

Urology services

HASC report - June 2021

Purpose

Inform the committee of the intention of Hampshire Hospitals NHS Foundation Trust (HHFT) to reconfigure the urology service to improve care, and to seek the committee's input and approval.

Context - The current picture of care

Acute urology services have traditionally been provided on both acute HHFT sites at Basingstoke and North Hampshire Hospital (BNHH) and Royal Hampshire County Hospital (RHCH) and are staffed by separate clinical rotas.

Over time, this has resulted in a less efficient department which is understaffed against the levels of care we are committed to providing for our patients and restricts the trust's ability to further expand the service and support patients. There are currently 2 permanent consultants on each site, with the average consultant numbers for most Urology departments be 8-12, meaning that HHFT has been significantly under-staffed for its size and activity.

However, it is important to note that all urgent and cancer care continued throughout the pandemic, and HHFT is proud to have maintained most elective care throughout the second wave in early 2021.

The current structure has the following impact(s):

a) Patient care

- Urology services are under sustained pressure, which has resulted in a significant backlog of patients waiting to be seen for the next step of their care.
- Some urology services are not currently available at HHFT including andrology, female urology care and a full-time superficial bladder cancer specialist.
- Patient wait times have been further strained due to the COVID-19 pandemic, where under national guidance some planned care was postponed.

b) Staffing

- The urology department is understaffed in terms of total consultant numbers. There are currently 4 consultants providing acute urology cover - 2 whole time equivalent (WTE) consultants on-call on the Winchester site, and 1 WTE consultant and 1 part-time consultant on-call on the Basingstoke site. Neighboring urology services typically have more than double this number of consultants (8-12). Other associate specialist, middle-grade and trainee staff are also part of the team.
- The current on call rotas (roughly every 1 in 4) are putting significant pressure on current staff, and vacant posts have been historically difficult to recruit into due to the frequency of

on-call cover required as a result of having fewer staff to cover these responsibilities across both acute sites.

- The recent impact of COVID has led to the withdrawal of some of the networked arrangements, leaving on-call cover particularly vulnerable and the vacated slots are being covered internally, which is not sustainable
- Owing to the low numbers of consultants and the relatively low volume of emergencies on each site, consultants do not cancel elective work whilst on-call, which can lead to conflicts in availability for emergency and elective patients and occasionally delays or cancellations.

Proposal

The proposed change to the urology service is to centralise two relatively low volume acute services onto a single site.

Under the proposed reconfiguration, all emergency urology care would take place at the Royal Hampshire County Hospital in Winchester. Elective procedures will continue to take place on both Basingstoke and Winchester sites and expansion in consultant numbers would allow growth in the service.

Key principles

This change proposal is driven by the trust's vision to provide outstanding care to every patient, and to support our staff to deliver safe and effective care.

Combining the acute care on one site aims to allow for sustainable staffing and on-call rotas, which will form an attractive basis from which to recruit further consultants for future service expansion.

The proposal will provide an improvement in the quality of service to patients, with early access to a senior decision maker and the continuity of a consultant of the week (COW), along with the opportunity for that consultant to be freed from other elective commitments to provide timely, consultant led emergency care and interventions. Expansion of the Advanced Nurse Practitioner workforce on the non-acute site (Basingstoke) in order to deal with the non-complex emergency presentations that can be treated simply as day case or ambulatory pathways, with care closest to home and to minimise travel for all but the sickest and most complicated presentations. Creation of daily consultant delivered, rapid access ambulatory and 2 week wait clinics to minimise admissions and shorten waiting times.

The centralisation of acute urology services was a recommendation The Getting It Right First Time (GIRFT) programme, which saw this as a crucial step forward to ensure the service remains safe and sustainable.

Impact

c) Patient care

- Patients will benefit from an improved service, with early access to a senior decision maker and the continuity of a consultant of the week (COW).

