



University Hospitals Sussex
NHS Foundation Trust

Proposed change to Colorectal Cancer Surgery pathway

East Sussex HOSC chair briefing

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Introduction

- ▶ University Hospitals Sussex is one of the largest NHS Trusts and we have a large waiting list for patients
- ▶ Colorectal & Lower GI is a specialty with growing demand and a long waiting list to receive treatment
- ▶ Current demand for colorectal cancer surgery at RSCH significantly outstrips the available capacity
- ▶ RSCH is also a busy hospital dealing with large numbers of emergency surgeries
 - Elective Colorectal Cancer demand increases by approximately 5% a year – a national trend
 - Elective Colorectal non-Cancer surgery waiting list grew by 11%, comparing June 2024 with June 2023
- ▶ Conflicting emergency surgery demands, growing elective surgery demand and constrained capacity, means Colorectal & Lower GI is not able to meet its cancer or non-cancer elective activity demands.

Need for Change

Currently, patients at RSCH can experience a sub-optimal service due to lack of capacity.

For example, we have:

- Far higher number of short notice cancellations
- Increased waiting times for treatment
- Growing patient waiting lists for colorectal cancer surgery

Between July 2023 – July 2024, there were 87 Colorectal & Lower GI surgery cancellations. 93% of these cancellations were made due to capacity issues

- This is stressful for patients, delays treatment and provides a poorer patient experience

Waiting longer for surgery may:

- Increase poorliness (acuity)
- Require increasingly complex procedures
- Extend recovery times
- Increase length of stay in hospital
- Increase risk of harm

Colorectal / Lower GI service at RSCH

- ▶ Colorectal surgery describes a number of surgeries that fix problems in the lower gut. This can include organs such as the bowel, colon, rectum, and anus.
- ▶ Colorectal or Lower Gastro-Intestinal (GI) cancer is also called colon or bowel cancer
- ▶ Around 5,500 patients are referred to RSCH on the Urgent Suspected Cancer pathway for colorectal/lower GI each year – and around 200 patients will need surgery for colorectal/lower GI cancer
- ▶ Around 100 patients would return to have a temporary stoma bag reversal procedure
- ▶ **This means our proposed change in the pathway for elective colorectal cancer surgery would affect an average of seven patients a week; five new colorectal cancer patients and two stoma reversals**

Our Proposal

- ▶ We are proposing to relocate all Elective Colorectal & Lower GI Cancer Surgery and Stoma Reversal Surgery from RSCH to the Worthing site, creating a centre of excellence for Colorectal Cancer Surgery delivered across at Worthing and St Richard's hospitals
- ▶ Our proposal includes investment in new theatre and bed capacity and associated surgeon, anaesthetic, nursing, therapies and other workforce requirements to meet the additional demand in Worthing.
- ▶ We would increase the number of consultant surgeons, and they would also perform on-call emergency cover in Brighton which would also help address other known challenges.
- ▶ The proposal would deliver a specialised team of colorectal elective cancer surgeons consistently performing more than 30 surgeries per year, exceeding the minimum threshold recommended by national guidance and leading to anticipated clinical outcomes.

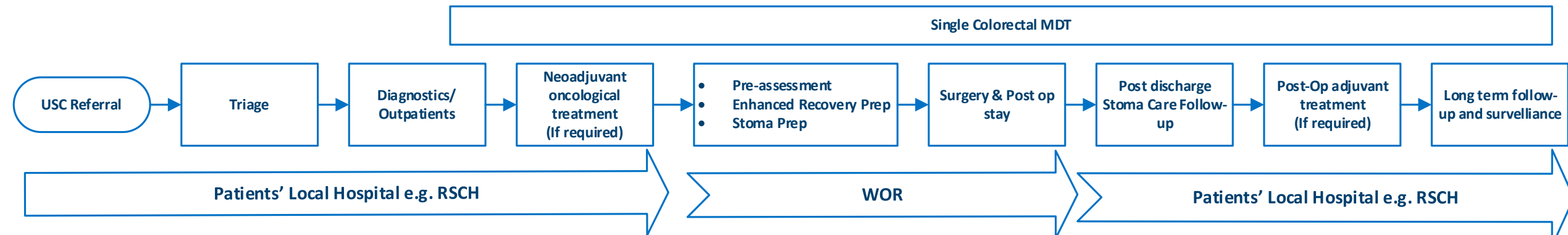
Proposed pathway

Patients will continue to receive the majority of their care at RSCH, or their local hospital. This includes:

