

Our Proposals for the Implementation of Urology Services in Western and Northern Trusts

**Consultation document
6 November 2015 – 29 January 2016**

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Alternative formats

This document can be made available, upon request, in other formats including Braille, large print, computer disk, audio tape or in another language for anyone not fluent in English. For alternative formats please contact:

Equality Unit
Route Complex
8e Coleraine Road
Ballymoney, BT53 6BP
Tel: 028 2766 1377
Fax: 028 2766 1209
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net

Foreword

The Northern and Western Health and Social Care Trusts are committed to providing excellent urology service for their populations. Urology services cover the diagnosis and treatment of disorders of the kidneys, ureters, bladder, prostate and male reproductive organs.

As with many services, urology services face increasing demand due to an ageing population, increased patient expectations, men's health initiatives and the availability of better assessment and diagnosis. In 2009, a regional review of adult urology services assessed the capacity of our urology services to cope with this increasing demand. The review recommended that sustainable and excellent urology services should be provided by three urology teams across Northern Ireland and that one of these integrated teams should be formed in Northern and Western Health and Social Care Trust areas. Both Trusts are committed to working in partnership to deliver high quality and safe urology services to all our patients

This consultation document describes how we plan to implement the 2009 urology review and establish a urology clinical network across the Northern and Western Trust Areas. Our proposals are drawn from regional strategic direction and national best practice guidance. We have set up a multi-disciplinary team to look at how we would provide our urology services in the future. This document also asks for your views on our proposal and outlines how you can tell us what you think. At the heart of our plans are the people who use our services. We look forward to the period of consultation to give us an opportunity to listen to your views and to develop excellent services for the future.



Tony Sheas



Aisling Ugg

Section 1 – Introduction and background

In 2009 the Review of Adult Urology Services¹ in Northern Ireland (the Review) proposed significant changes in how urology services should be delivered across the province. The purpose of this consultation is to describe how the Northern and Western Health and Social Care Trusts plan to implement the recommendations of the review.

The purpose and focus of the Review was to;

'Develop a modern, fit for purpose in the 21st century, reformed service model for Adult Urology Services which takes account of relevant guidelines (NICE, Good Practice, Royal College, BAUS, BAUN). The future model should ensure quality services are provided in the right place, at the right time by the most appropriate clinician through the entire pathway from primary care to intermediate to secondary and tertiary care.'

The Review made 26 recommendations, including the recommendation that there should be three urology teams across Northern Ireland – Team Northwest, Team South and Team East. This consultation document is in relation to the formation of Team Northwest. The review concluded specifically in relation to Team Northwest that all urology inpatient surgery should be undertaken at Altnagelvin Area Hospital, with day surgery being carried out Altnagelvin, Causeway, and Tyrone County Hospitals. Outpatient clinics should be held at Altnagelvin, Causeway, Tyrone County and Roe Valley Hospitals.

At the time of the Review there were a number of challenges in taking forward the recommendations. Capital infrastructure was required in Altnagelvin for two additional theatres as the inpatient operating capacity on the Altnagelvin site, was insufficient to meet current and future surgical demand. The Western Trust also required a third consultant within their existing team, before Team Northwest could be established.

¹ Review of Adult Urology Services in Northern Ireland, Health and Social Care Board, 2009.

The recommendations from the 2009 Review are still valid and Team Northwest is the integrated urology team in the Northern and Western Health and Social Care Trusts. The geographical location of Team Northwest clinical facilities will span two counties across the province as follows.

