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**More capacity, same
standards: expanding
cataract surgery**

More capacity, same standards: expanding cataract surgery

When Newmedica needed to accommodate thousands of additional cataract patients without compromising its existing services, the answer was a mobile operating theatre at its Bristol Aztec West site.



For healthcare providers facing significant elective demand, the challenge is rarely as simple as finding another operating theatre. Capacity has to work as part of a complete clinical pathway. Patients need to be assessed, prepared, treated and discharged safely. Staff, equipment, consumables and support services must expand alongside physical capacity, while existing activity continues.

That was the challenge facing Newmedica after taking on a contract to treat NHS cataract patients. The scale was considerable. Around 7,000 additional patients would travel to Bristol, with patients attending at least twice, initially for an outpatient appointment and subsequently for surgery, and potentially again if treatment to the second eye was required.

Julian Phillips, Operational Director at Newmedica's Bristol surgical centres, describes the challenge simply: "Bringing in another 7,000 patients needed a new way of thinking and a radical solution."

Newmedica needed to maintain services for its established patient population across Bristol and surrounding areas. Its existing theatres were already working close to capacity, making a significant increase in activity difficult without additional infrastructure.

For Kevin Walsh, Head of Surgical Services at Newmedica Bristol Aztec West, one consideration remained above every target for additional activity: "The numbers, the volume, the expectation were very high, and



Inside the mobile theatre

the predominant and primary objective was to remain safe."

Creating capacity quickly

The solution was to introduce a Vanguard mobile operating theatre at Newmedica's Bristol Aztec West facility. The speed at which that capacity became available was significant. According to Phillips, the decision to proceed was made by 1 November and the first theatre patient was being treated by 21 November. Rapid deployment, however, did not mean bypassing the detailed preparation associated with establishing additional surgical capacity.

Walsh and his colleagues had to consider

everything – from microscopes, lenses and consumables to staffing, surgeon availability, IT, patient flow and contingency arrangements. Staff were given an opportunity to familiarise themselves with the facility before it went live. The Newmedica team in Bristol undertook dry runs through the patient pathway and introduced simulated problems to test how teams would respond.

"Attention was given to every single detail... It is about having a careful risk management plan," Walsh commented.

Vanguard also provided clinical support during the initial operating period, including a clinical practitioner who worked alongside the local Newmedica team during the first few weeks.

The result was that the additional theatre did not operate as an isolated facility. It became part of the wider Aztec West service, with staffing, logistics, equipment and patient pathways integrated with the main site.

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A mobile facility, without compromising the clinical environment

For clinicians and patients unfamiliar with mobile facilities, there can be assumptions about how the environment will compare with a conventional operating theatre. The experience at Aztec West challenged those perceptions.

Stuart Guthrie, Clinical Director at Newmedica's Bristol surgical centres, had not previously worked in a mobile operating theatre and recalls his reaction when he first entered the facility:

"It felt like you were in a normal theatre, to be honest – it was better than a lot of theatres that I've worked in, in the past."

That quality was not simply about appearance. The theatre had to provide the space, environmental control and functionality required to support safe surgery at considerable volume. The operating area accommodated the surgical team, microscope and phacoemulsification equipment, while allowing staff and patients to move safely. Temperature and humidity were controlled, and Walsh recalls that the environmental systems performed reliably throughout the deployment, including through significant changes in external weather.

The patient journey closely reflected Newmedica's established pathway, helping the additional capacity feel like an extension of the existing service rather than a separate experience. Maintaining that consistency was important to Walsh.

The design of the facility also supported the rapid patient flow required for high-volume cataract surgery.

Guthrie says: "For us, in cataract surgery,



The Vanguard mobile theatre at Newmedica Bristol Aztec West



Feeling like the first patient, the 2,929th and final patient of the Vanguard mobile theatre at Newmedica Bristol Aztec West

it's important for a flow of patients to come through. That's really important and the unit provided that flow."

Accessibility was equally important. A ramp enabled patients to enter and leave the facility

easily, while the internal layout supported a straightforward progression through admission, treatment and discharge.

From additional capacity to exceptional throughput

Once operational, the additional theatre became part of an intensive surgical programme. Newmedica operated seven days a week and, across its two permanent theatres and the Vanguard, reached 16.5 theatre lists per week. A minimum of around 20 patients could be treated on a theatre list, with activity sometimes increasing to 25 or 30 patients and extending into evening sessions. Operating 7 days per week, the Vanguard theatre saw 600 cataract surgeries in January alone.

