

**MORRISTON HOSPITAL DELIVERY UNIT
INTEGRATED SURGICAL SERVICE GROUP
GENERAL SURGERY**

EXPANSION OF PANCREATIC SERVICE AUGUST 2021

INTRODUCTION

The following paper provides a case for consideration, to develop the regional pancreatic surgery service in Swansea Bay University Health Board, which serves a population of 2.7million across South Wales. The proposal outlines the resource required to increase service provision from:

- A three consultant service model, supported by two funded all day theatre lists and an ad hoc weekend operating provision (circa twice per month pre-Covid) to;
- A four consultant service model, supported by three funded all day theatre lists per week and expansion of the CNS and secretarial workforce.

This would increase the available capacity for pancreatic surgery by around 42 cases per annum, and outpatient capacity by 622 patients per annum to meet the current demand for cancer and benign pancreatic cases.

An additional 0.6 WTE of CNS resource would provide improved care, tailored to the needs of individual patients by allowing increased coverage of MDT clinics and outpatients, as well as opportunity for outreach clinics to provide care closer to patients' homes.

An additional 1 WTE secretarial support would be required to support the additional consultant and CNS.

In conjunction with the above plan to expand capacity, further work has been undertaken to understand the nutrition and TPN requirements for the additional patients and to address the current shortfall.

BACKGROUND

Pre-COVID, it was acknowledged that, due to increasing referral trends, there was insufficient operating capacity on Morriston site to meet both cancer and elective pancreatic surgical demand. Unsurprisingly, the pandemic has exacerbated this problem. There are consequent difficulties in delivering treatment within 62 days of suspicion of cancer. Furthermore, the department is unable to meet its required referral to treatment time for non-cancer patients.

Adding further pertinence to the review of pancreatic surgery within SBUHB, is the publication of an all-Wales Hepato-Pancreato-Biliary (HPB) Surgery Service Specification by the Welsh Health Specialised Services Committee (WHSSC). Approval has been sought to adopt this service specification to inform the delivery and future commissioning intentions for HPB surgery. Investment into the service developments set out in this paper would enable the service to meet important aspects of the specification.

WAITING LIST POSITION

The current pancreatic cancer surgery waiting list consists of 25 patients, 4 of which have been dated in August, with an average wait of 24 weeks. The longest delay is from decision to treat to surgery highlighting the need to improve capacity immediately to avoid adverse patient outcomes. The demand-capacity gap and the lack of access to theatres is on the risk register with a risk score of 20.

The baseline capacity gap is compounded by some service complexities. Due to the nature of pancreatic surgery, only one patient can be listed per scheduled theatre list. With a three-consultant team, lists can be cancelled due to on-call commitments and annual/ study leave. The consultants are unable to take leave during their on-call cycle, which equates to 4 months per year per consultant, and if one consultant is on-call and one consultant is on annual leave, the third consultant cannot safely operate on consecutive days due to the complexity and long hours in theatre, leading to inevitable cancellations. A fourth surgeon would alleviate this issue by providing more flexibility and enabling the avoidance of consecutive day operating.

DEMAND AND ACTIVITY

Table 1 below summarises the referral demand since 2017/18. The reduction in referrals in 2019/20, is a result of the beginning of Covid-19 in February and March 2020. Similarly, the 2020/21 figures highlight the continued reduction in referrals, particularly in the 1st 6 months of the financial year with referrals picking up in the second half of the year.

Table 1.

Year	Number of referrals
2017/18	1612
2018/19	1640
2019/20	1337
2020/21	742

Table 2 summarises the new outpatient activity delivered since 2017/18 through baseline and additional capacity. As with the referrals, the table above highlights a reduction in activity in 2019/20, which was impacted by the beginning of the pandemic in February and March 2020. The 2020/21 figures highlight the continued reduction in activity due to limited theatre capacity which cases taken place in the latter part of the financial year.

Table 2.

Year	Baseline new	Backfill/ WLI new	Total
2017/18	718	60	778
2018/19	786	57	843
2019/21	739	37	776
2020/21	205	58	263

Table 3 summarises the activity delivered since 2017/18 for pancreatic surgery through baseline capacity (two all day lists) and through the additional weekend operating lists.

Table 3.

Year	Baseline available	Baseline utilised	Backfill	WLI	Total Cases
2017/18	104	88	1	18	107
2018/19	104	96	2	18	116
2019/20	104	88	1	15	104
2020/21	64	60	0	0	60

Post COVID the service have re-gained their previous baseline capacity, partway through the year, but have been unable to undertake weekend operating as per previous years (average 17 additional lists per year). The 60 cases undertaken in 2020/21 were achieved from September 2020 onwards.