- Diagnostic element of their pathway
- All pre or post-operative Oncology treatment
- Ongoing long-term surveillance and follow-up

Patients would only go to Worthing for their surgery treatment

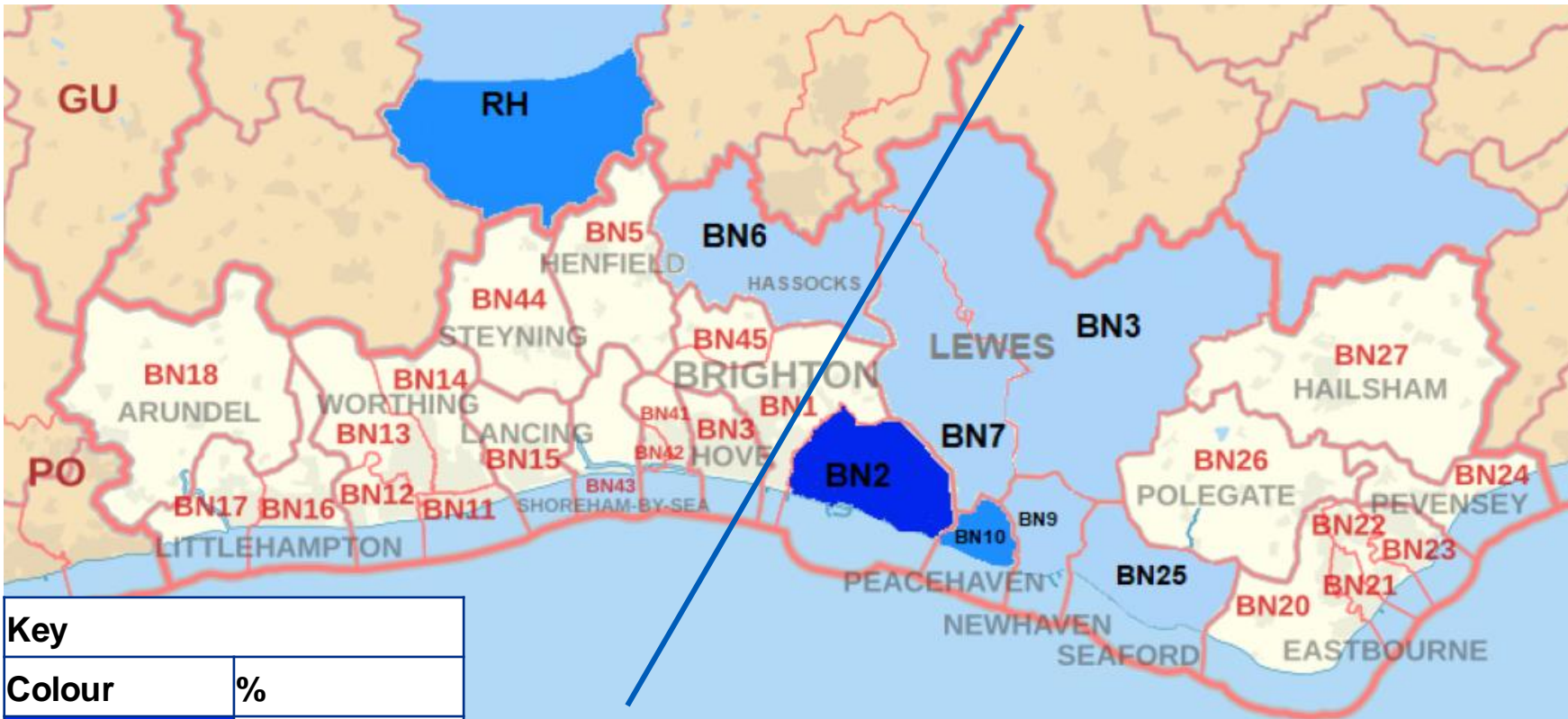
- The new standardised pathway would encompass the best elements of current pathways, such as the enhanced recovery model used in Worthing, as well as other national best practice opportunities.
- The standardised pathway would strive to minimise the impact on patients caused by moving surgery away from a patient's "local" site.



Patients affected

Around 45% of affected patients live in East Sussex, mainly from BN7, BN8, BN9 and TN22 postcodes. (TN22 is the area around Uckfield).

