

Sandwell and West Birmingham feedback on the proposed changes to day surgery

Briefing Paper to Birmingham and Sandwell Joint Health Overview and Scrutiny Committee

1. Introduction or background

- 1.1 The purpose of this paper is to report back on the insight gathered through the formal conversation period. Early this year we instructed by the Joint Health Overview and Scrutiny Committee of both local authorities to run a consultation on the proposed changes to day surgery.
- 1.2 We ran a consultation earlier in the year whereby as part of our approach, we outlined the proposed allocation of day case surgical activity at the Sandwell & West Birmingham Hospitals NHS Trust (SWBHT) Treatment Centres once the Midland Metropolitan University Hospital (MMUH) opens in 2022.
- 1.3 As outlined in the MMUH business case SWBHT will operate from two treatment centres for planned day case surgery, these sites are the Birmingham Treatment Centre and the Sandwell Treatment Centre (currently Sandwell General hospital). Acute care and elective surgery will be delivered from MMUH.
- 1.4 As part of the clinical services model the Trust has developed clinical pathways including a new theatre model which allocates surgical specialities to a single treatment centre. The new theatre model results in a potential change in location of day case surgery for General Surgery and Trauma and Orthopaedics.
- 1.5 The paper outlines the approach undertaken to seek the views of people potential affected by the proposed change and the insight we gathered because of the many conversations held.

2. Background/Recap

- 2.1 SWBHT's proposed surgical services clinical model and movement to a single site for the provision of 'hot' Acute service is set out in the Long-Term Plan (NHS National Direction), Sandwell and West Birmingham Hospitals Strategic Plan and the MMUH Business Case.
- 2.2 The clinical model is based on the following key objectives:
 - Separation of 'hot' acute services and 'cold' planned services as recommended by NHS England (NHSE), Get it Right First Time (GIRFT) and NHS Improvement (NHSI).
 - Planned day cases are delivered on a 'cold' site where capacity can be protected, reducing the risk of operations being postponed due to urgent cases or infection control implications, most notably recently experienced as part of the Covid-19 pandemic.

- Outpatients will continue to be delivered from both sites in community settings to maintain market share and care closer to home, delivering speciality day case surgery from concentrated sites.
- A single site day case model directly supports the business objectives in the MMUH full business case associated with reduction in inefficiencies, duplication of care, equipment, workforce and running costs.
- An increase in delivery of day surgery and associated benefits that are evidenced in having a dedicated day case facility.
- Providing specialist care by concentrating workforce ensuring the *Right Care at the Right Time*.
- Improved performance through productive operating theatres and standardisation of pathways.

2.3 Day case units are strongly recommended by regulators including NHSE/I, GIRFT, Department of Health and professional bodies. Standalone day case units have evidenced a reduction in overnight stays and other benefits for both patients and system wide efficiencies related to patient quality and experience, reduced waiting times and financial implications. Furthermore, dedicated day case units have resulted in increased productivity and improved outcomes in terms of unplanned admissions rates and post-operative symptoms. It is recommended by GIRFT that similar specialities are co-located to allow for collaborative working and better patient outcomes.

3. Current Provision

3.1 As detailed in the introduction, SWBHTs theatre model once MMUH opens has an implication for General Surgery and Orthopaedics. The current provision for these specialities is as below (data is from 2019 as this is the most relevant data pre Covid-19 implications)

- **General Surgery:** Day case activity is currently delivered from both BTC and Sandwell General Hospital. The activity volumes and percentage split at these sites were as follows:
 - 42% City (868 patients)
 - 58% Sandwell (1199 patients)
- **Trauma, Orthopaedics and Plastics:** Day case activity is currently delivered from BTC and SGH. The activity volumes and percentage split at these sites were as follows:
 - BTC 52% (1620 patients)
 - Sandwell 48% (1402 patients).
 - Plastic surgery day cases are delivered from BTC and in 2019, 336 patients were treated at BTC.

Elective surgery for both these specialities is delivered from Sandwell General Hospital. Both specialities deliver outpatients clinics from both sites and also have provision for virtual consultations.

4. Future Provision

4.1 The proposed locations for General Surgery and T&O are as follows:

4.2 General Surgery

- Electives and Emergencies: Midland Metropolitan University Hospital

- Day Cases: Birmingham Treatment Centre

The proposed location of day case general surgery has considered considerations for collaborative working with other located specialities including urology and the provision of radiography.

4.3 Orthopaedics and Plastics

- Electives and Emergencies: Midlands Metropolitan University Hospital
- Day Cases: Sandwell Treatment Centre

The proposed location of day case orthopaedic and plastic surgery has considered considerations for collaborative working with other support services including physiotherapy, radiography, and fracture clinic.