In order to further support the capacity gap, the Health Board has outsourced fifteen patients to Coventry and Warwickshire NHS Foundation Trust this year, to help reduce the backlog of patients awaiting cancer surgery. Of the fifteen sent, ten patients underwent surgery in Coventry, three returned to Morriston for more timely treatment, one had locally advanced disease and was deemed inoperable and one opted for non-surgical intervention. The department has recently gained approval to outsource a further 15 patients to King's College London NHS Foundation Trust. Whilst this will provide an option to treat some of our long waiting patients, the Health Board has acknowledged the clinical risk associated with patients who are unsuitable to outsource, nor is there the capacity to treat internally.

Formal commissioning of an additional weekly all day operating list would support the work of a fourth substantive surgeon and would deliver the required improvements to access for patients requiring pancreatic surgery. At present, all additional lists are allocated based on clinical urgency which will be the same for this additional list until the time that services can return to their timetabled operating capacity.

Appointing an HPB surgeon with an interest in liver will allow the unit to facilitate networking opportunities for HPB across Wales. In addition, a 4th HPB surgeon will increase the capacity to undertake laparoscopic cholecystectomies and hernia repairs. There are currently 650 laparoscopic cholecystectomy patients on the waiting list with an ever-increasing backlog due to the lack of surgeon availability to undertake routine UGI operating sessions. An additional HPB appointment will support the job planning process to free up additional capacity to support the benign UGI workload.

The appointment of an additional HPB surgeon also supports the wider workforce plan under development for general surgery to move to a 1:8 rota to allow a colorectal/UGI split rota which will provide stability to the general surgery on-call rota, an UGI/ LGI split, an ambulatory care service, acute biliary/gallbladder service, sustainable cover for singleton.

Recruitment of an additional CNS will be crucial to support the timely tracking of the additional cohort, to contribute to the weekly MDT, support the counselling and pre-assessment of patients pre-operatively, supporting the co-ordination of theatre schedules (ensuring all scans are up to date, consent gained etc.), and supporting patients and families through their recovery post operatively.

FINANCIAL ASSESSMENT

ADDITIONAL COSTS				FUNDING SOURCE IDENTIFIED			Variance
				East Wales HB Income 24 patients	Reduction in Outsourcing 10 Patients	Total Funding 34 Patients	
Consultant Surgeon	1 WTE	£132,087		£211,879	£200,000	£411,879	
CNS	0.6 WTE	£33,499					
OPD Clinic		£4,886					
Dietetics	0.5 WTE	£27,916					
Physiotherapy	0.3 WTE	£14,207					
Occupational Therapy	0.15 WTE	£7,103					
Pharmacy	0.5 WTE	£23,678					
Medical Secretary	1 WTE	£30,666	£274,040				
Anaesthetist	0.5 WTE	£55,351					
Theatre Costs - staff	3 X 3.5 sessions	£99,844					
Theatre Costs	Non Pay 42 cases	£42,000					
			£197,195	£63,835		£63,835	
£471,235				£275,714	£200,000	£475,714	£4,479

The total cost of commissioning the sustainable capacity infrastructure for pancreatic surgery is £471,237. Breakdown as above. The funding sources identified include increasing the number of cases done for Health Boards to the East of Swansea Bay by 24 and removing the 20/21 outsourcing activity which was 10. This would cover the investment and provide capacity for an additional 8 cases p.a. which could also bring in additional funding.

It is important to remember that during 2020/21, funding flows between Health Boards have continued on a block basis based on 2019/20 outturn due to the variance in activity associated with COVID. The level of funding associated with pancreatic activity covered by this arrangement for the Health Boards to the east of Swansea Bay amounts to £750,000. The funding is fixed during 2021/22 regardless of activity delivered and so until LTA arrangements are revisited, there would be no additional income created by this additional activity.

GOVERNANCE & RISK

The risk of harm posed to pancreatic patients due to lack of surgical capacity is noted on the ISSG risk register (Datix ID 2753) with a score of 20.

Led by WHSSC, there are discussions ongoing at a regional level to develop a single HPB centre for South Wales. These discussions are site-agnostic at present, however it is important that Swansea Bay UHB positions itself to be a credible candidate to provide this service. Having already lost OG cancer surgery from Swansea, failure to retain an HPB service at Morriston would carry significant risk for general surgery in terms of our training capabilities for upper GI, as well as maintaining

RECOMMENDATION

The Morriston Hospital senior team are asked to support approval for the following requirements to support delivery of an expanded pancreatic surgery service to create sustainable attractive and workable job plans to meet service demand:

- 1 WTE consultant pancreatic surgeon post;
- 0.6 WTE Band 7 CNS post;
- Therapeutic support;
- 1 WTE medical secretary; and
- The commissioning of one weekly 3 session operating day in Morriston Hospital, to allow for an increase in pancreatic surgery operating.