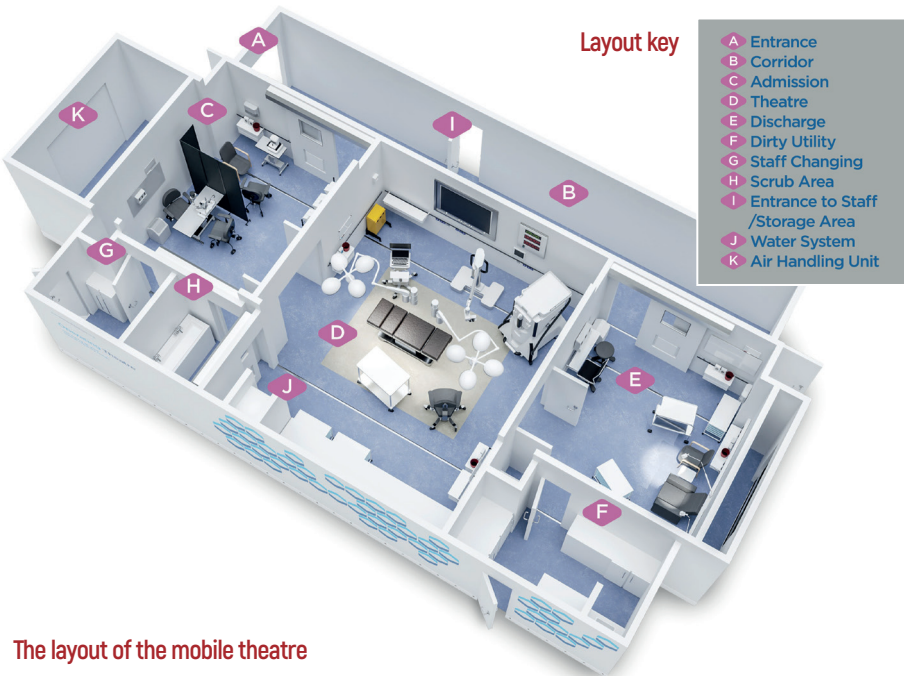
For Phillips, the scale of the achievement exceeded the original expectation. "I would suggest that the highlight was to be able to run 16-and-a-half theatres a week. That was never the plan, and not many, if any, providers in the country could do that."

But throughput alone is not the most important measure of success in a surgical service. The programme had to demonstrate that higher activity could be achieved, while maintaining clinical standards and the patient experience.

The team was treating patients who, in some cases, had experienced long waits and consequently presented with more advanced cataracts. Walsh says this could make procedures more challenging for surgeons and theatre teams, making the emphasis on preparation and safety particularly important.

At the same time, patient feedback remained extremely positive.

Phillips recalls: "The feedback was absolutely ►



The layout of the mobile theatre

tremendous. It's easy to say that, but you rarely see 100% feedback month after month after month, recommending it to their friends and family."

Infrastructure is only part of the answer

Perhaps the clearest lesson from the Newmedica experience is that creating physical capacity is only one element of elective recovery. An additional operating theatre creates opportunity, but it takes people and processes to turn that opportunity into patient care.

The programme depended not just on surgeons and theatre staff, but on clinical teams preparing patients, administrative staff managing appointments and information, procurement teams maintaining stocks, domestic staff supporting the environment, porters guiding patients and numerous other colleagues working across the service.

Walsh describes it as an organisation-wide effort: "I know it was based all around the theatre, but we couldn't have done it without the domestic staff and all the support teams, all the phone calls that were made, all the follow-ups that had to be carried out, all the letters that had to be printed. We couldn't have done it without everyone, every single person."

Phillips makes a similar point. "You're only as good as your team. Everyone knew what to do every day. A lot of repetition, but they made sure that every patient felt like they were the first patient, not the last patient."

That may ultimately be the most important



aspect of the project.

Flexible clinical infrastructure gave Newmedica the ability to expand surgical capacity rapidly, without waiting for a conventional building programme. The success of the service came from combining that infrastructure with a high-quality clinical environment, robust governance, careful preparation, effective patient flow and a team capable of using the additional capacity productively.

For healthcare organisations considering how to tackle elective pressures, the experience at Aztec West illustrates what can be achieved when additional infrastructure is designed and operated not as an adjunct to the service, but as an integral part of the clinical pathway.

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About the author

Lindsay Dransfield is the Chief Commercial Officer at Vanguard Healthcare Solutions. Lindsay joined Vanguard in 2018 having started her career in healthcare IT, taking a rapid route from sales to sales management and gaining her first appointment to the board of a FTSE listed business in 2004.

Lindsay has focused her career within the UK public sector, including work with health and government. This experience has enabled Lindsay to support many NHS and private healthcare organisations in optimising estate development.



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