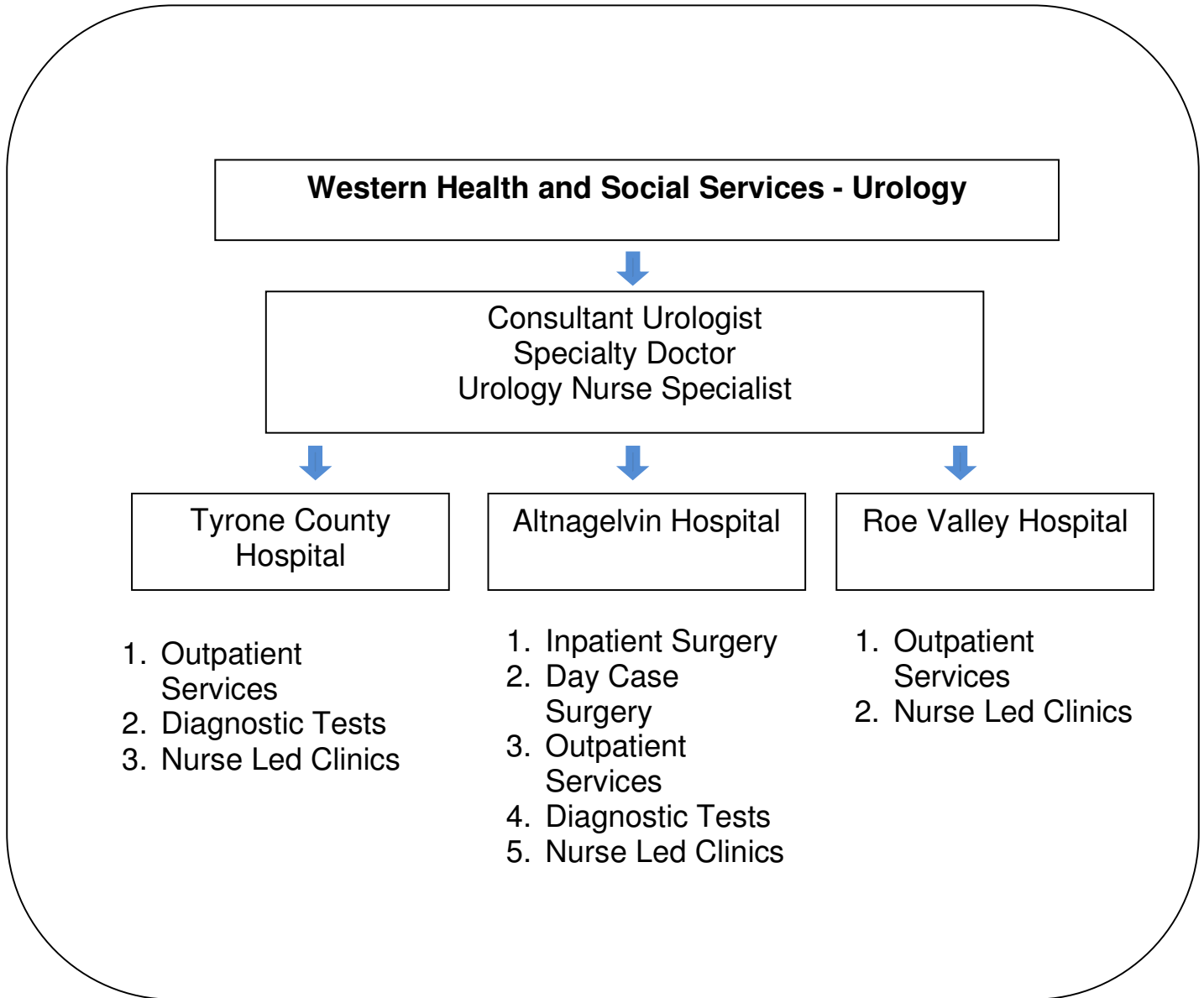
Altnagelvin Area Hospital	Co Londonderry
Roe Valley Hospital	Co Londonderry
Causeway Hospital	Co Londonderry
Tyrone County Hospital	Co Tyrone

For information the Review determined that Team Northwest Urology would deliver urological services to the upper two thirds of the Northern and Western Health and Social Care Trusts areas. The lower third of Western Trust population in Fermanagh receives urological care from Team South and the lower portion of the Northern Trust population receives urological care from Team East.

The current urology service model is as follows.

