

## Humber Acute Services Review Review Update (June 2018)

### Wave 1: Urology Services

#### SUMMARY

Urology services (care for people with problems of the urinary tract or male reproductive organs) within Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) have been subject to a temporary change to service arrangements since September 2017. This change was put in place due to significant workforce shortages and other factors that made the service fragile such that it was not possible to safely operate all aspects of urology services across both the Scunthorpe and Grimsby sites. Despite active recruitment campaigns, staffing numbers in urology remain below the level required to operate two 24/7 rotas across both sites. This is a combination of a reduction in the number of consultants available nationally as well the challenge of recruiting to a Trust that operates two emergency sites for on-call.

Since September 2017, emergency inpatient care for urology has been provided on one hospital site, Scunthorpe General Hospital (SGH). As a result of the change, approximately 350 patients who would previously have been treated at Grimsby have had their treatment in Scunthorpe. Over this time, the service has stabilised and started to deliver an improvement in continuity of patient care and reduced length of stay.

To maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to implement a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. It is proposed that outpatient and day case treatment will continue to be provided across all three sites. The review team have identified the potential for interdependencies between urology services and the services being considered within Wave 2 of the review (specifically urgent and emergency care services), which may have an impact on what is or is not possible for the delivery of urology services in the long term and therefore service arrangements will need to be considered in the context of the scenarios put forward for Wave 2 services.

On an annual basis, the approximate volume of patients affected within these services would be:

- 463 emergency admissions (originally attending Grimsby Hospital)
- 359-421 planned inpatient admissions (originally attending Grimsby and Goole Hospitals)

To deliver the best care for patients as services are currently configured, urology inpatient emergencies are being provided from Scunthorpe General Hospital due to capacity available, existing complex elective surgery being provided from the SGH base and the higher volume of inpatient emergency admissions.

#### BACKGROUND

The Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) Board took the decision in July 2017 to consolidate some services in order to ensure it could continue to offer safe and effective care to patients. For urology services, this resulted in a temporary move of all emergency urology services (for patients who require admitting) onto one hospital site, Scunthorpe General. Planned inpatient care, day case procedures, endoscopy and outpatient appointments have continued to run across all three hospital sites.



This decision was taken because workforce shortages meant it was not possible to continue to deliver a safe inpatient service across both main sites. To deliver care safely and effectively on a 24/7 basis the Trust needs six consultants. The service has seen a significant turnover in consultants and has been reliant on long-term locums who by summer 2017 had all moved on. In July 2017 there were four consultants running the service, which reduced to three in September 2017. Each consultant works during the day and on call during evenings and weekends, which became increasingly difficult to sustain for both the staff involved and patients when staff numbers reduced to three in September 2017.

Since the revised service arrangements were put in place, the service has stabilised and has been able to successfully recruit some additional consultant capacity but still not at the level required to safely provide 24/7 cover across two sites. The service has started to deliver an improvement in continuity of patient care and reduced length of stay for patients. Clinicians and service managers are working together to ensure they can continue to provide a high quality, safe and sustainable service for local patients.

Northern Lincolnshire and Goole NHS Foundation Trust and its partners – Hull and East Yorkshire Hospitals NHS Trust and the four Humber Clinical Commissioning Groups – are working together to undertake a systematic review of acute hospital services across all five hospital sites in the Humber area. Further details about the scope and process for the review can be found on the review website:

[www.humbercoastandvale.org.uk/humberacutereview](http://www.humbercoastandvale.org.uk/humberacutereview).

This briefing note provides an update on the clinical review of urology services, which are within the first wave of services being considered through the Humber Acute Services Review. It sets out the current position of urology services within NLaG and makes recommendations for further stabilising the service in the context of the review of services within Wave 2.

## CURRENT SERVICE CONFIGURATION

NLaG currently provides urology care across all three hospital sites working as a trust-wide team. Elective (planned) care, outpatients, day case treatment including endoscopy and day case/inpatient surgical procedures are carried out on all three sites. In addition, outreach clinics are delivered from Mablethorpe.

Urology provides cancer care for prostate, bladder, testicular and penile cancers through a multi-disciplinary team (MDT). Complex cancer patients receive care in Hull & East Yorkshire Hospitals as the Tertiary Centre. Emergency admissions have been consolidated on the Scunthorpe site since September 2017 due to consultant workforce vacancies.

