Who's Remote Now?
Joint Working & Professional Relationships With Larger Centres.

Miss Sarah Prince FRCSEd
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I Declare That There is No Conflict of Interest.
Remoteness....

• Adjective (remoter, remotest)

1. (Of a place) Situated far from the main centres of population; distant.
2. Having very little connection with or relationship to.
3. (Of a chance or possibility) Unlikely to occur.
4. Aloof and unfriendly in manner.
5. (Computing) Denoting a device which can be accessed by means of a network.

• Derivatives;
  – Remoteness.
Scotland
Cities / Larger Centres.

- Edinburgh
- Glasgow
- Aberdeen
Rural General Hospitals.

- Edinburgh
- Glasgow
- Aberdeen
- Wick
- Shetland
- Orkney
- Western Isles
- Oban
- Fort William
Rural General Hospitals.
Lochaber.
Belford Hospital, Fort William.
The Geography.
Daily Life.

• Elective & Emergency Work

• Consultant Staffing.
  – Surgeons.
  – Physicians.
  – Anesthetists.

• How do you stay viable?
  – We are constantly defending our existence.
  – Redesign work.
2009: The Problems.

• 64 beds.
• Increasing demand.

• A cycle of delay
2009.

• Financial pressures.
• Underutilization of Surgical beds at weekends.
  – Leading to the proposed closure of the ‘surgical ward’ at the weekends.
• The beginning of the end for the service?
• Unless we could evolve – Redesign.
To Rephrase...

• Remain in Status Quo.
  –& accept redundancy in 2 years.

Or

• Do something about it.
Belford Hospital

GROUND FLOOR PLAN
34 acute beds

Ward 1

CAU

Day-case
Reduction in Average LoS:

- Total Reduction: 39.6%
- Within Hours: 47.3%
- Out-of-hours: 27.5%

Colors:
- Medicine: Green
- Surgery: Red
- Medicine & Surgery: Orange
### Activity.

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Occupied Bed Days per year</th>
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<tr>
<td>2008/9</td>
<td>3,734</td>
</tr>
<tr>
<td>2009/10</td>
<td>2,962</td>
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<td>2010/11</td>
<td>2,585</td>
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<td>2011/12</td>
<td>1,889</td>
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2009: An Elderly Patient Falls...

Day 1  |  Day 2-3  |  Day 5  |  Day 5-7

A&E    | Surgeon   | Physician | Physio | Rehab | Home
An Elderly Patient Falls...

Day 1

CAU
- Surgeon
- Physician
- Physio

Day 1-3

Treat & Rehab

Day 4 - 7

Home
08:30 Board Round:

- Consultant Physicians
- Consultant Surgeons
- Consultant Anaesthetists
- Junior Doctors
- Senior Nurses
- Physiotherapy
- OT
- Social Work
- Infection Control
- GP

New admissions
Current inpatients
Returns
GP urgent referrals
In 13 weeks...

• Increased Capacity
  – Access to acute services & diagnostics 66%
  – HDU now both medical and surgical
  – Telemetry \ Monitored Beds (from 6 to 12)
  – Day Case Surgery

• Decreased
  – Bed numbers (64 down to 42)
  – Length of Stay
  – Occupied Bed Days

• Significant Savings : Cost Neutral
“the willingness of front-line staff to work together to better the care of each patient.”
Joint Working.

- Multidisciplinary teams.
- Nursing staff.
  - Generalists rather than Medical / Surgical.
- Consultants......
Joint Working.

- **Surgeons;**
  - HPB / Upper GI.
  - Colorectal / Urology.
  - Lap Colorectal.

- **Physicians;**
  - Gastroenterology.
  - GIM / GP. – Dual qualified.
  - Geriatrics.
Joint Working.

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Joint Working.

• Joint Endoscopy lists.
• Joint Clinics.

• So much more than that.
  – Puts the patient at the heart of healthcare.
  – Removes bridges / barriers / ego’s.
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Honorary Consultant Surgeon.
Royal Infirmary of Edinburgh.
The Elective Work Problem.

• Lack of elective work.
  – Small population.
  – Centralisation of certain services.
  – coupled with modern training.