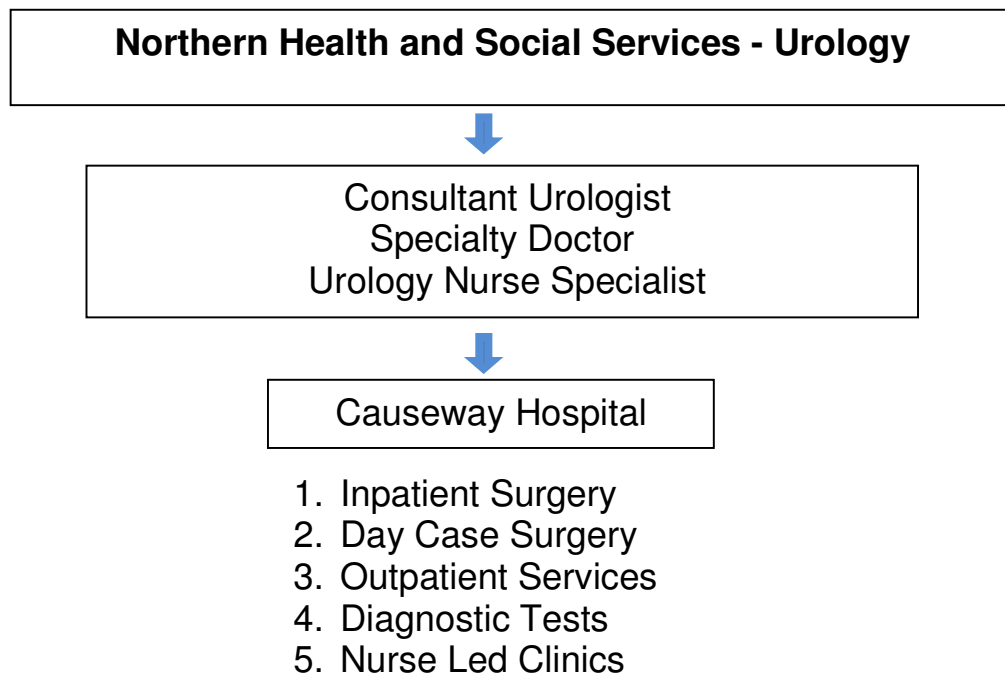
In the Western Health and Social Care Trust area urology services were historically delivered across 3 clinical sites Altnagelvin, Tyrone County and Roe Valley Hospitals – see figure 1 below.

Figure 1



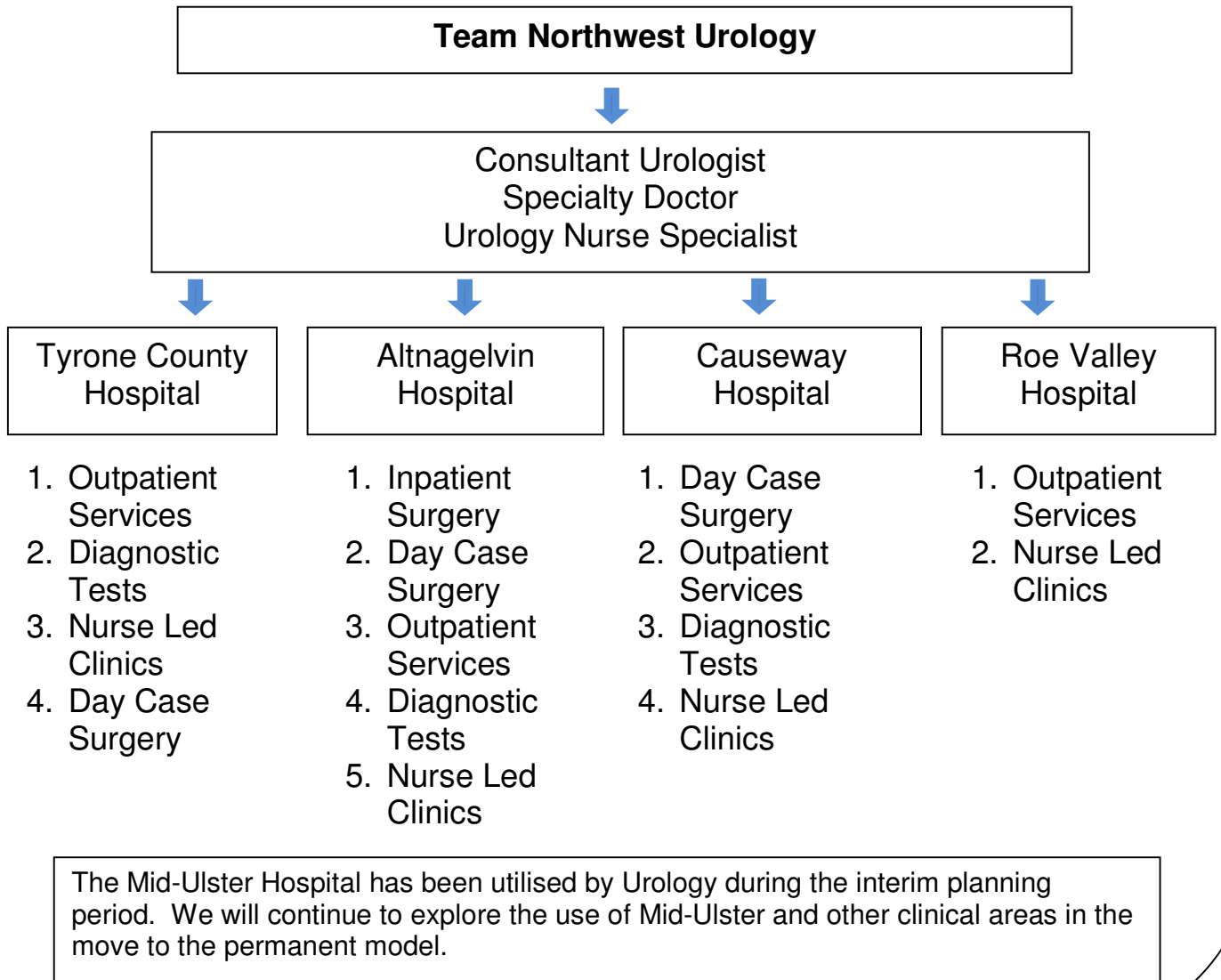
The Northern Trust historically provided urology services within Causeway Hospital – see figure 2.