Short postcode	Patients per postcode	Percentage by postcode / %
BN2	48	15.95
RH15	21	6.98
BN10	18	5.98
RH16	15	4.98
BN7	14	4.65
BN8	14	4.65
TN22	13	4.32
BN6	12	3.99
BN9	11	3.65
RH17	11	3.65
BN25	4	1.33
RH19	2	0.66
CR3	1	0.33
HS1	1	0.33
NG11	1	0.33
RH18	1	0.33
TN33	1	0.33
TN38	1	0.33
TN40	1	0.33



Key	
Colour	%
 	>10.1%
 	5.1-10%
 	<5%

Benefits

Benefit	Current State	Future State
Release of capacity on RSCH site	Lack of capacity leading to late cancellations of surgery	4 theatre sessions per week 4.4 beds per day
Reduction in length of stay for RSCH patients due to timelier access to surgery and Enhanced Recovery Model at Worthing	Current length of stay at RSCH above average	Length of stay reduced to meet national standards
Reduction in length of stay for the RSCH stoma reversal patients	Current length of stay at RSCH above average	Length of stay reduced to meet national standards
More timely reversal of temporary stomas (where medically appropriate)	Current RSCH wait average – 12-18 months	Significantly reduced wait time – improving outcomes for patients
Improved patient experience from reduced cancellations, reduced length of stay and timelier access to Stoma reversals	Cancellations are highly stressful and can increase risk of harm	Better experience with a new service designed to meet demand with capacity
Increased Level 1 bed capacity on Clapham Ward, to reduce impact on Critical Care	Colorectal cancer uses RSCH Intensive Therapies Unit (ITU) capacity	Proposal would minimise use of critical care in Worthing due to timelier access to surgery and enhanced recovery model

Patient and Carers Engagement

A full case for change highlighting patient benefits has been provided to NHS Sussex Integrated Care Board (ICB).

The Equality impact Assessment / Due Regard document is Appendix 2 in the Cover Report in committee papers.


To inform the decision-making process, we have developed a staged patient engagement plan to provide an opportunity for feedback from patients, carers and their representatives.

Stage 1 – In August 2024, all patients that underwent colorectal cancer surgery at RSCH in the last year were contacted via text and given the opportunity to respond to a survey on the potential surgery move. Both quantitative and qualitative responses were sought.

Stage 2 – In September, a Patient Focus Group was set up with invitees from Healthwatch, Carers Association, ICB, Trust Governors, EDI, patients and charities to provide feedback on the proposal and to discuss options to mitigate concerns. Trust participants included the Director of Patient Experience and Engagement, Chief of Surgery and Trust Programme Director.

Stage 3 – A further patient engagement workshop is currently being organised to update stakeholders on the proposal and hold a workshop on how best to improving patient information leaflets and accessibility of the Trust Patient Transport Policy.





What have patients said?

Almost 40% of patients (47 patients out of 122) that had colorectal cancer surgery in Brighton last year responded to the survey.

