

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

**Consultation Outcome Report
for consideration by Trust Board
January 2016**

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Alternative formats

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Acknowledgement

The Trust wishes to extend its thanks and appreciation to all those individuals, elected representatives, groups and organisations who responded to the consultation process. The Trust also wishes to thank all those who met with or contacted the Trust's to express their views.

Section 1 – Introduction

This Consultation Outcome report sets out:

- The process and actions undertaken by the Northern and Western Health and Social Care Trusts to engage and consult on the proposals for the Implementation of Team Northwest Urology
- The comments and responses received from the consultation process and the Trusts' response to these, and
- The final proposals, as shaped by the responses to the consultation process on the implementation of Team Northwest Urology for Trust Board consideration.

Section 2 - 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 Northern and Western Trusts consulted from 6 November 2015 to 29 January 2016 on plans to implement the recommendations of the review.

The Review recommended that there should be three urology teams across Northern Ireland – Team Northwest, Team South and Team East. 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 at Altnagelvin, Causeway, and Tyrone County Hospitals. Outpatient clinics should be held at Altnagelvin, Causeway, Tyrone County and Roe Valley Hospitals.

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

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

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 Trust 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 vision of Team Northwest is to be a centre of clinical excellence in urological practice and to provide a safe, high quality, efficient and future proof urological service to the population of 480,000 in the Northern and Western Trusts.

As a result of significant medical staff shortages in the Northern Trust in December 2014, it was necessary to establish the recommended integrated team on an interim basis with a view to a permanent integration on 1 April 2016. All urology patients under the care of Team Northwest will continue to 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 issued the consultation papers on 6 November 2015. The consultation period closed on 29 January 2016. This Consultation Outcome Report summarises the responses received and the Trust's response.

The full consultation document is available at www.northerntrust.hscni.net or www.westerntrust.hscni.net. It is also available by contacting the Trust's Equality Unit on 028 2766 1377 or at equality.unit@northerntrust.hscni.net.

Section 3 – Promoting equality, good relations and human rights

The Trusts are committed to promoting equality of opportunity, good relations and human rights in all aspects of their work. A preliminary equality screening of this proposal was carried out. The outcome of the screening was the decision to subject the review process to '**on-going screening**' given its strategic nature and the need for further information and data from the consultation process. The Trusts are committed to the promotion of human rights in all aspects of their work and will make sure that respect for human rights is reflected in decision making processes. The screening outcome was consulted on at the same time as the Trust consulted on its proposals.

Section 4 – Consultation process

The Trusts recognise the importance of consultation and are committed to carrying out consultation in accordance with the principles contained in their Equality Schemes. The Trusts are also fully cognisant of their statutory duty of Personal and Public Involvement (PPI) and are committed to consulting with all those affected by proposals in line with their Consultation Schemes and good practice guidelines.

To raise awareness of the consultation process, over 1500 groups, organisations and individuals listed in the Trusts' Consultation Databases received an email or letter informing them of the consultation arrangements. All GPs in the Trust areas were informed of the consultation process. Consultees were also reminded of the closing date for consultation.

Consultation documents were made available on the Trusts' websites (i.e. available to the public) and intranets (i.e. available to Trust staff) and press releases were published in the local newspapers indicating

that the documents could be downloaded. Documents were also available in paper copy or in different formats on request.

Meetings will be held with all staff affected by the change and meetings will be held with Trade Union Representatives.

This report should be read in conjunction with the consultation document which can be found on the Trusts' websites.

Each response has been carefully reviewed and the key themes identified and considered in developing the final proposal for the consideration of Trust Boards.

This report will be considered at each of the Trusts' public Trust Board meetings. The outcome of the consultation process will be placed on the Trusts' websites and all individuals and organisations on the consultation databases will be notified.

Section 5 – Consultation feedback

A total of 14 written responses (see Appendix 1) were received during the formal 12 week consultation. This section of the report summarises the responses and the key themes emerging from the feedback received. It also outlines the Trusts' response.

Strategic direction

It is clear from the responses we have received that there are mixed views in relation to the approach taken by the Northern and Western Health and Social Care Trusts in implementing Team Northwest Urology.

Respondents welcomed the statement in the Consultation Document that '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’.

There was agreement that the ‘partnership approach’ proposed between the Trusts should be welcomed, along with improvements to the quality of service provided and the reduction of waiting times. It was felt that the proposal promotes ‘cross border working’ and collaboration and it was suggested that the key task is to ‘implement a model of care in which clinicians work together more closely to meet the needs of patients and to co-ordinate services’.

It was noted that the 2009 review stated ‘it is accepted that those patients who transfer from one Trust to another for treatment are more likely to breach the target’.

It was suggested that the implementation of Team Northwest should encompass the standards within Transforming Your Care (TYC).

Trust response

Team Northwest will provide services for a population of 480,000. It is important to highlight that the new model for Team Northwest will build on two already very efficient urology teams which include highly specialised medical and nursing staff. Recruitment for the vacant consultant post is underway. Team Northwest already includes five permanent consultants. The new service model will be supported by additional infrastructure with two dedicated urology theatres included in the Capital Development Programme on the Altnagelvin site. The Team Northwest service model will provide a sustainable and robust service with a wide range of subspecialty experience across the team.

It is important to note that patients, including those with cancer, will not be transferring across Trust boundaries but will be managed by

the Western Health and Social Care Trust to ensure continuity of care in the provision of a seamless service. All patients follow up appointments or ongoing care will be delivered locally whenever possible.

The Trusts are committed to principles of Transforming Your Care and Closer to Home and will ensure they are integral to any reform and modernisation programme.

