

Bassett Suite

7th November 2025, 10:00 to 16:30

West Bromwich Albion Football Club

Working in partnership

Sandwell and West Birmingham Hospitals NHS Trust, The Dudley Group NHS Foundation Trust,
The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust



Breakout Session

Richardson Suite – *(Main Room, 1st floor, Amit Rath)*

(A)ENT: Mr. J. Murphy
(B)Ophthalmology: Mr. J. Barry

Bassett Suite *(2nd Floor – Lola Omotoso)*

(A)General Surgery: Mr. S. Mirza
(B)Peri-operative Assessment: Dr A.
Pierson

Millichip Suite *(Main Room, 1st floor, Gurpreet Rai)*

(A)Colorectal: Mr. Ben Liu/Mr. M.Tayyab
(B)Gynaecology: Mr. Ayman Ewies

Pennington Suite *(2nd Floor – Alima Bibi)*

(A)Breast Unit/DIEP: P. Browne/A. Alam
(B)Lung Screening: E. Gilliland

General surgery

Surgery in Motion: Pathway Alignment and Future Opportunities

BCPC Clinical Summit

Mr Salman Mirza

BCPC Clinical Lead, General Surgery Consultant

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General Surgery: Celebrating System Progress

Highlights 2025:

- Strong collaboration across **DGFT, SWBH, WHT & RWT** – aligned on priorities and delivery.

Workplan milestones achieved:

- HVLC pathway alignment across gallbladder, hernia, and appendicitis.
- Shared learning from DGFT's **High Intensity Theatre (HIT)** model.
- Improvements in LoS and data validation under the GIRFT programme.

Celebration:

- The network now operates as a unified system, sharing data, learning, and delivery models.

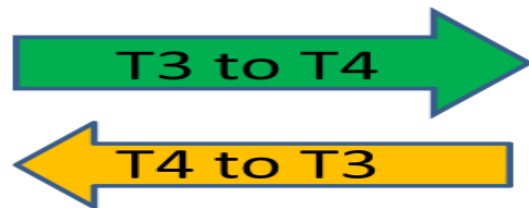
Service Transformation

Vision..

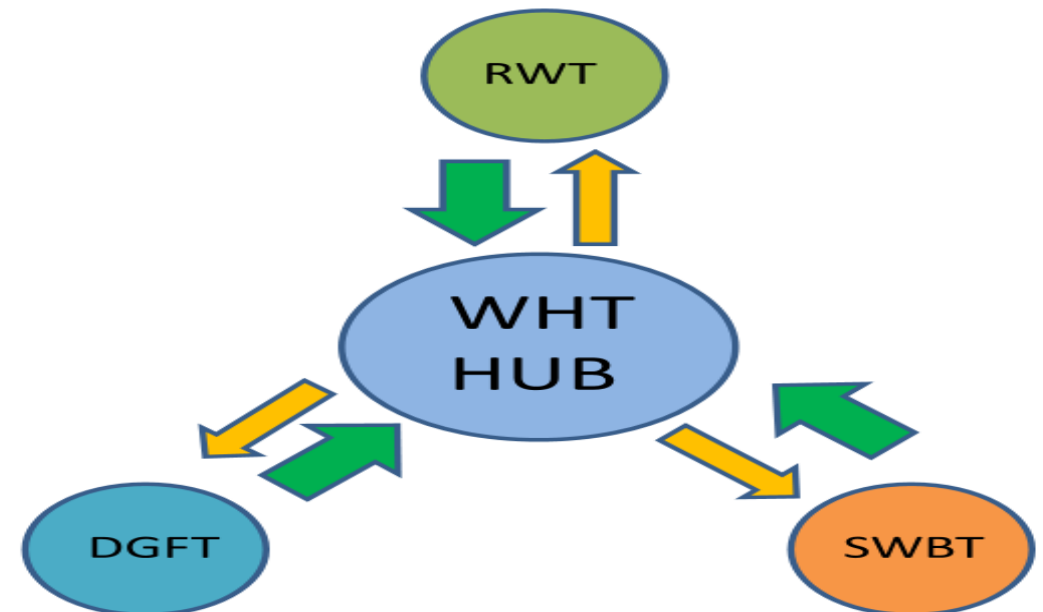
Black Country Bariatric Collaborative (BCBC)

