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Drive to tackle surgical backlog could backfire, leading surgeon warns

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Government pressure on surgeons to work harder to reduce waiting lists, against a background of bed shortages and a lack of support staff, could lead to an exodus from the profession, the president of the Royal College of Surgeons of England has warned.

The NHS is currently facing extreme pressure from ongoing covid-19 cases, winter pressure, the backlog of routine care caused by the pandemic, and an influx of patients who delayed seeking help.

In the autumn budget the NHS was tasked with providing around 30% more elective activity by 2024-25 than before the pandemic.[1] But Neil Mortensen is concerned that increased pressure from targets could drive staff away.

"I fear that an attention to targets and to fulfilling capacity in order to be able to reduce the waiting list will have a significant effect on the staff, both recruitment and retention," Mortensen said, adding that "the Department of Health and Care's aim of getting back capacity plus and NHS England's system letters saying 'please work harder and harder' [might have] unintended consequences."

Mortensen said it was likely to be a decade before inroads could be made into the waiting list for routine operations and treatments, such as hip replacements and cataract surgery, because these services kept losing priority in emergencies.

"There is deep frustration in the surgical profession: we want to get on with the job and we can't," he told the Westminster Health Forum on 10 November. "It's going to be probably 10 years before we begin to make a significant impact on the waitlist. The surgical community would really like the opportunity to contribute to that, but we can't do it without the beds, the theatre capacity, and the whole surgical team."

Surgical hubs

In the budget the health and social care secretary for England, Sajid Javid, announced £1.5bn over the next three years for new surgical hubs, increased bed capacity, and equipment to help elective care services recover.

Surgical hubs, which separate elective and planned surgical services from emergency services, have been used by some NHS trusts to prevent infections spreading. Earlier this year the college called for them to be rolled out nationally.

"There must be some capacity to keep planned surgery going. It can't just always fall over every winter," said Mortensen. "We'd like to see this surgical hub idea rolled out around the country so that at least some planned surgery is preserved . . . It would be an oversimplification to say that surgery can be easily restored if we just have some surgical hubs; of course it can't, it's a massive, massive task."

The college is now calling for national guidance to support the creation of surgical hubs in every region. This came as waiting time statistics show a record 5.83 million patients were waiting for planned treatment in England, and the number waiting more than two years for hospital treatment has now passed 10 000 for the first time.[2]

In 2020 around 1.5 million operations were cancelled or postponed, and the college believes that by the end of 2021 this number could rise to 2.5 million.

Workforce

However, even with government support for surgical hubs, they still need to be staffed. Currently, England has 2.8 doctors per 1000 people, against an average of 3.7 per 1000 in similar European nations. The Royal College of Anaesthetists has said the NHS needs 1400 more anaesthetists, with the situation set to worsen, because a quarter of working anaesthetists plan to leave in the next five years.[3]

"The critical roadblock here is the workforce. We can have an operating theatre, we can have a bed, we can have a surgeon desperate to get on with the operation, but if there aren't the support staff there, we can't get on and do the surgery," Mortensen explained. "As a colorectal surgeon working in Oxfordshire for the last 25 years, it seems to me that workforce has been something that's never, ever been tackled properly or well."

Training

The covid pandemic has also disrupted surgical training significantly, as the cancellation of elective surgical services and staff redeployment have reduced training opportunities.[4]

"Surgical trainees have had a massive hit," said Mortensen, who is worried that the government's focus on getting waiting lists down could also reduce opportunities for trainees.

He said it was a misconception that involving trainees increased the time it took to perform an operation. "You can break down procedures into a series of small bites, and the trainees can take part in different bites of the operation during different operating lists. In that way, they build up their competence for the whole procedure and then—when they're trained enough—be helped to do the whole procedure," he said. "Every operation is a potential training opportunity, and unless our trainees gain competency they can't graduate and become part of the workforce."

Correction: On 12 November 2021 we corrected the spelling of Neil Mortensen's name.

1 Mahase E. NHS gets £5.9bn funding boost in autumn budget to tackle waiting lists in England. *BMJ* 2021;375doi: 10.1136/bmj.n2637.

2 NHS England. Consultant-led referral to treatment waiting times data 2021-22. Nov 2021. https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22.

3 A shortage of 1400 NHS anaesthetists already means that more than one million surgical procedures are delayed every year. Royal College of Anaesthetists. Sep 2021. https://www.rcoa.ac.uk/news/shortage-1400-nhs-anaesthetists-already-means-more-one-million-surgical-procedures-are-delayed.

4 Munro C, Burke J, Allum W, Mortensen N. Covid-19 leaves surgical training in crisis. *BMJ* 2021;372:n659. doi: 10.1136/bmj.n659 pmid: 33712499