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Department of Health

# Review of General Surgery

Final Report – May 2024

## Ministerial Foreword

I am delighted to publish the Final Report of the Review of General Surgery (June 2022).

The aim of the Review was to create safe, sustainable models for elective and emergency General Surgery across Northern Ireland. The Review clearly set out a series of actions needed to make that happen.

I am pleased to see that things have progressed so significantly, especially as this progress has been achieved against a challenging backdrop of issues around workforce capacity and growing waiting lists - all exacerbated by major constraints on public funding. While some ongoing work remains, we must celebrate the many successes in this Final Report.

For example, we now have a series of evidence-based standards for the delivery of General Surgery that are in place, or in the process of being put in place, across all of our Trusts. Implementation of these standards ensures safe and sustainable service delivery for patients across Northern Ireland.

For the first time in Northern Ireland our General Surgeons can now participate in the National Emergency Laparotomy Audit that they have sought to join for many years. This Audit will help to manage performance, assure quality and will ultimately benefit patients by spreading best practice within and across Trusts. Another success of the Review is the development of Post Anaesthetic Care Units (PACUs). Patients who have complex surgery, or additional needs, can now access a higher degree of monitoring and intervention than can be provided in a general ward. This also increases system efficiency by helping prevent last minute cancellations of surgery due to lack of appropriate critical care beds. The success of Elective Overnight Stay Centres (EOSCs) for patient outcomes and experiences is well known, and along with our Day Procedure Centres, have been helping to reduce General Surgery in-patient and day case waiting lists.

Although the Review focussed on General Surgery, we were clear from the outset that, through its implementation, it would pave the way for improvements to pathways and service delivery in other specialties. There has been much learning from the Review and I am delighted to see the wider dividends for patients as a result.

I was also clear from the outset that the wider Health and Social Care system must support General Surgeons and their wider surgical team to deliver the optimal care they strive to provide for their patients. The progress described in this Final Report is due to huge efforts of people from across sectors, organisations and professional backgrounds to work together to make the change that needed to happen. That is the key to successful, person centred service transformation and I commend them all.

**ROBIN SWANN**
**MINISTER OF HEALTH**

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## Introduction

1. The Department of Health has produced a final report to highlight the substantial work carried out in implementing the actions from the Review of General Surgery (June 2022) over the past two years. Despite the many pressures currently faced by the Health and Social Care (HSC) system in Northern Ireland, the implementation of the actions in the Review has been driven forward at pace by a dedicated group of stakeholders. This includes relevant clinicians, other professionals and managers across all Trusts, those in the Department of Health with relevant responsibilities for policy, service commissioning and performance monitoring. From a policy perspective, all of the actions in the review have been achieved and therefore the operational activities that have resulted from the review will be handed over to the HSC and appropriate Directorates in the Department for ongoing action and monitoring.

2. While the overall aim of the Review of General Surgery was to develop a safe and sustainable model for the delivery of General Surgery across Northern Ireland, implementation of the Review has also seen a positive reduction in the number of patients waiting for a General Surgery Inpatient or Daycase procedure. Between December 2022 and December 2023 there has been a 20.8% reduction in the number of patients waiting[1]. The growth in activity at our Day Procedure Centres (DPCs), development of Elective Overnight Stay Centres and establishment of Post Anaesthetic Care Units have contributed to this reduction.

3. Services within General Surgery are committed to learning from the experience of service users, families and carers, including those shared through Care Opinion, the Online User Feedback Service. Since June 2022, 695 stories have been shared and responded to in relation to an experience of General surgery. 87% of stories shared have been wholly positive, acknowledging the high standard of care, professionalism of staff and effective communication as important elements of their care experience. Through focussed story generation and collective analysis for learning the voice of service users, families and carers will remain a key component of shaping the Review of General Surgery as it moves to the next stage.

## Context - The Review of General Surgery

4. Set in the context of the Elective Care Framework, the Review of General Surgery was published in June 2022, and it clearly states the need for change. As with other areas of surgical care and delivery, the General Surgery service in Northern Ireland has changed over time because of increasing surgical specialisation, new technology, capacity gaps within the current structure and rising demand both in unscheduled and scheduled practice. The overall aim of the Review was to therefore develop a model for General Surgery that is equipped to deliver an equitable, sustainable, and high-quality service for service users in Northern Ireland.