Hub and Spoke – Model

Flow driven by patient need



T3-Tier 3 T4-Tier 4
WHT-Walsall Healthcare NHS Trust
RWT-Royal Wolverhampton Trust
DGFT-Dudley Group Hospitals
SWBT-Sandwell & West B`ham Hospital



Better Care for the Black Country (BCBC)

- Centralisation of bariatric surgery with targeted Safe High-Quality Care
- Agreed BMI / NICE Guidance referral criteria for CCGs
- Standardised gold standard pathways using existing nationally recognised MDT expertise within ICS
- Patient centred service local to patients
- Opportunity to have a BCPC workforce
- Opportunity to expand surgical training and Upper GI consultant repertoire
- Optimise financial resources

Bariatric Surgery: Laying the Foundations

First complete system-wide activity review completed with ICB and provider input.

- **Walsall identified as the in-system Tier 4 provider** (~150–200 cases/year).
- Draft **Bariatric Discussion Paper** produced, outlining demand, resources, and configuration options.
- Shared vision for a **Black Country Bariatric Service** – sustainable, equitable, and high-quality.

Celebration:

- Cross-system collaboration and early momentum achieved for a future specialist hub.

Next Step:

- Executive review of the Discussion Paper and development of the full business case.

HVLC Pathway & GIRFT Productivity

System Progress

- DGFT's High-Intensity Theatre (HIT) lists and nurse-led discharge recognised as system best practice.
- SWBH improving day-case selection and pre-operative optimisation for hernia and gallbladder pathways.
- RWT & WHT contributing to pathway alignment and LoS reduction for appendicitis and hernia surgery.
- Draft HVLC pathway packs under development to standardise processes across all providers.

HVLC Pathway & GIRFT Productivity

Productivity & Efficiency

- GIRFT data validated across all four providers – shared access to consistent benchmarks.
- Improvement themes:
 - Increase day-case rates for cholecystectomy and hernia repairs.
 - Reduce conversion rates and length-of-stay variation.
 - Improve theatre utilisation, start times, and inter-case downtime.

