Robotically Assisted Surgery in Worcestershire
Healthwatch Worcestershire's Perspective

One of the ongoing priorities within HWW's current Business Plan is establishing local access to robotically assisted surgery [RAS] for patient in Worcestershire.

HWW has engaged with the county's prostate cancer support groups as well as other cancer groups, the community group raising charitable donations to support the provision of a robot and the Chair of the local branch of the Swallows Head & Neck Cancer Group sits on HWW's Board.

HWW has therefore been engaged in the debate surrounding the local provision of RAS for, primarily, prostate cancer patients by Worcestershire Acute Hospitals NHS Trust for some years now. HWW's role in attending the West Midlands Cancer Alliance Board as the representative of the West Midlands Local Healthwatch Network and the Board's Urology Project Board and the Task and Finish Group have provided insight into NHS England's approach to developing and managing access to RAS.

HWW's business priority to establish local access to RAS for patients in Worcestershire has been driven by the following:

- Improvement in outcomes for patients
- Improvement in the use of NHS resources locally and delivering Value for Money
- Ensuring the resilience of urological services in Worcestershire in the mid to longer term
- Addressing processes within NHSE that frustrate the improvement of outcomes for patients

[NB Whilst the focus of this paper is on prostate surgery it is acknowledged that RAS techniques are being developed for the treatment of a range of other diseases including colo-rectal, throat & neck, gynaecological, kidney and breast]

Improvement in outcomes for patients
The benefits of RAS for prostate cancer surgery are well documented with immediate benefits including shorter length of stay in hospital, faster recovery time, less post operative pain and reduced complication rates. The oncological outcomes are equivalent or favourable to those of open surgery.

Importantly from the patient perspective of living with and beyond cancer RAS may significantly reduce risks of longer-term complication such as incontinence and erectile dysfunction which may be as equally important to the patient.

About 150 men a year in Worcestershire require surgery for prostate cancer of whom about 50% choose to have an open procedure whilst the other 50% choose a RAS procedure. RAS has historically been provided to Worcestershire patients at

hospital sites in Coventry and Wolverhampton. These sites are remote from Worcestershire, inaccessible to travel to by public transport. Patients and their carers have a reasonable expectation that treatment for common illness such as prostate cancer to be available to them locally.

In England 86% of prostate cancer surgery is now undertaken robotically with some hospital sites achieving 100%.

As prostate cancer is a disease associated with ageing and given the demographic of Worcestershire's population it is anticipated that the demand for prostate cancer surgery will only rise.

- **Improvement in the use of NHS resources locally and delivering Value for Money**

For prostate cancer surgery RAS reduces length of stay in a hospital bed by 3 days [Hospital Bed @ £400 a night] and reduces the requirement for an HDU or ITU bed and associated costs.

On discharge patients report that the patient who has undergone a RAS procedure is less likely to require support in their recovery from community services with a consequent saving in primary care resource.

Setting aside the financial savings RAS obviously provides the opportunity to release hospital beds to the benefit of patients waiting for admission to hospital and to improve the ability of primary care to meet the demands placed upon it.

- **Ensuring the resilience of urological services in Worcestershire in the mid to longer term**

HWW has long voiced a concern that the provision of RAS would be essential to the recruitment and retention of consultants to Worcestershire Acute Hospitals NHS Trust. HWW understands that the Trust has now found itself in a position where there are excessively long waits for patients to access urological services, it cannot recruit consultants or train registrars because of clinical training requirements and must resort to locum consultants at significant cost.

- **Addressing processes within NHSE that frustrate the improvement of outcomes for patients**

Whereas the budget for open prostate cancer surgical procedure is devolved by NHSE to the Clinical Commissioning Group HWW understands that Specialised Commissioning holds the budget for RAS and to date has not been prepared to commission Worcestershire Acute Hospitals NHS Trust to provide RAS, requiring Worcestershire patients who choose RAS for prostate surgery to travel out of area to the hospital sites mentioned above.

HWW has noted during the Urology Project that NHSE did not have a strategy for the development, implementation, or allocation of RAS and where RAS exists it is

because individual hospital Trusts have had the means to invest in it as a local decision. This gap in strategic planning appears to have led to a post code lottery in accessing RAS service which is reinforced by the funding arrangements adopted by NHSE Specialised Commissioning.

HWW welcomed Specialised Commissioning's recognition during the Urology Project that patients' expectations in Worcestershire for RAS were not being met and a clear intention to address the provision of RAS in Worcestershire.

It is unfortunate that an NHSE funding process appears to effectively compromise best outcomes for patients whilst at the same time driving up costs and making for ineffective use of scarce NHS resources.

Conclusion

HWW understands that Worcestershire Acute Hospitals NHS Trust is now urgently seeking a resolution to the provision of local RAS for Worcestershire patients. HWW supports the provision of RAS locally and trusts that NHSE will grasp the opportunity to improve outcomes for patients, achieve value for money and put the Trust's urological services on a sustainable footing for the long term.

[NB This briefing has not addressed the capital cost of acquiring a robot]