[1] Excludes South Eastern Trust data due to Encompass

5. The Review sets out ten actions for the future of General Surgery in Northern Ireland. The first two actions in the Review set out robust evidence-based standards for emergency and elective General Surgery. Implementation of the standards will ensure that people across Northern Ireland who require General Surgery receive the highest quality care in the most appropriate environment, when they need it.

6. The Emergency General Surgery standards incorporate six categories:

    I. Model of emergency surgical care – each site must have the required number of surgeons with the required training and expertise to ensure best outcomes at all times.
    II. Clinical infrastructure – each hospital providing Emergency General Surgery must have full access to theatres and critical care.
    III. Clinical interdependencies – both diagnostic and interventional radiology must be available where Emergency General Surgery takes place and there must be access to other diagnostic services, age appropriate provisions and other specialities.
    IV. Surgical workforce – the Emergency General Surgery team must be split from the elective team and the teams must be sufficient in size.
    V. Process and protocols – this category notes that the right processes and protocols must be in place.
    VI. Quality assurance – subject to funding, each Trust must be a member of National Emergency Laparotomy Audit and must audit practice against activity, return to theatre, length of stay, readmission rates and patient experience.

7. The elective standards provide expectations for the delivery of elective General Surgery. For high complexity patients, the standards match those of the emergency standards – as the patient needs are similar. Across other aspects of elective general surgery, such as day procedures and high volume, intermediate complexity procedures, the standards reflect that the patient needs are varied but can be controlled.

8. The Emergency General Surgery standards must be in place in hospitals receiving Emergency General Surgery patients to ensure safe outcomes through the delivery of high quality, sustainable and equitable care. Similarly, the elective standards must be in place where there are elective general surgery patients. These evidence-based standards have been developed with input from general surgeons, other clinicians, Health and Social Care Trusts (HSCTs), managers and service users.

9. The standards are now being used to drive regional and local decisions on the future delivery of Emergency General Surgery in Northern Ireland. The Review recognised that some hospitals would be able to meet these standards with developments within their existing footprints and within existing resources and others would not meet these standards as currently configured. This means a higher standard of care in some hospitals is now being delivered through reconfiguration of service delivery and increased cross-organisational working to ensure safe and optimal outcomes for patients.

10. The remaining actions in the Review support the standards and help deliver effective general surgery. They include:

- Increase elective paediatric general surgery activity.
- A commitment for Post Anaesthetic Care Units (PACU) across Northern Ireland which will provide an intermediate level of care for patients after surgery, release critical care capacity, and reduce last minute cancellation of inpatient surgery.
- A workforce review will take place as part of the implementation of emergency and elective standards.
- A Regional General Surgery Network to drive forward the transformation programme for general surgery.

## Update on Actions in the Review of General Surgery

### ACTION 1

**HSCTs to implement the standards for Emergency General Surgery (EGS) at pace and work with the Department to develop co-produced implementation plans.**

**Action Status: Largely complete with ongoing action mainstreamed.**

11. The Review recognised that the Royal Victoria Hospital and the Ulster Hospital largely met the standards for Emergency General Surgery which remains the case.

12. The Review also recognised that a group of hospitals - Altnagelvin Hospital and Craigavon and Antrim Area Hospitals - could meet the standards by putting processes or resources in place. With the support of the Department and the General Surgery Network, the standards are now largely in place in the Trusts. That support will continue as the Trusts continue to embed the standards.

13. The Review recognised a third group - Daisy Hill, Causeway and South West Acute (SWAH) Hospitals - as needing more fundamental change to how services were currently being delivered, including to service configuration and cross-organisational working to meet the standards.

14. In February 2022, Emergency General Surgery was temporarily suspended at the Daisy Hill Hospital site and the service was consolidated at the Craigavon Site. This was due to the inability to provide safely staffed and sustainable services on a 24-hour, 7-day a week basis at Daisy Hill. Following consultation, the Southern Trust Board made the decision to permanently consolidate all Emergency General Surgery on the Craigavon Area Hospital site on patient safety grounds. The Permanent Secretary of the Department of Health approved the Trust Board decision in January 2024. The decision by the Southern Trust was taken in line with Departmental Guidance on change or withdrawal of service and the Permanent Secretary's decision was taken in line with The Executive Formation

Act. These decisions will safeguard sustainable and appropriate Emergency General Surgery services for the local population.