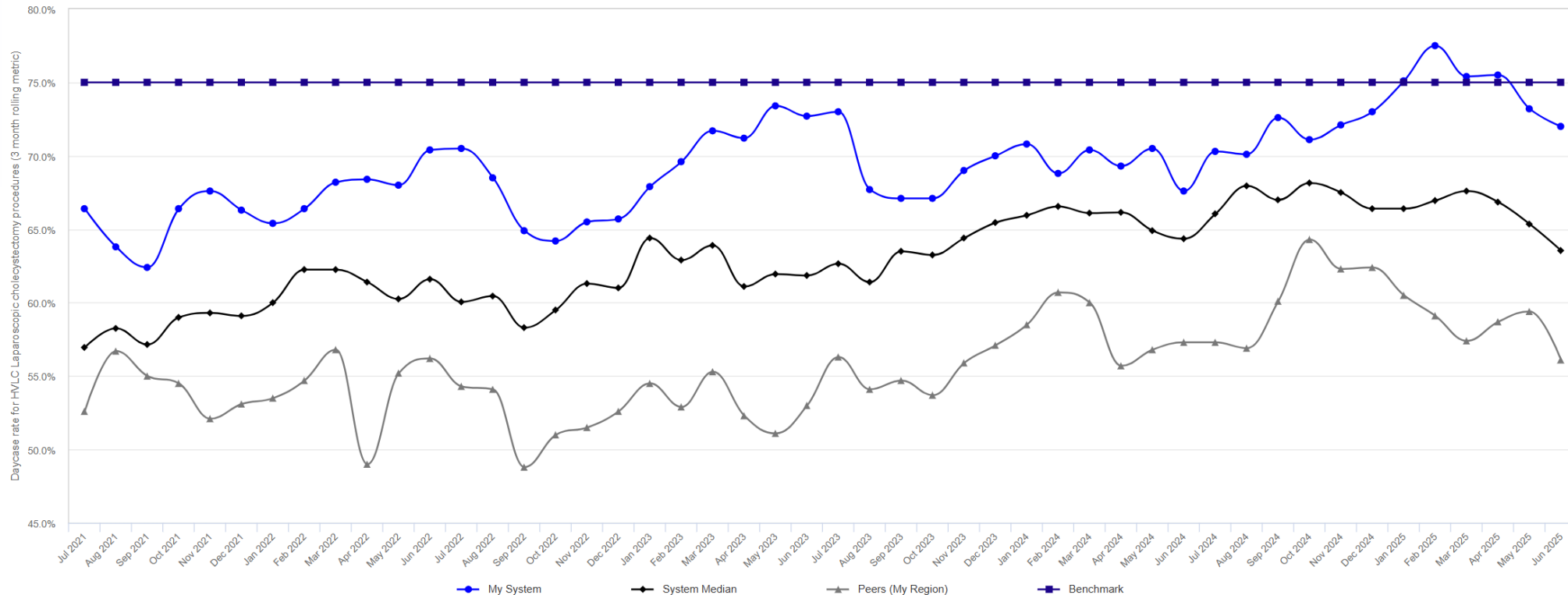
Positive progress:

- +2.6% improvement in LoS for emergency appendicectomy (since Q2 2023/24).
- SWBH reduced cholecystitis LoS by 1.5 days.