Table 1 outlines the current service provision by site.

Table 1:

	DPoW	SGH	GDH	OUTREACH CLINICS	HEY
Inpatient emergencies		√			
Inpatient elective (planned care)	√	√	√		
Day case procedures	√	√	√		
Endoscopy	√	√	√		
Outpatients	√	√	√	√	
On call		√			
MDT and complex cancer care					√

## Workforce

Current workforce establishment showing budgeted and actual in post is detailed in table 2 as at February 2018. Urology doctors at NLaG work as one team across all sites; therefore the budget is not split by site.

Table 2:

	Trust wide (Budgeted)	Trust wide (In post)	Position with New Starters Qtr 2 (June 2018)
Consultant (wte)	6	3.75	4.75 *
Middle Grade (wte)	6	4	5
Junior Drs (wte)	6	2	2**

\*Newly recruited Urologist included in the 4.75wte continues to wait for a visa, whilst the post holder has accepted, the time taken to gain a visa means that the start date is high risk. This has been escalated by the Trust to regulators.

\*\*Allocated Deanery posts therefore dependent upon the Deanery being able to fill vacancies, currently in the process of securing locums.

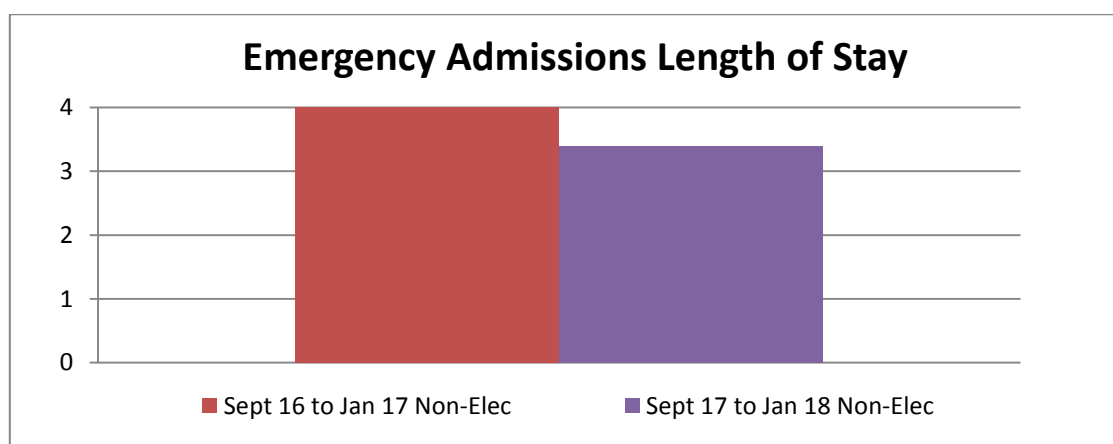
Active recruitment to the vacancies continues alongside a focus on retention of urology workforce.

## Patient Experience

Following the transfer of all emergency admissions to the Scunthorpe General Hospital site, the service has seen a progressive reduction in length of stay (LOS) with patients receiving continuity of care through a consultant of the week model. Compared to similar hospitals, the national peer length of stay for emergency admissions in urology is 3.3 days, which the service is now achieving.

Graph 1 shows a comparison in LOS from the previous year.

Graph 1:



## UROLOGY DEMAND LEVELS AND CAPACITY PLANNING

The urology demand levels for the period 2016/17 and 2017/18 are shown in table 3 by hospital site. This shows the shift of emergency inpatient activity from the DPoW site to the SGH as from September 2017. Appendix A shows the numbers of inpatient admissions (planned and emergencies) by CCG.