15. In relation to Causeway, the Northern Trust is continuing to develop plans for the reconfiguration of general surgical services across its hospital sites in the context of the Review of General Surgery.

16. In December 2022 Western Trust made the decision to temporarily suspend Emergency General Surgery in SWAH on patient safety grounds due to a lack of consultants available to sustain the Emergency General Surgery rota. The provision of EGS was temporarily consolidated on the Altnagelvin site with a series of mitigating measures and revised pathways put in place.

17. In January 2023, the Western Trust began a twelve week public consultation on the temporary change. The consultation was carried out in accordance with the Department of Health Circular on 'Change or Withdrawal of Services' and in line with the Trust's consultation scheme.

18. To ensure the temporary emergency general surgery pathways put in place by the Western Trust are working effectively for patients, the Regulation and Quality Improvement Authority (RQIA) has been commissioned to carry out a review. This review will consider the effectiveness of the pathways, identify any improvements required and highlight any system wide learning. The review has been welcomed by the Western Trust. Data on the consolidation of Emergency General Surgery is available on the Trust website.

19. The Western Trust is currently developing plans for the model for general surgery across the Trust. The Department will continue to work with the Trust to develop a Trust wide safe, sustainable model for general surgery that provides optimal outcomes and experiences for patients.

## ACTION 2

**A). HSCTs to develop a model for the delivery of complex and non-complex elective care informed by the implementation of the standards for Emergency General Surgery and elective surgery.**

**B). As part of implementation, Elective Overnight Stay Centres will be established in line with the wider elective care policy direction and the changing picture of health and social care delivery across Northern Ireland. In the initial phase – subject to HSCT decision making processes and public engagement – we will consider the Mater Hospital as an initial site. We will also identify a further centre in the wider design plan intended to be published in the Autumn.**

**Action Status: Complete**

20. Elective Overnight Stay Centres (EOSCs) are centres for intermediate complexity surgery that will sometimes, but not always, require an overnight stay

in hospital. Crucially they operate separately from urgent and emergency hospital care – meaning they will not be competing for operating rooms, staff, and other resources, leading to fewer cancellations of operations.

21. An EOSC will provide a range of specialities including General Surgery, Urology, Gynaecology and ENT with the aim of improving patient flow and outcomes.

22. EOSCs, along with our regional Day Procedure Centres (DPCs), are a means to increase productivity, efficiency and reliability of the service, and are expected to have a significant impact on the number of patients treated. By providing services for the region, they also aim to ensure that patients have equitable access to the care they need, irrespective of where they live.