HVLC Laparoscopic cholecystectomy

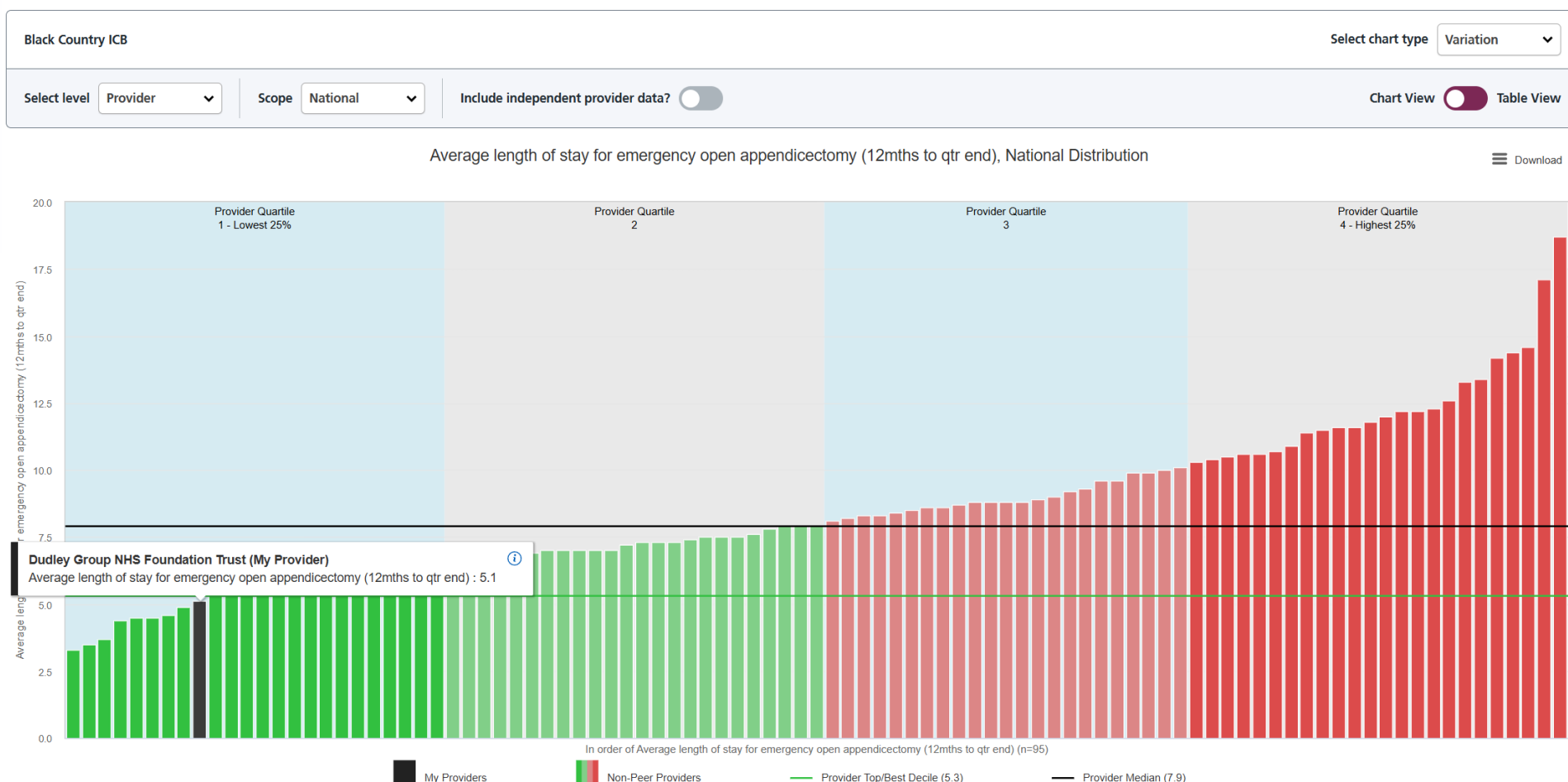
Daycase rate for HVLC Laparoscopic cholecystectomy procedures (3 month rolling metric)

Download



- Benchmark – 75%
- System: 66.4% (Feb 21) vs 77.5% (Feb 25)
- Peers (Region): 59.1% (Feb 25)

Average length of stay for emergency open appendicectomy



Average length of stay for adult (17+ years) patients receiving emergency open appendicectomy:

- DGFT: 5.1

Q4 2024/25

Workplan Progress & Next Steps

Workstream	Progress / Success	Next Step
Bariatric Surgery	Draft paper completed; system engagement strong	Executive review & business case development
HVLC Pathways	DGFT & SWBH site visits complete; pathway packs in progress	Finalise and pilot standardised pathways
GIRFT Productivity	All providers validated data and agreed improvement themes	Develop system-wide GIRFT Action Plan
Appendicectomy LoS	+2.6% improvement; common discharge criteria identified	Implement same-day/23-hour discharge model
Collaboration	Strong system engagement and transparency	Continue shared learning across the network

Key Reflections

System Strength:

- Collaboration, clinical leadership, and data transparency.

Key Achievements:

- Alignment of HVLC pathways.
- Creation of a system-wide Bariatric strategy.
- Steady improvement in GIRFT metrics and operational discipline.

Challenges:

- Weekend emergency capacity and LoS variation.
- Standardisation of appendicectomy and gallbladder discharge processes.

Next Phase:

- Embed agreed actions into the 2025/26 General Surgery Improvement Plan.
- Continue data-driven transformation through BCPC and ICB partnership.

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Questions

- How can we **accelerate implementation** of **standardised HVLC pathways** across all Trusts?
- What would a **sustainable Black Country Bariatric Service** need to succeed?
- How can we **maintain improvement momentum** beyond GIRFT oversight?

Thank you.

