are many public transport options to get to Ninewells from across Tayside.

21. Will this proposed change mean removal of beds at Perth Royal Infirmary?

This change would mean that we will be able to use all available beds freed up from unscheduled patients for scheduled surgery patients who will primarily come from Perth & Kinross which would mean less travel for Perth & Kinross residents. We are also putting in place an enhanced day of surgery unit, enhanced pre-operative assessment services and a theatre admission suite to support a high-quality pre-operative pathway for patients to create a centre of excellence for scheduled surgeries

22. What will happen to the staff that are currently running the service at Perth Royal Infirmary

There will still be a requirement for theatre and nursing staff at Perth Royal Infirmary, as the number of unscheduled and emergency operations was only ever a very small proportion of the number of operations carried out. To replace the unscheduled activity, we will perform more scheduled surgical operations. The number of scheduled surgeries will be much more than unscheduled surgeries. This is because planned patients stay far less time in hospital and can be planned to optimise all the capacity we will now have.

Staff on the surgical ward who used to see most of the current unscheduled surgical patients will now instead look after more scheduled surgical patients.

23. Over the last couple of years what services have been developed at Perth Royal Infirmary?

Our overarching aim is to make sure that services are of the same quality in Perth & Kinross and Dundee and Angus and to reduce travel for as many people as possible. We also want to make sure we have no patient staying in hospital longer that they need to be and are redesigning a number of services at Perth Royal Infirmary. For example:

- Discharge lounge
- Day of Surgery Admission Unit
- Preoperative assessment
- Critical care services
- Assess to admit model of care
- Ambulatory medical care
- Enhanced community support and re-enablement to support older people in the community

If you would like any further information or have any further questions, please call 0800 7836110 or email surgicalservices.tayside@nhs.net. You can also visit the website at www.transformingsurgery.scot.nhs.uk