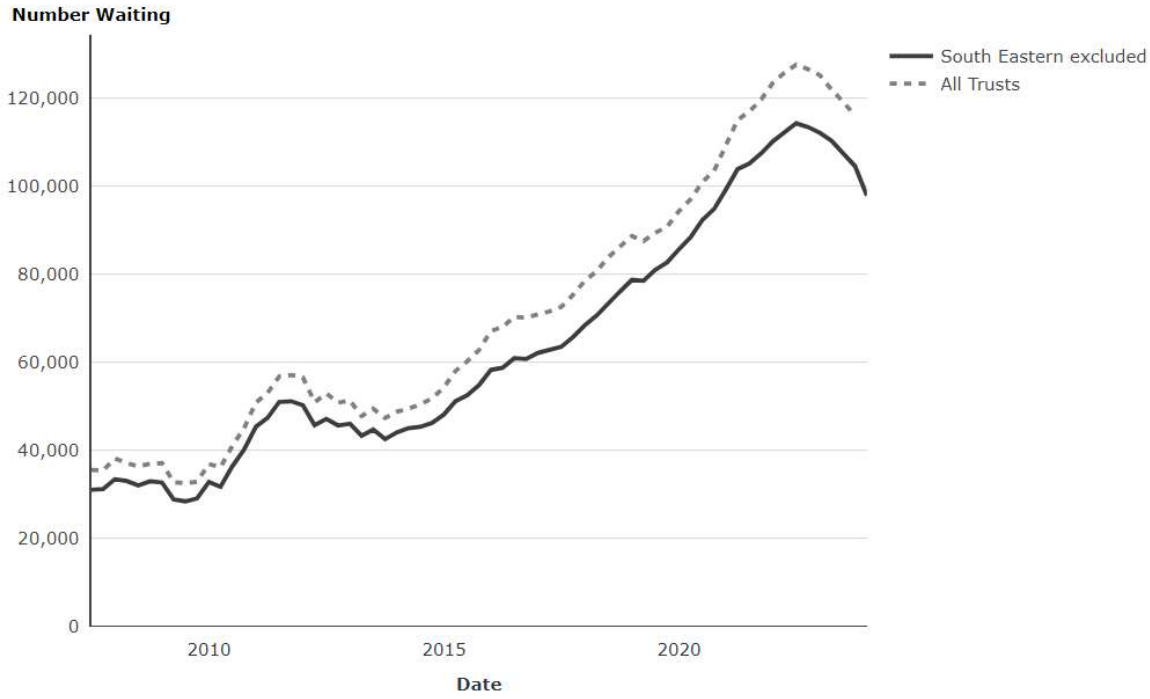
23. Elective Overnight Stay Centres have been established at Mater, Daisy Hill and South West Acute Hospitals. On 7 November 2022, the first EOSC was established at the Mater Hospital. The EOSC at the Mater has treated more than 2,800 long waiting elective patients across General Surgery, ENT, Breast, Gynaecology and Urology with overnight stay facilities available four nights per week for patients requiring an overnight stay.

24. Daisy Hill Hospital EOSC is providing theatre sessions across General Surgery, Gynaecology, ENT and paediatrics and SWAH EOSC provides theatre sessions for gynaecology, general surgery and paediatrics and dental. The enhanced focus on these hospitals as EOSCs has enabled activity levels to increase to above pre-COVID levels. Between 1 April 2023 to 31 March 2024, approximately 8,000 inpatient/daycase/endoscopy procedures have taken place at Daisy Hill Hospital and 1,900 patients at SWAH.

25. The Elective Care Centre model, along with the wider transformation agenda is leading to small but positive reductions in our lengthy waiting times. There has been a sustained reduction in the number of patients waiting for inpatient and daycase treatment over the last six quarters. At December 2023, inpatient or day case treatment waiting lists have seen promising improvements. Whilst still at unacceptable levels, there has been an 12.7% (14,259) decrease in numbers waiting since the same month last year.

**Figure 1: Patients Waiting for an Inpatient or Day Case Admission**

**30 September 2007 to 30 December 2023**




This line chart shows that the number of patients waiting rose steadily from 42,435 on 30 September 2013 to 114,222 on 30 June 2022. It has since decreased to 97,794 on 31 December 2023.

## ACTION 3

**As the model for elective general surgery is implemented there will be a focus on streamlined and consistent pre-operative assessment processes that follow best practice.**

**Action Status: Complete**

26. Pre-operative assessment is necessary prior to most elective surgery in order to ensure that the patient is fit to undergo surgery, to highlight issues that the surgical or anaesthetic team need to be aware of, and to ensure patients' safety during and after their procedure.

27. Although high quality pre-operative assessment is already delivered across all Trusts in Northern Ireland, work is underway at a regional level to expand the delivery of Pre-Operative Assessment in conjunction with the necessary increase in elective care provision required to resolve the significant waiting times.

28. Through the work to establish elective care centres, guidance has been developed to assist in the selection of appropriate patient cases for elective care centres – both DPCs and EOSCs. This guidance helps to ensures that patients are seen in the right place at the right time.

29. Since October 2023, pilot mega clinics for combined preoperative assessment and surgical validation have also been running in order to both determine if long-waiting patients still require or wish to have surgery and, if so to conduct their preoperative assessment in a timely manner. Forty patients are reviewed per multidisciplinary clinic in specialties including General Surgery, Gynaecology and ENT. The clinics improve patient throughput, produce a pool of pre-assessed patients for booking and help to reduce under utilisation of theatre resources.