<https://blackcountryprovidercollaborative.nhs.uk/>

Empowering Patients, Transforming Outcomes:

The Impact of Perioperative Medicine

Dr Anna Pierson

Consultant Anaesthetist

Clinical Lead for Pre-operative Assessment

Black Country System Lead for Perioperative Medicine

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Midlands RAG & Black Country Trajectory (Jan 2024 → Jun 2025)

From pilots to proof :

- **Early Health Screening:** Baseline set Dec 2023; iterative quarterly updates up to June 2025 show stepwise maturity across BC.
- **Key pathway components (No TCI before Green, Shared Decision-Making, KiT, Individual Optimised Pathways):** BC providers demonstrate upward movement on the system heatmap through Mar-2025, despite sickness-related dips in isolated services.

	DGFT			WHT			RWT			SWBH		
	Jan 24	Oct 24	Jun 25	Jan 24	Oct 24	Jun 25	Jan 24	Oct 24	Jun 25	Jan 24	Oct 25	Jun 25
Early Health Screening	P	IP	IP	P	IP	Y	P	IP	Y	N	IP	IP
Individual Optimised Pathways	P	Y	Y	P	P	P	P	P*	Y		N	N
No TCI before green	Y	Y	Y	N	P	IP	N	N	N	N	N	N
Shared Decision making	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	IP	Y
Keeping in touch (KiT)	N	Y	Y	P	Y	Y	P	Y	Y		N	N

No(N)	Partial(P)	In Progress (IP)	Yes(Y)
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P*: Sickness Absences impacting service.

Heat map for key focus areas over time

Early Health screening – Optimisation Pathways – Healthcare Led – June 2025

System	Trust	Diabetes	Anaemia	Hypertension	OSA	Prehab	Frailty	Dysrhythmia
Black Country	DGH	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	RWT	Yes	Yes	Yes	Yes	No	Partial	Yes
	SWB	Yes	Yes	Partial	No	No	No	No
	WHT	Yes	Yes	Yes	Yes	Yes	Partial	Partial

Early Health screening – Optimisation Pathways – Universal – June 2025

System	Trust	Smoking Cessation	Alcohol Reduction	Nutrition Support	Psychological Wellbeing	Physical Activity	Weight Management
Black Country	DGH	Yes	Yes	Yes	Partial	Yes	Yes
	RWT	Partial	Yes	Yes	Partial	No	Yes
	SWB	Yes	Yes	No	No	No	Yes
	WHT	Yes	Yes	Partial	Partial	Yes	Yes

Early Screening – Supplementary Processes/Initiatives – June 2025

System	Trust	Peri-Op Dashboard	Cancellations on the Day - reported	Postponements - reported	Optimisation Pathway Process	Digital/Paper Screening Tools	DrEaMing/Enhanced Recovery	Perioperative Care Coordinators in post
Black Country	DGH	Yes	Yes	Partial	Yes	Both - yes	Yes	Partial
	RWT	Yes	Yes	Yes	Partial	Both -Yes	Yes	No
	SWB	No	Yes	No	Partial	In progress	Yes	No
	WHT	In Progress	Yes	Partial	Partial	Both - yes	Yes	No

Measures of Success

- Heatmap for 5 core objectives
- National and regional reporting & accountability
- Waiting List Minimum Data Set
 - To include perioperative outcomes
- On the day cancellations
- National Postponement in POA Audit 11/11/24 – 1 week SNAP
- Perioperative Dashboards
- Annual census of perioperative structure & workforce 2024

Surgery Hero Project

*Empowering Patients through Digital
Innovation at DGFT*

Why Surgery Hero? – The Challenge

- **High surgical risk** linked to unmanaged long-term conditions (e.g., anaemia, diabetes, frailty) and behavioural risk factors (e.g., smoking, weight management).
- **Inequity of access** and variation in optimisation across Trusts.
- Need to **improve readiness, recovery, and resilience** for surgical patients.
- Impact of poor health on economic activity – alignment with FF20 ambition.
- Patient engagement.