Figure 2



The vision of Team Northwest is to be a centre of clinical excellence in urological practice and to provide a safe, high quality, efficient and sustainable urological service to the population of 480,000 in the Northern and Western Trusts. The agreed new service model is detailed in figure 3 below.

Figure 3



As a result of staff shortages in the Northern Trust in December 2014, it was necessary to establish the recommended integrated team on an interim basis.

The Northern and Western Trusts are committed to working in partnership to deliver high quality and safe urology services to all their patients. The Trusts are also committed to ensuring the

recommendations of the review are fully taken forward while making use of the skills and facilities available across both of the Trusts.

All urology patients under the care of Team Northwest will have an equal status in relation to the delivery of care. Patients will be seen on the basis of clinical need and all waiting lists will be managed equally, regardless of where the patient lives.

The Trusts welcome comments and feedback on this document and the views of a wide range of stakeholders are being sought. In the interests of patient quality and safety and in line with PPI guidance it is deemed appropriate for the Trusts to consult over a twelve week period from 6 November 2015 until 29 January 2016. Details of how stakeholders can provide feedback and participate in the consultation process can be seen on page 15 of this document.

Section 2 – Rationale for change

Urology has developed as a surgical specialty with its own training programme. Before 1992, anyone within Northern Ireland needing to see an Urologist would be referred to the Belfast City Hospital and the Royal Victoria (RVH) Hospital. By 1999 there were ten Urologists across Northern Ireland including in Altnagelvin and Coleraine Hospitals locations. Consultant led Adult Urology Services are provided in each of the five Trusts. The retirement of General Surgeons who would have historically carried out a lot of urology work has had an impact on the number of people being referred to the urology teams.

It is great news that we are living longer but as a result of the ageing population there is an increasing demand for health and social care services, including urology services. The Urology specialty has traditionally an elderly cohort of patients which in line with the demographic information is likely to increase year on year. The increasing demand for urology services in Northern Ireland is similar to that being experienced in the rest of the UK.

This along with better detection of cancer and the quality and clinical standards required when accessing services means that our staff are struggling to cope with the increasing workload.