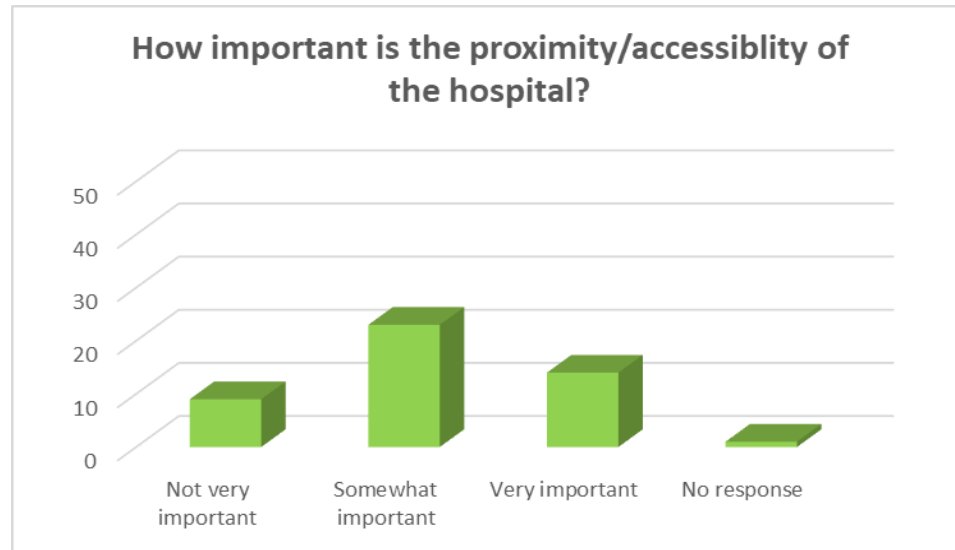
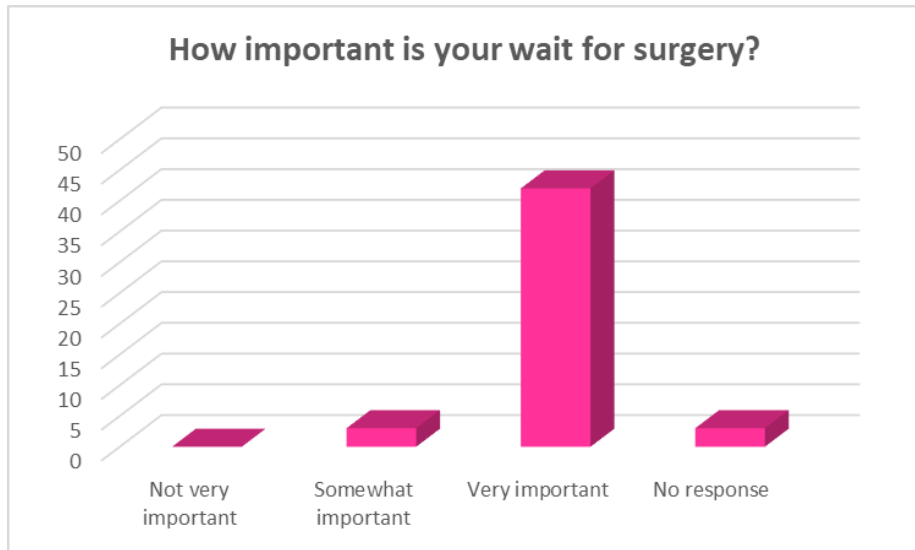
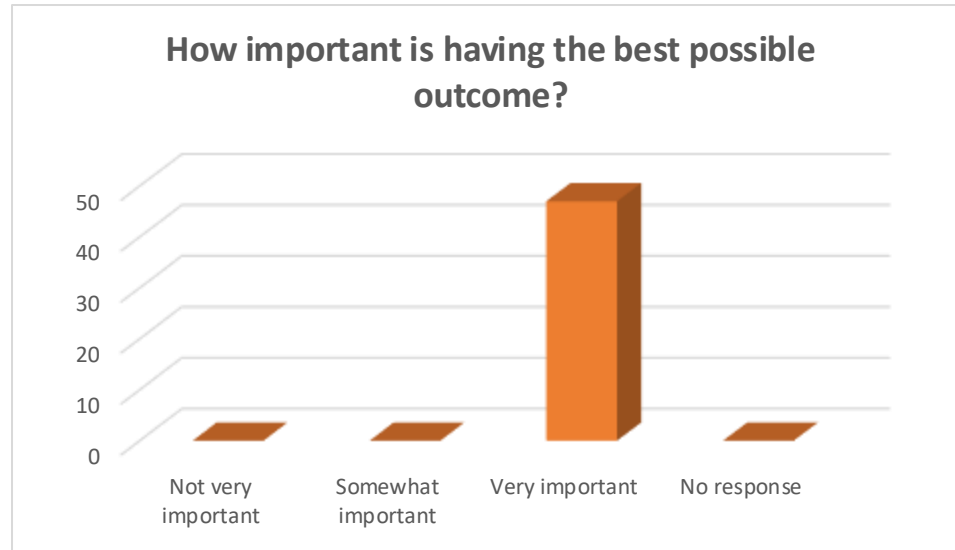
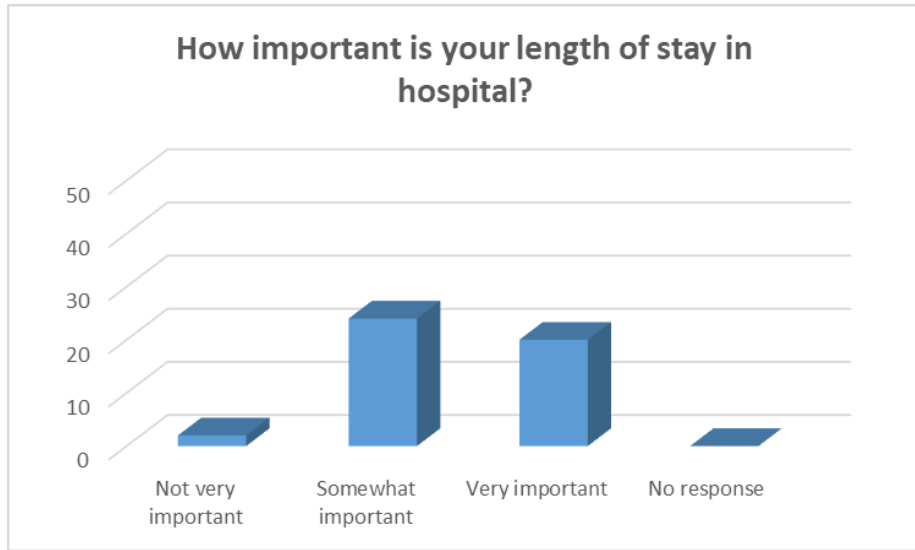
Overall, feedback was positive to the move if it brought the anticipated benefits.