## ACTION 4

**PACUs will be established across Northern Ireland on a phased basis, initially in hospitals undertaking complex surgery that meet agreed criteria. The PACUs will be ring fenced for elective care.**

**Action Status: Complete**

30. Post Anaesthetic Care Units (PACUs) provide an intermediate level of care through a higher degree of observation, monitoring and intervention than can be provided in a general ward for patients who have complex surgery or complex characteristics but who do not require the support of an Intensive Care or a High Dependency Unit bed.

31. In line with person centred care, PACUs are providing an increased level of reassurance for these patients. They are also increasing system efficiency though protecting critical care and surgical capacity, especially during times of increased demand such as winter pressures and by helping prevent last minute cancellations of surgery due to lack of appropriate critical care beds.

32. The introduction of PACUs and monitoring of their performance has been driven forward by the PACU Implementation Group (PACUIG) which consists of multi-disciplinary representation from each of the Trusts. PACU beds are operational in four Trusts. In the period between November 2023 and March 2024 approximately 600 patients have stayed in a PACU.

33. PACUIG will continue to work proactively with Trusts to monitor performance, embed their implementation of PACU beds and ensure they are used as efficiently as possible to deliver the maximum benefit to patients.

## ACTION 5

**The British Association of Day Surgery (BADS) targets regarding the proportion of specific procedures which should be carried out as daycases will be used to compare daycase rates for specific procedures at a local and regional level and will be used to drive performance and efficiency.**

**Action Status: Complete**

34. The British Association of Day Surgery (BADS) produces a directory of over 200 procedures that includes targets for daycase surgery rates. The BADS best practice guidance has been used to develop and monitor the range and volume of procedures carried out as day surgery or as a procedure within the outpatient setting. The focus on day surgery provision is essential to ensure resources are maximised and to identify opportunities to improve the length of stay for procedures identified by BADS as requiring a day surgery theatre or procedure room.

35. Though not unique to General Surgery, the Department has developed a dashboard to compare surgery rates across the region for a basket of procedures which are benchmarked against the recommended targets set BADS. At a strategic level, the Elective Care Management Team is monitoring performance against BADS targets and will direct any necessary action by Trusts.

36. Implementing and achieving targets set by BADS will reduce length of stay in hospital for some patients and will therefore generate potential efficiencies such as releasing beds so that more patients can be treated.

## ACTION 6 & ACTION 7

**Continued regional collaboration to rebuild elective paediatric lists.**
**Continued support for the Child Health Partnership (CHP) as it develops age appropriate pathways, training opportunities and models for delivery of paediatric surgery.**

**Action Status: Partially complete with ongoing implementation mainstreamed.**

37. The Review of General Surgery stated that Paediatric General Surgery cases that are time critical, such as testicular torsion can, and should, be performed in District General Hospitals i.e. those hospitals outside Belfast Trust who have the required infrastructure and staff in place. All general surgery of childhood, such as emergency appendicectomy, management of abscesses and minor injuries in children over the age of 5 should also be managed in these hospitals.

38. Not only can doing so provide appropriate care for children and their families it also benefits the wider HSC system. The Trust retains the skills within their surgical, anaesthetic and nursing teams to provide this care and treatment. It increases the effective utilisation of local nursed paediatric beds and ensures only appropriate transfers of children are made to Belfast Trust. This relieves the ongoing pressure in the Royal Belfast Hospital Sick Children (RBHSC) and enables its paediatric team to focus on those children who have a clinical need to access the regional or tertiary level of care they provide.

39. The team in Belfast Trust remain willing to provide support to Trust teams, including adult surgical teams, through advice, training and upskilling and will continue to do so to ensure that this principle continues to be applied.

40. A number of other projects and schemes have been established across Trusts to ensure appropriate systems and mechanisms are in place to ensure children up to the age of 16 receive appropriate care in appropriate settings.

41. An Adolescent Sub-Specialist Network has been re-established. This group will look to find areas of best practice and identify potential gaps in service and attempt to identify solutions to address these. It has predominantly looked initially at emotional health and wellbeing issues but it is hoped that the group will also consider other issues that face adolescents.