The size of the urology team in each of our hospitals is directly linked to size of the population it services. There are a number of challenges for hospitals that have smaller urology teams. We can only attract and retain clinical staff to posts if there are a sufficient number of patients attending for treatment with a variety of conditions for them to develop their expertise. The impact of changes to junior doctors' hours and to their training programme has resulted in a reduction in "the medical workforce".

It is also becoming increasingly difficult to manage the admission of urological patients into hospital when they become acutely unwell, particularly out of hours. Hospitals that are managing the admission of acutely ill patients need to be able to access theatres.

Our urology services are provided with organisational boundaries. We need to make better use of the resources we have by redesigning our service. We need to adapt to the changing patterns of disease and treatment, the availability of new technologies and equipment and requirements for the employment and training of our staff.

Section 3 – How we plan to deliver urology services

We plan to provide urology services in a way that makes the best use of the facilities we have in Altnagelvin, Causeway, Roe Valley and Tyrone County Hospital sites.

We plan to provide urology services in the Northern and Western Trust areas as follows.

- Patients will go to their host Hospital if they are an emergency admission and will be assessed and transferred to Altnagelvin if required.
- All In-Patients with a planned operation that requires them to stay in hospital overnight will be undertaken at Altnagelvin.
- Outpatients will be provided in Altnagelvin, Causeway, Tyrone County and Roe Valley Hospitals.

- Day Case and Diagnostics Services will be provided in Altnagelvin, Causeway and Tyrone County Hospitals.

This plan will be supported by the development of two new theatres in Altnagelvin Hospital. These theatres will provide Team Northwest with leading edge equipment and technology which will enhance training and education opportunities, facilitate effective supervision of clinical staff through modern technology and support effective clinical decision making.

By redesigning our services we propose to reduce waiting times to 13 weeks for inpatient and day case treatments and ensure that nobody waits for more than 9 weeks for outpatient appointments. We will also make sure that we deliver the targets for cancer services and treatment.

To deliver on these targets the team will continue to:

- Provide urology services in line with the regional strategy.
- Make best use of all facilities across the two Trusts network to make sure people can access services locally.
- Develop modern integrated theatre facilities in Altnagelvin hospital matching those already in place in Causeway.
- Work in partnership with GPs to develop an effective and efficient high quality pathway for patients requiring urological services.
- Develop the role of the Specialist Nurses in urology services
- Provide safe, sustainable, future proof services delivered by highly specialised and motivated staff.

Section 4 – Affected staff

Both Trusts are committed to work in partnership with significant challenges ahead to continue to deliver high quality and safe elective and non-elective urological care to our patients. These will include

governance, employment, contractual arrangements for clinical staff, locations, frequency and prioritisation of outreach services, areas of Consultant specialist interest based on capacity, expertise required and catchment populations to be served.

We value and respect our staff and will keep them informed at every stage. If this proposed change goes ahead, both Trusts will ensure that TUPE legislative requirements are adhered to. The change management processes will be applied consistently and transparently to all affected staff. The Trust has systems in place to support staff through the changes such as the availability of retraining opportunities and eligibility for excess travel allowance payments. A communication strategy will make sure that staff are kept fully informed of any proposed action and developments. Staff will also have regular communication meetings with their managers to discuss plans, influence the planning process and air their concerns. The Trusts will work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place.

Section 5 – Section 75 of the Northern Ireland Act 1998

Section 75 of the Northern Ireland Act 1998 requires the Northern and Western Trusts, when carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity between nine categories of persons, namely:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to its obligations above, the Trusts must also have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

The Trusts gave a commitment in their Equality Schemes to apply the screening methodology below to all new and revised policies and

where necessary and appropriate to subject these policies to further equality impact assessment.

When screening policies/proposals the Trusts will consider,

- What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?
- Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?
- To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group?
- Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

The Trusts have applied the above screening criteria to the proposals for urology services. The screening process is used to identify which policies/proposals are likely to have an impact on equality of opportunity or good relations. Screening assesses the likely impact as major, minor or none.