Table 3:

Demand & Activity	DPoW		SGH		GDH	
	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18
Referrals	2,751	2,603	3,261	2,900	746	756
Outpatients (all attendances)	7,928	8,468	10,047	10,023	2,187	2,350
Day case activity*	2,561	2,682	2,239	2,325	1,205	1,306
In-Patient Elective	387	359	505	336	89	85
In-Patient Emergency	463	289**	710	914**		

\*includes endoscopy cystoscopy activity

\*\*transferred to SGH site in September 17

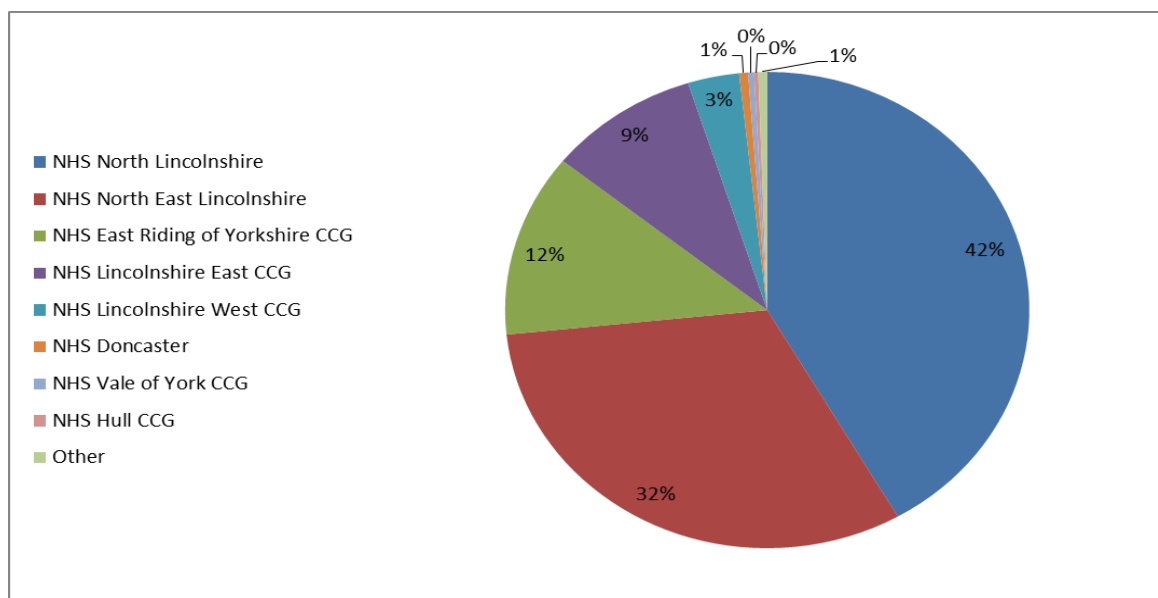
The demand and capacity has been modelled through the NHS IST tool confirming a shortfall in capacity against demand. This is reflective of reductions in workforce and growth in demand for diagnostic tests associated with meeting the national waiting time target of 2 weeks for urgent suspected cancer referrals. It is recognised through the GIRFT (Getting it Right First Time) programme that urology deals with high volumes of elderly and given the ageing population this is anticipated to increase.

Plans have been identified to address the total capacity shortfall. Actions that are underway to address the shortfall in capacity include pathway redesign to reduce duplication and make best use of resources, revised job planning and introducing more nurse-led services where appropriate over a 2 year timescale.

### Urology Demographic Needs Assessment

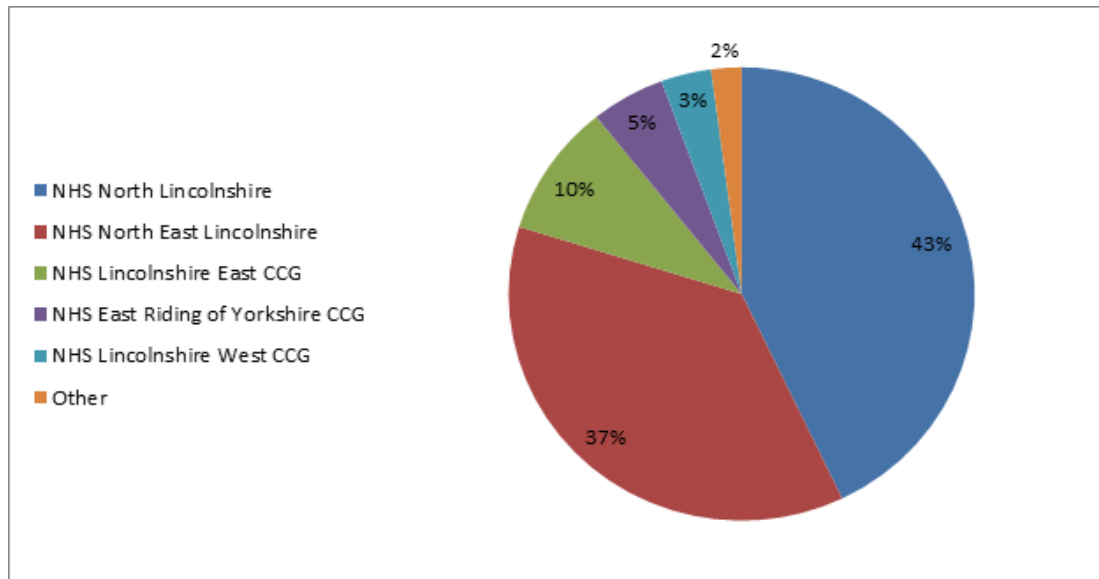
Graph 2 below shows the last 12 months demand for urology **outpatient** referrals by commissioner providing an indication of local population need:

Graph 2:



Graph 3 below shows the last 12 months demand for urology non-elective (**emergency**) admissions by commissioner providing an indication of local population need:

Graph 3:



## PLANNING FOR THE FUTURE

### Continued Challenges

Urology services within Northern Lincolnshire and Goole NHS Foundation Trust and across the wider Humber area continue to face a number of significant challenges. These include:

- Difficulty recruiting to clinical posts in urology is a national issue. NLaG has seen additional challenges with the unattractive rotas split across two sites, the geographic location and distance between the sites. Despite active recruitment campaigns, vacancies continue to exist across all grades of clinicians within NLaG.
- Recruitment and retention within a small workforce continues to be a challenge, particularly when seeking to provide 24/7 cover across three hospital sites whilst maintaining high levels of patient flow.
- Urology services cover five tumour sites (prostate, bladder, kidney, testis and penis). Demands on suspected 2 week wait cancer referrals continue to grow with a more recent spike in demand following national press coverage and information campaigns.
- It is recognised through the GIRFT programme that urology deals with high volumes of elderly and given the ageing population this is anticipated to increase.

### Service Developments

Given the challenges above, all partners are working together to identify the most sustainable and effective delivery model for urology services for the short, medium and longer term. Clinicians and service managers within NLaG, together with partners from across the Humber, Coast and Vale geography, have begun to work on developing a clinical network for urology services. On 10<sup>th</sup> January 2018 a Urology Vision Day was held, bringing together clinicians, therapists and service managers from across Humber, Coast and Vale to discuss key challenges

and opportunities for working together on urology services in the future. A number of areas for further development were identified, including:

- Developing and modernising the existing kidney stone service.
- Discussion at Humber, Coast and Vale level regarding potential expansion of the stone service.

A Transformation Board (which includes clinical leads, CCG representation, nursing leads, managerial leads and a patient representative) has continued to meet on a 6 weekly basis to review the service arrangements within NLaG for urology. The group has considered four potential configuration scenarios for delivery of urology services using the principles and decision-making criteria set out in the Humber Acute Services Review programme plan:

1. Providing emergency inpatient provision on two main sites. Providing elective (planned) inpatient care, day cases, endoscopy and outpatients on all three sites. (Provision prior to temporary change in September 2017)
2. Providing all *emergency* inpatient provision on one site. Providing elective inpatient care, day cases, endoscopy and outpatients on all three sites. (Current provision, since September 2017)
3. Providing all *emergency* inpatient provision and *elective* inpatient on one site. Providing day cases, endoscopy and outpatients on all three sites. (Proposed arrangement for the current time, subject to the conclusions of the review of services in Wave 2 of the Humber Acute Services Review)
4. Providing all inpatient and outpatient urology services on one site.

All scenarios have been assessed against criteria for clinical outcomes, clinical interdependency, patient experience, workforce, performance, physical resources and cost effectiveness. The current workforce position of the Trust continues to mean that scenario one is not deliverable. Clinically the service are supporting scenario three.