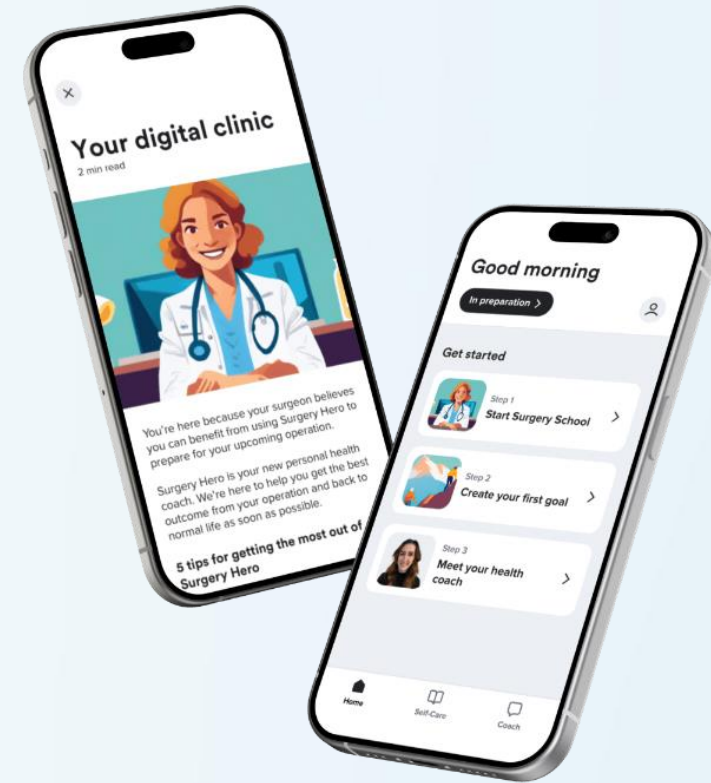
“We recognised that perioperative optimisation had to begin long before admission.”

The Innovation

Surgery Hero – A two-way **digital health-coaching platform** helping patients prepare for surgery up to 12 weeks in advance.

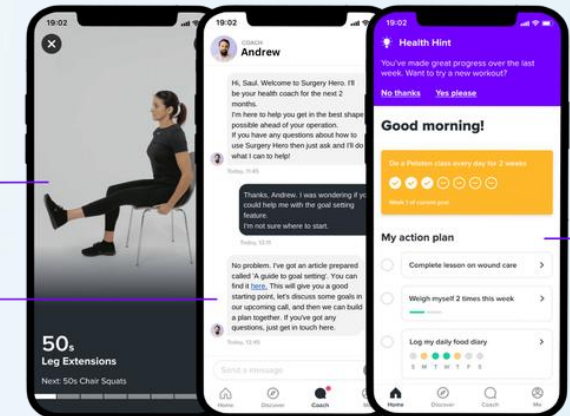
Key features:

- Personalised coaching on **activity, nutrition, smoking, alcohol, mental wellbeing**
- **Real-time feedback** and motivational nudges
- Integration with **EHR/EPR** for clinical oversight
- Data-driven dashboards for monitoring outcomes



Exercise videos,
workout plans, meal
recommendations
and more

Expert health coaching by
accredited professionals



Easy to use goal
setting and tracking

Implementation

- **Launched:** The Dudley Group NHS FT (DGFT) via TIF Bid (2022) – 1,750 licences secured
- **Population:** All major surgical specialties included, elective procedures, >18 yrs
- **Partnership:** Delivered jointly by DGFT, Surgery Hero Ltd, and BCPC PMO
- **Governance:** Outcomes monitored via WLMDs and perioperative dashboards

Measured Impact (2024 – 2025)

1,295 patients included in analysis to date

Measured outcomes vs baseline:

Metric	Baseline	Post-intervention	Δ Improvement
Length of Stay (Planned Inpatients)	—	↓ 22 %	Better bed utilisation
Readmission Rate	—	↓ 69 %	Fewer complications
Blood Transfusions	—	↓ 79 %	Enhanced peri-op stability
Patient BMI / PROMs	—	Improved	Healthier patients pre-op

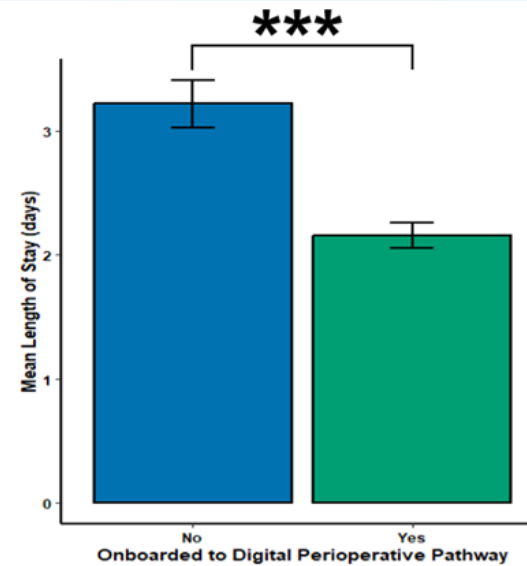


Figure 1. LOS comparison of elective surgery patients

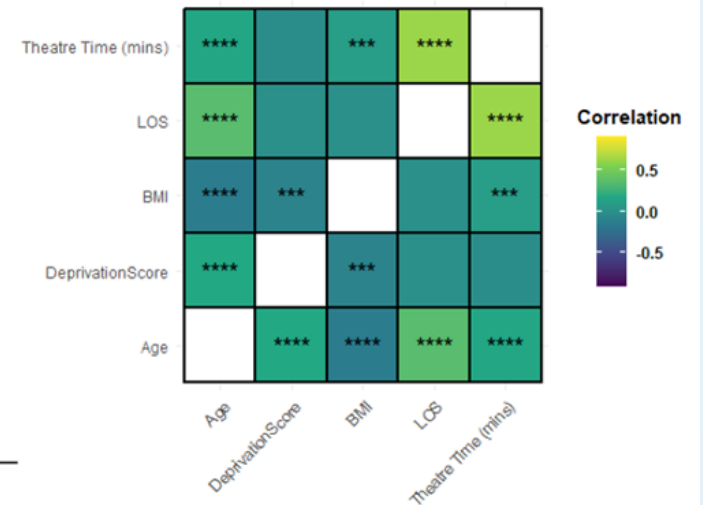


Figure 2. Spearman correlation matrix of patient data

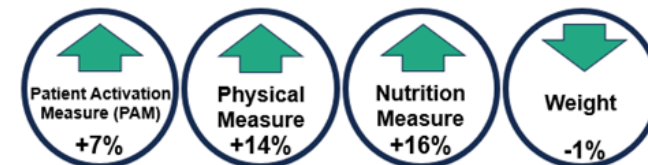


Figure 3. Average long term health benefits of patients

Behaviour Change and Patient Empowerment

**Patients didn't just recover better —
They adopted better health behaviours that have lasted**

Digital coaching led to measurable lifestyle changes:

- PAM score increased by 10% ($p < 0.001$)
- Long term Physical Activity, Diet, Sleep Quality, Weight, and Mental Health all improved ($p < 0.001$) (long term)

This reflects a shift from passive recipient to active participant



Empowering Our Patients

How Patients Felt More Empowered with Surgery Hero

“I’m in charge now” – Patients became active leaders in their own care.

Rather than waiting passively for surgery, participants took ownership of their health. They made informed choices, built new habits, and felt *equipped*, not just prepared, for surgery and recovery. This wasn’t care *done to* them; it was care *led by* them.

The coach didn’t just advise—they *believed in me*.