The screening outcomes are outlined below. Four possible outcomes are recorded:

1. The policy has been '**screened in**' for equality impact assessment;
2. The policy has been '**screened out**' with mitigation or an alternative policy proposed to be adopted;
3. The policy has been '**screened out**' without mitigation or an alternative policy proposed to be adopted.
4. The policy will be **subjected to ongoing screening**. For more detailed strategies or policies that are to be put in place through a series of stages, screening should be considered at various times during implementation.

The Trusts have carried out an equality screening of this proposal the outcome of which was the decision to subject the implementation of the proposal to *'on-going screening'* in order to carry out further analysis throughout the implementation process. Where adverse impact is identified, the Trusts will take steps to mitigate its effects.

A copy of the equality screening template can be found on the Trusts' websites as follows:

<http://www.northerntrust.hscni.net>.
<http://www.westerntrust.hscni.net>

The Trusts invite views on this screening assessment and will consider all feedback received during the consultation period.

Section 6 – Formal consultation and engagement

The Trusts will consult over a 12 week period from 6 November 2015 until 29 January 2016.

The Trusts wish to consult as widely as possible on this document as follows.

- Correspondence will be issued to all consultees listed on both Trusts' consultation databases detailing the consultation process.
- A copy of this consultation document is available on the Trusts' websites at <http://www.northerntrust.hscni.net>.
<http://www.westerntrust.hscni.net>
- Meetings will be held with all staff affected by the change and meetings will be held with Trade Union Representatives.

For those who wish to provide written feedback, a comments form is available in Appendix 1. It is also available on the Trusts Websites. However we welcome your feedback in any format. You can respond to the consultation document by e-mail, letter as follows:

Equality Unit
Route Complex
8e Coleraine Road
Ballymoney
BT53 6BP
Tel: 028 2766 1377
Fax: 028 2766 1209
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net

The closing date for responses is 29 January 2016.

Before you submit your response, please read the section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises at the end of the consultation questionnaire.

In compliance with legislative requirements, when making any final decision the Trust will take into account the feedback received from this consultation process. A consultation feedback report will be published on the Trust website.

If you have any queries about this document, and its availability in alternative formats (including Braille, disk and audio cassette, and in minority languages to meet the needs of those who are not fluent in English) then please contact the Equality Unit – see contact details above.



Western Health
and Social Care Trust



Northern Health
and Social Care Trust

Our Proposals for the Implementation of Urology Services in Western and Northern Trusts Comments Form

The aim of this consultation is to obtain views from stakeholders and the Trusts would be most grateful if you would respond by completing this comments form. Please answer each question by writing your comments in the space provided. The closing date for this consultation is 29 January 2016 and we need to receive your completed comments form on or before that date. You can respond to the consultation document by e-mail, letter or fax as follows:

**Equality Unit
Route Complex
8e Coleraine Road
Ballymoney, BT53 6BP
Tel: 028 2766 1377
Fax: 028 2766 1209
Textphone: 028 2766 1377
E-mail: equality.unit@northerntrust.hscni.net**