Supporting the GIRFT principles and working in collaboration through the Humber Acute Services Review, the urology team are progressing with developments in following areas:

- Introduce hot clinics on the non-emergency site to further reduce transfers supported by the existing A&E pathways and diagnostics. These clinics are intended to prevent hospital admissions by providing proactive treatment and/or advice to patients who are at risk of needing emergency admission to hospital.
- Focus on further reductions in length of stay supported by continuity of care
- Development of integrated prostate pathways with GPs to support community provision thereby reducing demand on hospital-based services
- Standardisation of community incontinence service

## COMMUNICATIONS, ENGAGEMENT AND NEXT STEPS

### Proposed Next Steps

Urology services within NLaG are now in a more stable position following the introduction of revised service arrangements in September 2017. Over the past ten months the service has also started to deliver an improvement in continuity of patient care and reduced length of stay. Clinicians involved in the review of services have identified potential interdependencies between urology services and the services that are included in Wave 2 of the Humber Acute Services Review (specifically, A&E front door, assessment and diagnostic services and the specialties that support urgent and emergency care). It is the view of the Steering Group that further work in relation to the future configuration and operating model for urology services should be considered within the context of the recommended approach to urgent and emergency care that arises from Wave 2 of the review.

In order to maintain sustainability, enable further service improvements and provide greater clarity for patients and staff, the service is proposing to put in place a single-site arrangement for emergency (non-elective) and planned (elective) inpatient admissions, **subject to the conclusions of the review of services within Wave 2 of the Humber Acute Services Review**. Under this scenario, outpatient and day case treatment (including surgery) would continue to be provided across all three sites. This is the preferred option of the clinicians who are running the service at the current time.

Given the continued workforce challenges and the consultant recently attracted taking up the post mainly as a result of the one site rota, it is not considered possible to return to a two-site model for inpatient care. Under this preferred approach, a further 336-421 patients needing elective inpatient admissions would potentially have to travel to receive their care on the centralised hospital site. This averages 6-8 patients per week, with an average length of stay (for elective inpatients) of 1.8 days.

On an annual basis, the approximate volume of patients affected within these services would be:

- 463 emergency admissions (originally attending Grimsby Hospital)
- 359-421 planned inpatient admissions (originally attending Grimsby and Goole Hospitals)

Scunthorpe General Hospital is the preferred site to provide the inpatient services due to the existing complex elective surgery being provided from the SGH base and the higher volume of inpatient emergency admissions.

### Communications and Engagement Approach

The partners will continue to engage with those patients affected by the changes to service arrangements through patient surveys and focus groups and through the continuation of patient representation on the urology transformation board or equivalent group established through this process.

The table below sets out a summary of activity to date and outlines broad principles for engagement and monitoring of service-user feedback going forward.

Temporary Service Change: Communications with patients, staff Public	Joint communications brief to public on transfer of patients from Grimsby September 2017 <a href="https://www.nlg.nhs.uk/about/trust/service-reconfiguration/">https://www.nlg.nhs.uk/about/trust/service-reconfiguration/</a>
	NLAG Trust Board Minutes July 2017 <a href="https://www.nlg.nhs.uk/content/uploads/2017/05/NLG-17-Service-Moves-Jul17-PUBLIC.pdf">https://www.nlg.nhs.uk/content/uploads/2017/05/NLG-17-Service-Moves-Jul17-PUBLIC.pdf</a>

	Patient communications
Monitoring of temporary changes	Monitor Friends and Family test
	Monitor Complaints & PALs
	Ward-based surveys
	Continued discussions with Overview and Scrutiny
Communication, engagement and involvement in developing future scenarios (up to June 2018)	Patient representatives on transformation group
	Ward-based surveys
	Continued monitoring of patient experience data
	Liaison with local Healthwatch
	Patient communications
	Staff briefings
	Engagement sessions (including NE Lincs CCG annual members event, NLaG members meetings)
	Issues Paper and survey <a href="http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf">http://humbercoastandvale.org.uk/wp-content/uploads/2018/03/Issues-document_final_webversion1.pdf</a> <a href="https://www.surveymonkey.co.uk/r/HASR_issues">https://www.surveymonkey.co.uk/r/HASR_issues</a>
Discussions with Overview and Scrutiny: <a href="http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scrutiny-panel-26-march-2018-2/">http://webarchive.northlincs.gov.uk/councilanddemocracy/scrutiny/health-scrutiny-panel/minutes/health-scrutiny-panel-26-march-2018-2/</a> <a href="http://www2.eastriding.gov.uk/EasysiteWeb/getresource.axd?AssetID=687334&amp;type=full&amp;servicetype=Attachment">http://www2.eastriding.gov.uk/EasysiteWeb/getresource.axd?AssetID=687334&amp;type=full&amp;servicetype=Attachment</a> <a href="https://www.nelincs.gov.uk/wp-content/uploads/2018/01/Draft-Health-Scrutiny-Minutes-11th-April-2018-PR.pdf">https://www.nelincs.gov.uk/wp-content/uploads/2018/01/Draft-Health-Scrutiny-Minutes-11th-April-2018-PR.pdf</a>	
Next steps: Communication, engagement and involvement in developing future scenarios (as part of Wave 2 engagement plan)	Patient representatives on review groups
	Targeted focus group sessions (August to September 2018)
	Citizen's Panel (launching July 2018)
	Stakeholder involvement sessions (October/November 2018)
	Telephone and web-based survey
	Continued discussions with Overview and Scrutiny