42. Significant work has been done regarding models of elective care in general paediatric surgery. Training has been carried out for staff in a number of hospitals and paediatric surgical teams are examining means to reduce pressures. Day case lists for paediatric general surgery are now being carried out in the Ulster, South West Acute, Altnagelvin, Daisy Hill and Causeway Hospitals. While there is undoubtedly more work to be done, these targeted paediatric general surgery lists have helped to relieve waiting list pressures.

43. Pressures within the regional paediatric orthopaedic service are significant, with a number of children with complex needs waiting too long for the surgery they need. It is for that reason that the Department has commissioned the 'Getting It Right First Time' NHS improvement programme to undertake an external review of the paediatric orthopaedic services in Northern Ireland. The key aim of this review is to develop an action plan to increase capacity and activity, and achieve improvement in service delivery in the short, medium and long term. The review has commenced and it is expected that a final report with recommendations will be submitted the Department by the summer.

44. The Elective Care Management Team (ECMT), which includes paediatric representation, is tasked with leading a strategic, whole system, integrated approach to the delivery of elective care. It is looking at maximising efficiency and productivity across all elective sites with lessons and actions for both adult and paediatric specialties. Collaborative work continues with Trusts, established clinical networks and the Department to maximise the capacity for paediatric lists across the region to tackle long waits.

## ACTION 8

**As part of implementation of the emergency and elective standards there will be a review of current surgical services in each HSCT to ensure that workforce aligns with the new service model. This will cover medical, specialist nursing, AHP and pharmacy. Consideration will be given to the optimum skills mix required to deliver the new service model.**

**Action Status: Partially complete with action ongoing implementation mainstreamed.**

45. This action will continue to be implemented on a phased basis by Trusts as the models of service delivery develop across the HSCT sites.

46. The approach to workforce will be different for each site depending on configuration and surgical case mix, and as each develops it is considering the appropriate skills mix required to deliver a high-quality efficient service. The focus is on all elements of the service from clinical teams, nursing ratios, pre-operative assessment, admin/booking and support teams.

47. Particular consideration is also being given to the non-consultant workforce element of the skills mix. The development of the EOSCs, along with DPCs, and ambulatory clinics has provided the opportunity to explore new staffing models.

48. The term "Speciality and Associated Specialty (SAS) Doctor" includes specialty doctors and specialist grade doctors. SAS doctors are a diverse group with a wide range of skills, experience and SAS surgeons work at various career grades in hospitals and perform key service roles within the HSC, carrying out a wide range of surgical care. Advanced Nurse Practitioners (ANPs) have expert clinical knowledge and skills and are qualified to make decisions in the assessment, diagnosis and treatment of patients appropriate to their practice remit.

49. Examples of this in practice include the Day Procedure Centre at Lagan Valley Hospital where there is a diverse workforce providing patient care including nurse endoscopists, SAS doctors and ANPs. At the Elective Overnight Stay Centre at SWAH, SAS surgeons are operating under consultant supervision and there is nurse led admission and discharge.

50. An SAS doctor is also running paediatric general surgery first outpatient clinics in Belfast Trust. In addition to tackling lengthy waiting times this also frees up consultant time for surgery.

51. In line with the standards for Emergency General Surgery, the General Surgery Network is working with Trusts to further develop the ambulatory care model for general surgical patients as a critical component of effective, efficient, person centred surgical care. The wider surgical team, including SAS doctors and ANPs, can also play a key role in the delivery of Surgical Ambulatory Care. This is surgical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention and services such as rehabilitation and follow up support post discharge. This leads to better outcomes for patients and saves bed days.

52. Work in the area will continue and the development of a comprehensive multi-disciplinary surgical care team in the general surgical environment in Northern Ireland will strengthen the core team and ensure that the contribution of the wider comprehensive surgical care team is maximised to improve outcomes, efficiency and safety for patients.

## ACTION 9

**Establishment of a Regional General Surgery Network to drive forward a multifaceted transformation programme for general surgery at a regional level, incorporating best practice from other parts of the UK.**

**Action Status: Complete**

53. In October 2022 a Regional General Surgery Network was established. The overall aim of the Regional General Surgery Network is to oversee the implementation of the actions set out in the review of general surgery to ensure a safe, sustainable and equitable general surgery service for the population of Northern Ireland. It will also oversee the transformation and reconfiguration of General Surgery (both scheduled and unscheduled) at a regional level and will review performance and provide a forum to drive innovation.