- Due to the relocation of some other services to the Basingstoke site including Trauma and Orthopaedics (T&O), there is less pressure on the emergency theatres in Winchester. This means there is better theatre capacity for rapid access for unscheduled operations and care.
- The resulting continuity of care and strengthened staffing will also help the service to improve and reduce the current wait for treatment.
- The developments to the service will dramatically improve the current staffing of the service, providing opportunities to expand the service and provide more services locally to patients. Some urology services are not currently available at HHFT and patients have to travel to neighboring trusts including Southampton and Salisbury. The longer-term plan would be to introduce services including a fulltime HHFT surgeon for superficial bladder cancer, andrology and female urology care.
- Emergency urology patients arriving at hospital via ambulance will simply be taken to the specialist hub in Winchester for acute urology care, and will not see a difference in their experience of care other than location. Patients referred by their GP to the service will be advised to go to Royal Hampshire County Hospital. In a small number of cases, patients in Basingstoke may be redirected or transferred to Winchester.

d) Staffing

- The current proposal will see significant investment in new consultant colleagues who will work across both sites and existing consultants will come together to provide a single acute urology service for HHFT patients, provided on the Winchester site, staffed entirely by HHFT consultants on a 1 in 8 rota.
- The Basingstoke consultants will provide their acute commitment (currently 1 in 5) as 1 in 8 cover as the consultant of the week in Winchester – as a result of an informal consultation process, the model favoured and agreed by the group was a continuous period of 7 days cover, beginning and terminating on a Friday. The Winchester consultants will adopt the same on-call structure and the model will be supported by recruitment of 3 locum consultants in the first instance, with a commitment to making these appointments substantive as and when suitable candidates have been identified.
- The proposal will provide for a Consultant of the week to supervise emergency admissions and urgent referrals, supported by a dedicated urology middle grade for daytime shifts and an arrangement for middle grade general surgery support out of hours.
- Training for middle grades will be improved by separating elective from emergency care and ensuring greater consultant supervision of emergency urology. There will be cost savings associated with a single sustainable rota that will not rely on expensive locum payments to backfill notional gaps.

Proposed timeline

If approved, the intention is to centralise the acute service from September 2021. Further developments to the service as outlined above will follow once the on-call rota is established and locum consultants become permanent members of HHFT staff as planned – with an aim to begin elements of service expansion towards the end of 2021/ beginning of 2022.

Communications and engagement

a) Staff

It was agreed by the consultant body that changes to the service were necessary for both patient care, and to create a more sustainable staffing/ service model going forward. The following activity has taken place:

- Six months of informal consultation with consultants, specialist nurses and trainees - In this time, staff began the process of service redesign and did so in collaboration. Other interested staff stakeholders and specialties who interact with the urology service have also been engaged in this process, including interventional radiology, gynaecology and general surgery.
- One month of formal consultation of staff – sought formal feedback by those who would be affected by centralising acute care.
- Productive conversations with the Head of the School of Surgery, Kent, Surrey & Sussex, who support the trainees – no concerns raised and positive discussions are ongoing.

b) Patients and other stakeholders

- Engagement with patients and stakeholders have begun with a session with the Cancer Services Partnership on 9 June 2021. The group expressed they were grateful for early involvement and support the significant service improvement.
- Report to HASC for information and recommendations

Future plans and next steps

The Health and Adult Social Care Select Committee is asked to:

- Review and approve the plans to centralise acute urology services at the Royal Hampshire County Hospital in Winchester, with elective care continuing to be provided in both Basingstoke and Winchester, from September 2021.
- Review and comment on the progress to date, and future plans to develop a sustainable model of care within HHFT and provide recommendations.

Following the recommendations and approval of HASC, further communications and engagement would take place:

c) Staff

- Continue staff engagement with regular updates to affected staff groups, with opportunities to feedback and input into the design and development of the service through a series of communication activities
 - o 1:1/ team conversation opportunities with the senior surgical divisional team
 - o Focus groups and workshops
 - o Updates via written and verbal cascades

d) Patients and other stakeholders

- Publicly announce the centralisation of emergency urology care, which will include a call for further feedback and patient involvement.
- Continue to engage with Cancer Service Partnership and other key groups, to ensure ongoing input into the patient pathway development and future review/ evaluation of the service.
- Ongoing engagement with local elected representatives.
- Further updates and reports to HASC as may be requested.