The next phases of patient and public engagement will be incorporated into the wider engagement that will support the planning for services within Wave 2 of the Humber Acute Services Review. Further detail on the communications and engagement are available here:

[http://humbercoastandvale.org.uk/wp-content/uploads/2018/02/Humber-Acute-Services-Review\\_comms-and-engagement-plan\\_final.pdf](http://humbercoastandvale.org.uk/wp-content/uploads/2018/02/Humber-Acute-Services-Review_comms-and-engagement-plan_final.pdf)



## Wave 2

Work has now begun with clinicians, service-managers, commissioners and community representatives on reviewing services within Wave 2 of the Humber Acute Services Review. These service areas are:

- urgent and emergency care (including Accident and Emergency; critical care; respiratory medicine; acute surgery and acute medicine)
- maternity and paediatrics
- cardiac
- neurology
- immunology

The partners undertaking the review have agreed a communications and engagement plan for Wave 2 that will provide opportunities for patients, the public, staff and other key stakeholder groups will be able to have their say as plans develop. A citizen's panel will be launched in July 2018 and workshops to engage patients and the public in the development of options are planned for October and November. Further details of the plan can be provided on request.

**Appendix A –Activity Data: inpatient elective and non-elective split by CCG.**

Activity Type	Commissioner Name	Grimsby	Scunthorpe	Goole	Total	
<b>Elective</b>	NHS North East Lincolnshire	296	45	2	343	
	NHS North Lincolnshire	16	242	18	276	
	NHS East Riding of Yorkshire CCG	1	18	61	80	
	NHS Lincolnshire East CCG	42	9	1	52	
	NHS Lincolnshire West CCG	4	14	1	19	
	NHS Wakefield CCG		3	1	4	
	NHS North Kirklees CCG		2		2	
	NHS South Lincolnshire CCG		1		1	
	NHS Vale of York CCG			1	1	
	NHS Bassetlaw CCG		1		1	
	NHS Barnsley CCG		1		1	
<b>Elective Total</b>		<b>359</b>	<b>336</b>	<b>85</b>	<b>780</b>	
<b>Non Elective</b>	NHS North Lincolnshire	12	507		519	
	NHS North East Lincolnshire	210	223		433	
	NHS Lincolnshire East CCG	59	61		120	
	NHS East Riding of Yorkshire CCG		57		57	
	NHS Lincolnshire West CCG	2	38		40	
	NHS Doncaster	1	4		5	
	NHS Hull CCG		3		3	
	Overseas Visitors, reciprocal	1	2		3	
	NHS Wakefield CCG	1	1		2	
	NHS South Eastern Hampshire CCG		1		1	
	NHS Nottingham North & East CCG		1		1	
	NHS Lancashire North CCG		1		1	
	NHS Barnsley CCG		1		1	
	NHS South East Staffs and Seisdon Peninsular CCG		1		1	
	NHS Vale of York CCG		1		1	
	NHS South Tees CCG		1		1	
	NHS Bradford Districts CCG		1		1	
	NHS Blackpool CCG		1		1	
	NHS Islington CCG	1			1	
	NHS GREATER GLASGOW	1			1	
	NHS North Kirklees CCG		1		1	
	NHS Milton Keynes CCG		1		1	
	<b>Non Elective Total</b>		<b>289</b>	<b>914</b>		<b>1,203</b>
	<b>Grand Total</b>		<b>648</b>	<b>1,250</b>	<b>85</b>	<b>1,983</b>