54. The Network is clinically led and involves both clinical and managerial staff across the HSC and the Department. Membership consists of general surgeons, anaesthetists, and clinical directors from each Trust as well as representation from the Northern Ireland Ambulance Service and Child Health Partnership.

55. With the implementation of the Review largely complete, the Network will ensure that the actions are mainstreamed as part of ongoing service delivery. Going forward, the Network will continue to represent the voice of those involved with the delivery of general surgery services and remain a key driver of change and innovation and a source of advice for colleagues as implementation progresses.

## ACTION 10

**The Department of Health will develop an Integrated Dashboard for General Surgery made up of on the interlinked components of Patient Experience, Quality and Safety of Care; and Activity and Access to Care.**

**Action Status: Partially complete with ongoing implementation mainstreamed.**

56. The development of an integrated dashboard is at a formative stage and work on the individual components continues to be progressed and aligned with the roll-out of Encompass. The DPC at Lagan Valley Hospital has been selected to pilot the general surgery patient experience data collection process. Care Opinion is embedded across all Trusts, enabling two way feedback between the person who has received treatment and the staff who provided it to them. The Department expects Trusts to use the data from the Care Opinion reports provided to them to inform and review service change or introduction. This supports Trusts to meet their legislative responsibilities around consultation.

57. Across the HSC there are a range of interactive datasets in place that allow Trusts to monitor and challenge activity, access to care and performance. The HSC currently has a regional contract with the company CHKS to benchmark

performance and key indicators for general surgery such as mortality, flow and efficiency, and safety and quality.

58. The Department has also facilitated regional access to the National Emergency Laparotomy[2] Audit (NELA).

59. The National Emergency Laparotomy Audit (NELA) was identified as a required performance management and quality assurance tool action in the Emergency General Surgery Standards. NELA is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and was commissioned following evidence of wide variation in the provision of care and mortality for adult patients undergoing emergency laparotomy in hospitals across England and Wales.

60. The aim of NELA is to drive improvement in outcomes and experiences for patients undergoing emergency laparotomy through the provision of high-quality, comparative data that is used to quality improvements.

61. There has been strong clinical support In Northern Ireland for participation in NELA for many years however specific information governance requirements in Northern Ireland were a stumbling block. The Department, working alongside clinicians, information governance leads and the team from NELA developed a solution that satisfied information governance requirements and allowed Northern Ireland to join the audit in April 2024.

62. It is important that these local and regional level audits are in place to measure performance against a set of recognised quality and performance indicators. This information will be used to identify areas where performance falls below expected levels and targeted action can be taken to address the underlying issues, thus ensuring standards are maintained. It will also identify areas of good performance and support the ability to share good practice for the specialty.

63. The General Surgery Network will play a key role in driving forward the implementation of this action at a local level.

## Conclusion

64. At the outset of the Review the general surgery service was struggling to meet modern demands as a result of increasing surgical specialisation, new technologies, structural capacity gaps and increasing demand.

65. Led by the General Surgery Network, the wider system has worked hard over the last two years to address these challenges and deliver a model of general surgery that supports safe and sustainable service delivery with benefits for patients and staff alike. The General Surgery Network (GSN) will continue to drive improvement and innovation in service delivery for patients and those providing their care that are still needed, for example, the ongoing work on the development of a regional model for ambulatory surgical care.

[2] Laparotomy is a type of open surgery of the abdomen to examine the abdominal organs

66. Since the publication of the Review, there has been substantial change in general surgery provision in some Trusts. The coming months will also bring further developments as the Northern and Western Health and Social Care Trusts consider general surgery services across their Trust area. These changes will ensure a focus on safe, quality, sustainable and person-centred service provision. The Department and GSN will continue to work alongside Trusts as they develop their plans.

67. From the outset, the work of the Review has focused on improving outcomes, pathways and systems. The Review has not only transformed the delivery of General Surgery but has paved the way for transformation across other specialties.

68. Integral to the success of the Review has been collaborative working as outlined in the Department's Co-Production Guide. The views, skills and knowledge of everyone involved have been harnessed and used to shape, and drive, patient focused improvements. The Review will build on the foundations of the relationships with partners developed during the first stage as work moves forward to the next.