- 4.4 The pre-assessment and post-operative pathway will remain unchanged with appointments offered at both Sandwell and BTC within outpatient departments.

5. **Conversation Approach**

- 5.1 To present as rounded and robust set of insights as possible, several connected strands of activity were used to ensure widespread awareness and to gather as much feedback as possible between 7th March and 15th April 2022 (6 weeks). This includes both qualitative and quantitative methods as follows:
- 5.2 Formal presentations to the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee; the Black Country and West Birmingham (BCWB) Provider Collaborative; the BCWB Elective Care Board; the BCWB Strategic Commissioning Committee; the Sandwell and West Birmingham Local Commissioning Boards.
- 5.3 In-person engagement event and conversations to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. The event was attended by a one hundred people from across Sandwell and West Birmingham and was reflective of many of our communities.
- 5.4 By undertaking visits to outpatients clinics at Sandwell and City the Head of Public and Community Engagement and Trust volunteers encouraged and supported patients and family members to complete the questionnaire.
- 5.5 On-line public engagement event to allow people the opportunity to hear about the proposed changes to day surgery and familiarise themselves with MMUH. Twenty-five people attended the event.
- 5.6 Targeted conversations for example through Sandwell Consortium and Chinese Community Centre to ensure that those communities which suffer some of the worse health inequalities had the opportunity to listen to the proposed changes and comment accordingly.

- 5.7 An online survey to collect both qualitative and quantitative feedback from members of the public, current and previous patients, people with caring responsibilities, staff, and other stakeholders. There were 4735 responses to the online survey.
- 5.8 A PR and social media campaign widely promoted all the above opportunities for involvement up to and during the 6-week period.
- 5.9 The conversation phase was informed by both the Equality Impact Assessment and detailed data analysis undertaken by our business intelligence team.

6. Findings

- 6.1 The findings of the formal conversation can be found in Appendix A. of this paper, but it worth noting that most of the in-person and online conversation focused on MMUH. There is an appetite in our communities to learn more about the new hospital. The trust has not had the opportunity to do this over the past few years due to Covid, but for the past year we have begun to re-engage our communities around the new hospital but also the wider work of the trust.
- 6.2 Three questions within the survey gave respondents the opportunity to share what impact the changes might have on them and their families and how we might support them through the change, and any other comments they wished to share with us.
- 6.3 This section of the paper provides a high-level summary of the common themes from the communications and engagement activity. Further detailed analysis can be provided upon request.
- 6.4 Several common themes were identified through qualitative discussions. These themes are summarised below:

6.4.1 Communication and information

- Work with the media more to get the messages out to more people
- More information about what is staying at Sandwell and City hospitals
- More information about the new hospital
- Use plain language to explain changes

6.4.2 Travel and access

- Further away, increase in taxi fare may become difficult for local people
- Increase time of family and friends as surgery could be further away – adds more stress
- Improve public transport route to new hospital
- Might result in patients not attending for their appointment
- Time and money the biggest issues

As a disabled person. I do not have access to a car or carer. I have to use public transport which can be difficult. I can't always afford taxis as I'm also on benefits. I don't know how to get there on my own, it has taken me 45 minutes to an hour on public transport or £10 in a taxi. I also have a disabled son. This means I have to find someone to escort him while I have treatment.

6.4.3 Workforce

- Can see benefits of having specialities on different site
- Positive change for staff

Day surgery on a single site with concentrate skill and resources which will make treatment outcomes much better. However, patients may have to travel much further, and this will be expensive to travel to and therefore impractical for some people

The logic of staffing one site is obvious, but the logistics of getting there for some may offsets the advantage gained

6.4.4 Better patient care/experience

- Will be easier for patients to access
- Probably cut down on waiting times for patients and easier for relatives who bring and collect patients
- Consistency of care
- Receiving care in the right place is important to me
- Receive quicker treatment
- Shorter waiting times for surgery

Save confusion of which hospital to go to

The use of one site reduces possible patient confusion regarding which site to attend, concentrates expertise in one place and will provide greater service efficiency and is more cost effective.

I am hoping for a shorter waiting time for surgery, and a better recovery time, improve surgical techniques, that will aid improved quality of service and improved overall health, mental well-being and mobility

6.4.5 By far the biggest concern that respondents had was around potential increase in travel time and costs. Almost every additional comment received talked about their concern for the additional travel costs and the distance they may have to travel and the inconvenience on family and friends.

6.4.6 When asked how we might support people. The following themes emerged:

- Better communication and information
- Free transport between hospitals
- Assistance with additional travel/fuel costs
- Free parking
- More flexible care including evenings and weekends
- Clear signage in and around hospitals

These findings have been reported back to our MMUH Surgical Board, our Clinical Leadership Executive and our MMUH Programme Board for consideration.