

# UK patients miss out on optimal surgery as NHS forced to contain costs and plan short-term, new report reveals

Minimal access surgery can reduce bed-days by 80% but cost-cutting prevents innovation, according to UK surgeons.

**CAMBRIDGE, UK. 19 March 2018.** UK patients are undergoing unnecessary open surgery where keyhole surgery techniques may be appropriate because of a focus on cost containment and short-term planning, according to a report published today. The report, by the Office for Health Economics and commissioned by CMR Surgical, analysed the barriers to the greater uptake of minimal access surgery (MAS) in the UK, more commonly known as keyhole surgery. MAS has been proven to reduce the length of stay in hospitals, lower the rates of pain, scarring and infection and speed-up patient recovery times<sup>i</sup>.

Despite these benefits, the report reveals scores of patients are being denied MAS. Data outlining surgical procedures in the UK shows that 24% of hysterectomies are performed with MAS<sup>ii</sup>, meaning women are potentially spending more time in hospital than they need to, often with greater scarring and pain as a result of procedures conducted with open surgery. Increasing the rate of MAS has been shown to reduce the number of bed days per patient from 5.5 to just 1.5 days for 95% of gynaecology cases<sup>iii</sup>. In one NHS hospital, the number of beds required in one department fell from 22 to just 8 after increasing the rate of MAS<sup>iv</sup>.

The report that was commissioned by CMR Surgical, a British company developing the next-generation surgical robot, identifies several reasons why more NHS patients are not being offered MAS, including financial pressures<sup>v</sup>, a lack of trained surgeons<sup>vi</sup> and a short-term approach to commissioning<sup>vii</sup>.

MAS is perceived as more expensive, as it is associated with longer operating times and greater upfront cost. With increasing pressure to tackle rising waiting times, the report reveals that some clinicians feel pressurised to conduct more open surgery to address a long waiting list. Modern tools, including robotics, can assist surgeons to operate laparoscopically. However, the survey that accompanies today's report shows that 96% of UK surgeons believe that upfront capital costs are a barrier to the adoption of surgical robotics in the NHS<sup>viii</sup>.

Prokar Dasgupta, Professor of Robotic Surgery & Urological Innovation, King's College London said: "It is regrettable that we continue to perform open surgery on patients where minimal access techniques are both appropriate and possible. Now is the time to embrace surgical innovation and plan ahead to build a sustainable healthcare system".

The report also outlines that a lack of MAS-trained surgeons is another reason why uptake in the NHS is limited<sup>ix</sup>. Performing MAS requires a surgeon to operate laparoscopically, which requires further



training and exceptional skill. 81% of gynaecological surgeons named an insufficient number of surgeons being trained in MAS as the main barrier to increased uptake<sup>x</sup>.

Mark Slack, Consultant Gynaecologist and Urogynecologist, and Medical Director at CMR Surgical said: "Patients everywhere deserve access to minimal access surgery. We need to address the training shortage and ensure that robotic systems are affordable for today's healthcare systems. With the NHS at breaking point, it is our duty to work together – industry and the health service - to encourage the use of surgical innovation for the benefit of patients".

When used appropriately, MAS can improve patient outcomes whilst promoting the efficient use of NHS resources; however, this can be inhibited when silo-thinking and short-term targets drive decision-making, according to the report<sup>xi</sup>. Investing in new equipment which can deliver long-term benefits should be prioritised. Robotics is one way to increase the use of minimal access surgery, but the current cost of robotic systems has made it difficult to prove a return on investment within the timeframes required by commissioners to fund new equipment, sometimes as little as 12 months<sup>xii</sup>, the report shows. Just 30% of surgeons believe that there is adequate support and incentives in the NHS for surgical innovation<sup>xiii</sup>.

The findings of the report demonstrate that through the uptake of MAS, the health service can reduce pressure on beds, improve patient outcomes and eventually deliver cost savings to the NHS.