The most important criteria for patients were:

- ▶ Length of time to surgery
- ▶ Outcomes from surgery

'I think the worst thing would be going into your day of surgery and it being cancelled, so if there's more a chance the surgery will go ahead at a different location then this is really important' **Patient feedback**

Patient views



Patient feedback

I myself had my Colorectal surgery cancelled on the day at Brighton due to capacity issues. It was extremely stressful as I was very concerned about delays to my treatment.

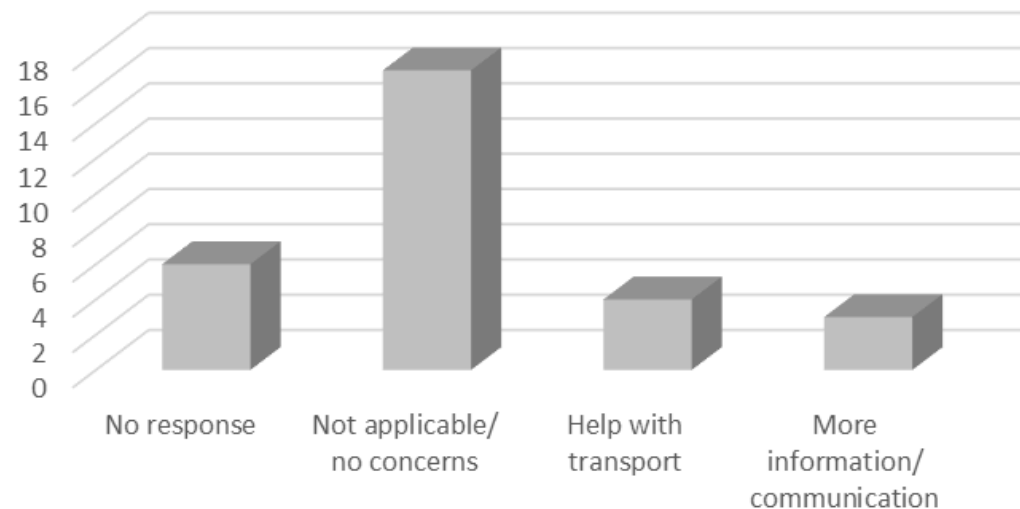
I would be happy to attend a hospital out of area if this meant my reversal surgery could happen quicker.


I agree with the strategy that provides centres of excellence as a priority over geographical distances.

Lives are at stake when cancer surgery is cancelled or delayed. Anything that can reduce this risk should be considered

A new unit in the existing hospital would be much more accessible

Most prevalent comments: What would reduce your concerns?





How have we responded to feedback?



Communication

- ▶ A new patient information leaflet will be developed to help with communication.
- ▶ This will be reviewed by a lay panel and available printed and online.

Understanding impact on different patient groups

- ▶ A full equality impact assessment was undertaken.
- ▶ Patients at higher risk of colorectal cancer, or stoma management, would be better supported by the enhanced recovery model

Transport

- ▶ Reviewed the research base to understand who might be disadvantaged, including protected characteristics
- ▶ Identified that reduced length of stay would benefit patients who are carers, and those who care for them
- ▶ Reviewed Transport Policy and information – identified access issues, including for patients with language or neurodiversity barriers – so will develop a brochure for patients to receive at their appointment. This would also be available online, with language conversion tools.
- ▶ Patient transport is available for patients whose medical and other needs mean that this is necessary.

In Summary ...

- ▶ Our proposal is to relocate all Elective Colorectal & Lower GI cancer surgery and Stoma Reversal Surgery from RSCH to Worthing Hospital, creating a high-volume centre of excellence for Colorectal Cancer Surgery

- ▶ This proposal would impact a small number of patients (approximately seven patients a week), but for these patient the benefits would be significant:
 - Timelier access to surgery
 - Fewer late cancellations of surgery
 - Surgery at specialist centre
 - Reduced length of stay in hospital
 - Enhanced Recovery Model
 - Improved patient experience and outcomes
 - Care at local hospital, except for surgery