• Is Lack of Elective Work a problem?
  – Makes emergency work more challenging?
  – Maintaining competences & skills.
  – Appraisal / Revalidation.
  – Need a stimulating surgical workload.
Capacity Issues.

• We in Fort William setting have capacity.
  – Thanks to a redesign.

• Work does not come to us from the local DGH;
  – Only a limited number of Pts are keen to travel.
  – Even though there are huge waiting lists.

• Rural Surgeons can't travel to the local DGH to operate;
  – There is no capacity in the DGH.
‘Pair Up’
The RGH’s with Larger Centers.
Edinburgh Link.

- Concept developed.
- Discussed in detail with 3 colleagues in Edinburgh.
- 1 RGH consultant – Trial of n=1.
- Honorary Consultancy in NHS Lothian (Edinburgh).
  - Permission / Backing for link from NHS Highland.
  - Much discussion....
- No Cover for own post required from colleagues.
  - Study leave.
  - Still do same number of ‘on-calls’ etc.
Royal Infirmary Of Edinburgh.
Aerial View.
Agreement.

• A certain no of operating lists in the future.
  – Dependent on needs.
  – 2 days operating every month to start.

• ‘Nominal’ consultant available.

• Junior assistant.

• Attachment to emergency theatre – if required.

• Discussions around how surgeons in Edinburgh might be able to help support rotas.

• Further discussions around plans for R&R surgery in Scotland.
What's in it for Edinburgh.

• Some otherwise empty theatre slots filled.
  – Potentially helping waiting lists.

• Taking a national lead on an important rural issue.

• Understanding of the rural challenges.

• Academic output.
  – There is already a rural module of The Edinburgh ChM.
  – What next?......
How / Why Does it work?

- HPB trained Surgeon.
  - Lists of Lap Choles.
  - 2 Edinburgh consultants – HPB.
  - Willing to ask for any help / assistance.

- Patient factors.
  - Edinburgh HPB surgeons already work as a ‘unit’.
  - Pooled lists.
  - Admitted under Ed consultant (who review’s notes)
  - FU (if required) with referring consultant.
  - Next day review by on call HPB team.
So Far....

• 19 full day lists.

• All Laparoscopic Cholecystectomy & OTC.
  – 1 had Lap CBD exploration.

• 74 operations. (2 cancelled on the day)
  – No complications. (1 catheterization)
  – All pts seen and consented by surgeon on day.
  – All either d/c same day, or o/n stay.

• FU arranged for only those with small CBD stones.
Current Thinking.

• This is just the start.

• Other areas of elective surgery.

• Other surgical subspecialities.

• Similar arrangements for anaesthetists & Physicians.
Future Links.

• 4\textsuperscript{th} Surgeon.

• Either permanent in RGH to allow such rotation

• Or perhaps they are appointed to Tertiary centres and they rotate to RGH as part of their own maintenance of generalism competencies.

• Watch this space...
National Picture.

• Helps keep the RGH’s sustainable.
  – Attractive to consultants

• Shortens waiting lists.
  – Better for patients.

• Now 1 police force in Scotland.
  – Could we not have 1 NHS rather than several boards?
The Ripple...

• Small numbers... But extrapolate... (the ripple effect).
• One surgeon; 8 cases x 12 months. = 96 per year.
• One surgeon from each of the 6 RGHs. = 576 cases per year.
• How about all 18 surgeons rotating from all RGHs? = 1728 per year.
• Nationally there are approx 6000 / yr lap choles in Scotland.
• Suddenly we ARE affecting “time to treatment” figures.
Summary.

• Geographically ‘Remote’, certainly ‘Rural’
• BUT we are not remote in our working relationships either internally or nationally.
• So can I ask you who really is more remote now?
• And more importantly – How remote are you?
No Man Is An Island.....

• ‘No Man is an Island, entire of itself, Everyman is a piece of the continent, A part of the main...’
  — John Donne.

• No hospital should be isolated in the modern world.

• We have linked our ‘island’ to major centres to benefit both populations.
Acknowledgements.

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  – Honorary Consultant Surgeon, Royal infirmary of Edinburgh.
  – Surgeon to the Queen in Scotland.

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  – Consultant General & Upper Gastrointestinal Surgeon, RIE.
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