Recommendations to increase the uptake of MAS include:

Better health service planning in the NHS that realises system-wide the benefits of MAS and the ability to reduce pressure on beds

A more affordable robotic system to support a quicker learning curve for surgeons to become more proficient in MAS

Greater financial incentives such as best practice tariffs that incentivise the uptake of MAS

Improved medical training in MAS techniques

Driving cultural change through securing a greater number of clinical ambassadors that encourage the use of MAS through the health service

The barriers and opportunities to greater uptake of minimal access surgery are being debated at a leading event in central London on the 20<sup>th</sup> March by renowned surgeons including Amjad Parvaiz, Thomas Ind, Carolynne Vaizey and Prokar Dasgupta.

— ENDS —

#### **Media Contacts:**

For more information, please contact:

**Sarah Ghabina / Ashley Davis-Marin**

**Communications Lead / Senior Communications Executive, CMR Surgical**

**T** +44(0) 1223 755801

**E** [pressoffice@cmrsurgical.com](mailto:pressoffice@cmrsurgical.com)



**Notes to editors:**

**About CMR Surgical**

CMR Surgical is a British private limited company developing the next-generation universal robotic system, Versius<sup>®</sup>, for minimal access surgery.

The vision behind CMR Surgical is to make minimal access surgery universally accessible and affordable, transforming the existing market for surgical robotics while also addressing the six million people who still undergo open surgery each year.

Global annual revenues for robot-assisted minimal access surgery are presently approximately \$4 billion and are anticipated to reach \$20 billion by 2025<sup>xiv</sup>.

CMR Surgical, formed in 2014, has its headquarters in Cambridge, United Kingdom and is backed by an international shareholder base of specialist and generalist investors. The Company achieved the registration of its Quality Management System to ISO 13485:2003 by Underwriters Laboratories LLC<sup>®</sup> ('UL'), and the status as a UL Registered Firm, in September 2015.

For further information, please visit [www.cmrsurgical.com](http://www.cmrsurgical.com)

**About Versius, the CMR Surgical robotic system**

Designed to meet the complex requirements of laparoscopic surgery, Versius' compact size fits easily into the existing surgical workflow, while its ergonomic console design allows surgeons to work in a way that reduces physical and mental effort. Intended to be used across a range of surgical specialties, the versatility and portability of Versius, enabled by a unique and patented four-axis wrist joint, expands the potential for higher utilisation. The versatility of the system and compelling commercial model allows healthcare providers to offer the benefits of robotic-assisted procedures in a cost-effective way.



## References

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- <sup>vii</sup> Cole, A., O'Neill, P., Sampson, C. and Lorgelly, P. (2018). Barriers to Uptake of Minimal Access Surgery in the United Kingdom. *OHE Consulting Report, London: Office of Health Economics.* p.52.
- <sup>viii</sup> Bryter, 2018. *MAS and Robotic Surgery Survey* slide 21.
- <sup>ix</sup> Cole, A., O'Neill, P., Sampson, C. and Lorgelly, P. (2018). Barriers to Uptake of Minimal Access Surgery in the United Kingdom. *OHE Consulting Report, London: Office of Health Economics.* p.53.
- <sup>x</sup> Bryter, 2018. *MAS and Robotic Surgery Survey* slide 21.
- <sup>xi</sup> Cole, A., O'Neill, P., Sampson, C. and Lorgelly, P. (2018). Barriers to Uptake of Minimal Access Surgery in the United Kingdom. *OHE Consulting Report, London: Office of Health Economics.* p.54.
- <sup>xii</sup> Cole, A., O'Neill, P., Sampson, C. and Lorgelly, P. (2018). Barriers to Uptake of Minimal Access Surgery in the United Kingdom. *OHE Consulting Report, London: Office of Health Economics.* p.57.
- <sup>xiii</sup> Bryter, 2018. *MAS and Robotic Surgery Survey* slide 17.
- <sup>xiv</sup> Industry Forecast, Accuray Research