Patients consistently described their health coach as a supportive, non-judgemental presence who made them feel heard, understood, and capable. That human connection transformed guidance into *motivation*, and planning into *action*.

Confidence replaced anxiety. Empowerment replaced helplessness.

Across the board, participants described feeling calmer, more confident, and more resilient. Empowerment came from *knowing what to expect, what to do, and feeling supported every step of the way*. They weren’t just recovering; they were driving their recovery forward.

We monitored patient engagement statistics to ensure that there were no health inequalities present in our data. Patient data showed that there was not a significant leaning towards Age, Sex, Deprivation Score, Ethnicity, or Location

Don’t just take our word for it,
listen to some of our fantastic patients!

“I have learned that it is possible for me to adhere to a programme over an extended period and that general exercise (not just the affected knee) is beneficial.”



“I looked forward to the weekly session with my coach Hannah, she supported and encouraged me to improve my fitness, set targets after discussing them with me for the following week, and I felt that she was always there to help.”



“Since joining, I’ve noticed a huge difference in my mobility, energy levels, and overall mindset. I’m moving with more ease and confidence, and even everyday tasks feel much more manageable now.”



“I found working with my health coach to be particularly beneficial. It felt like she was prepared to help me with anything that was going on in my life — surgery-related or not.”



“Mariela supported me to find the right goals to stay motivated and, as recent blood tests have shown, my Diabetes blood levels have lowered. Overall I feel better prepared for my forthcoming operation.”



“Surgery Hero gave me the support and accountability I needed to take control of my recovery. It’s been a tremendous boost for me.”



“My coach allowed me to talk about how I felt about myself. It was very helpful to have someone to talk to who could guide me in the right direction to help me lose weight.”



“To anyone considering joining the Surgery Hero programme, don’t hesitate!”



The System-Level Value

- **Clinical:** Fewer complications, better outcomes. Potential impact on long term population health, patient experience
- **Operational:** Shorter LoS → capacity release (~ 2 beds per 10 patients)
- **Financial:** Reduced readmissions, complications and transfusions → £ savings per case
- **Cultural:** Catalyst for digital confidence and multi-Trust collaboration

Recognition



Finalist – HSJ Digital Awards 2025

Category: Empowering Patients through Digital

→ Awarded High Commendation for patient engagement and impact at scale

Regional Acknowledgement:

- GIRFT HVLC visit highlighted BC as a positive exemplar for translating data into action
- Midlands RAG dashboard shows continuous improvement from Partial → In Progress → Yes across core domains (Dec 2023 → Jun 2025)
- Shared nationally as a model of measurable, sustained progress
- Frailty pathway presented regionally, shared on NHS Futures

Looking Ahead (2025/26)

- Develop business case for ICS-wide rollout
- Embed Surgery Hero in elective recovery strategy
- Combine with EHS & Fitter-Better-Sooner programmes
- Monitor outcomes via unified perioperative dashboards

System Learning & Expansion

- Expand Surgery Hero across all BCPC Trusts
- Integrate with digital patient portals (RWT, WHT)
- Replicate DGFT model within frailty pathways at SWBH & WMT
- Build Primary Care referral links for early risk identification
- Shared workspace for all providers within BCPC

Conclusion

“Surgery Hero has shown that small digital nudges can deliver big health gains.”

By embedding Surgery Hero as a core component of Perioperative Medicine, the Black Country is pioneering a model for national adoption – one that aligns with NHSE goals for pre-op optimisation, health inequality reduction, and patient empowerment.

Questions:

- How do you think clinicians can **engage finance** further to **support initiatives, like Surgery Hero**, that have **clear and proven patient benefits**?
- What **targeted support** do providers need to meet the objectives set out by NHSE/GIRFT in order to **standardise perioperative care provision across the ICB**?

Thank you.

<https://blackcountryprovidercollaborative.nhs.uk/>