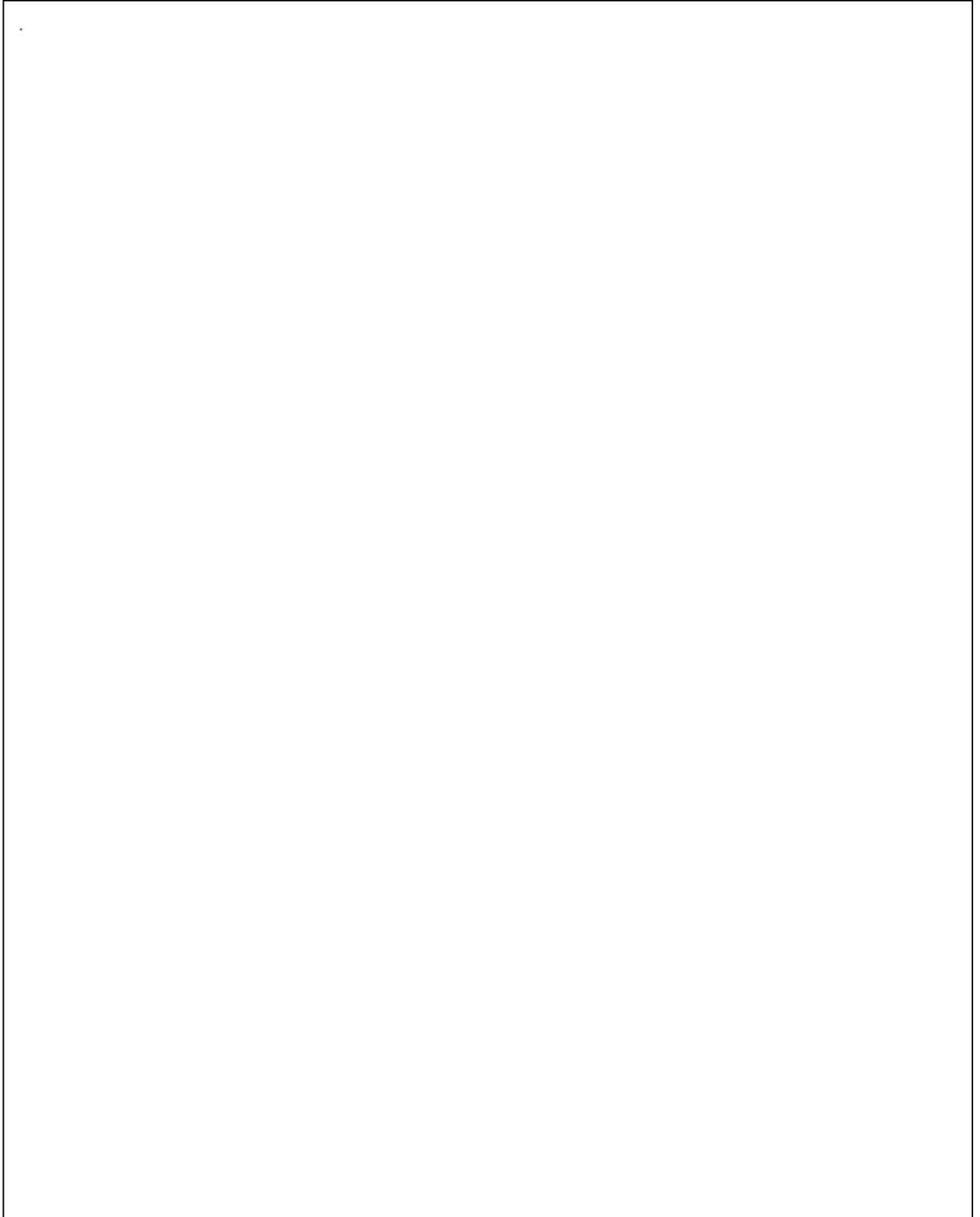
Do you agree with the Western and Northern Trusts approach to the permanent implementation of Team Northwest Urology?

Yes

No

The Trusts have screened this proposal to identify any impact on the 9 Section 75 equality categories. A copy of the screening is available on the Trust website (www.northerntrust.hscni.net or www.westerntrust.hscni.net) alongside the consultation document. Please detail below other potential impacts you feel have not been considered in this assessment.

Please add any further or general comments you wish to make on the proposals outlined within this consultation document.

A large, empty rectangular box with a thin black border, intended for users to provide their comments on the proposals. The box is currently blank.

So that we can acknowledge receipt of your comments please fill in your name and address or that of your organisation. You may withhold this information if you wish but we will not then be able to acknowledge receipt of your comments.

Name:	
Position:	
Organisation:	
Address:	

I am responding: as an individual
(please tick)

on behalf of an organisation

Before you submit your response, please read this section on Freedom of Information Act 2000 and the confidentiality of responses to public consultation exercises.

Trust Response and Freedom of Information Act (2000)

An anonymised summary of the responses received to our consultation process will be published. However, under the Freedom of Information Act (FOIA) 2000, particular responses may be disclosed on request, unless an exemption(s) under the legislation applies. Under the FOIA anyone has right to request access to information held by public authorities. Trust decisions in relation to the release of information that the Trust holds are governed by various pieces of legislation, and as such the Trust cannot automatically consider responses received as part of any consultation process as exempt. However, confidentiality issues will be carefully considered before any disclosures are made.

Thank you for taking the time to complete this comments form.