Services in Causeway Hospital

The urology service that has been provided in Causeway Hospital was highly commended and there was concern that the proposal will have a negative impact on the quality of the future service for people in the Causeway area and that 'gradually' the whole service will be taken from Causeway Hospital.

It was suggested that given the population size and demography of the Northern Trust that inpatient surgery should remain in Causeway Hospital.

There was also concern that the proposal will have an impact on the 'close trusting relationships' patients have established with the urology team in Causeway Hospital.

It was recognised that the urology service at Causeway Hospital had some difficulty recruiting consultants but it was emphasised that the work that has been achieved must be recognised and the 'infrastructure' of this service still exists and equipment and clinics should continue to be utilised.

Trust response

The Trust welcomes the positive comments received about the quality of the urology services provided in Causeway Hospital.

The new model for Team Northwest will establish a centre of excellence that will provide expert care, excellence in clinical practice and improved outcomes for patients. The model includes continued clinical representation with a range of urology services remaining in Causeway Hospital. The quality of the service will be retained and indeed improved as a result of a more robust and sustainable clinical team working across both the Causeway and Altnagelvin sites.

The Trusts are committed to ensuring that the very positive relationships established between patients and staff are maintained. The urology team will remain in local hospitals providing local care to our population.

Accessing services in the future

The view was expressed that the same quality of service, tailored to individual needs could not be provided in 'a large centralised setting'.

It was suggested that as our population grows older a urology service should be available in the South West Acute Hospital, Enniskillen.

There was some concern about where patients with bladder cancer would receive chemotherapy and immunotherapy.

It was queried if the statement on page 10 of the Consultation Document about the host hospital will continue and any action that would help to alleviate waiting lists was welcomed. It was suggested that the 13 week target for inpatient and day case treatment should be 8-10 weeks

There was a query in relation to how the partnerships with GPs will work in the new arrangements.

There was also a query if there will be 'cross disciplinary work' in the area of gynaecology to ensure best services to women in the population.

Trust response

The proposed new model for Team Northwest will establish a centre of excellence that will provide expert care, excellence in clinical practice and improved outcomes for patients. The Trusts are committed to providing the best possible care for all of their patients through a multi-disciplinary framework.

The 2009 Review determined that the lower third of the Western Trust would receive urological care from Team South which currently provides a number of urological services in the South West Acute Hospital.

In relation to accessing chemotherapy it is important to note that patients may go to either Antrim or Altnagelvin depending on which hospital is closest. The new Radiotherapy Unit in Altnagelvin, which is due to open in late Autumn 2016, will mean that local patients will no longer have to travel to Belfast for radiotherapy.

It is important to note that the majority of cancer treatments will be carried out at Altnagelvin Hospital. When clinically possible patients will attend follow up appointments at the hospital closest to their home.

In relation to waiting times the proposed model has been in place on an interim basis since December 2015 and since then waiting lists have significantly reduced. Our aim is to reach and maintain waiting times in line with the ministerial targets for outpatient, day case and inpatient appointments.

Northwest Urology will continue to work in partnership with local GPs

through established Integrated Care Partnerships (ICPs). No concerns have been raised by GPs during this consultation process.

The Trusts will continue to assess how they can provide and develop clinically robust, effective and safe services for the whole of the population they service.

Travel times

It was suggested that most urology patients are older and the older population continues to increase. Many older people rely on 'ambulance, relatives or trains' to travel to appointments and there was concern that Altnagelvin is not accessible via the train station.

It was highlighted that increased travel distance and times also impacts on the family and friends of patients, particularly for older people who find it difficult to travel and for those who find the cost of travel prohibitive.

Many respondents were concerned about the travel distance from the Causeway area and the 'Glens'. There was also concern that 'patients under cancer follow up' would have to travel to Altnagelvin for review and some of these patients live in Antrim, Larne and Whiteabbey which is too far to travel to Altnagelvin.

There was concern that constituents of the Mid and East Antrim Council area would have to travel to Altnagelvin to access in-patient and potential diagnostic services and the travel distances in 'excess of 55 miles' and travel times in 'excess of 80 minutes' will add to the stress of illness and surgery.

It was suggested that patients from the Ballymena area should instead go to Belfast City Hospital because of the better transport links.

There was some concern that Northern Trust patients would have to travel to Altnagelvin for scans.

It was suggested that on the completion of the new hospital in Omagh the service should operate in the southwest of the province in either Enniskillen or Omagh to alleviate travel distance and time.

It was proposed that the Trusts should look at new and innovative ways to mitigate against the impact of increased distances including the use of telemedicine and any other technological advances to support remote diagnosis, assessment and follow up.

Trust response

While we recognise that some Northern Trust patients may have extra travel, this will only be for inpatient surgery. Subsequent follow up care after surgery may, where clinically safe to do so, be provided locally in outpatient clinics and in most instances by the surgeon who performed the operation. We fully understand that extra travel distance and time may impact on the relative and carers of those receiving inpatient surgeries however the average length of stay for such patients is relatively short and the new model will result in the delivery of effective, efficient and safe patient care delivering better outcomes for the patient.

It is important to note that within the service model, new patients living in Antrim, Larne and Whiteabbey will receive urological care in Belfast and will not have to travel to Altnagelvin. Patients from these areas, already under the care of the Northern Trust will remain under the care of the Team Northwest Urology to ensure continuity of care and effective clinical outcomes. All follow up appointments and scans will be provided locally.

The 2009 Review determined that patients from Ballymena would

receive inpatient surgery in Altnagelvin. The boundaries for each urology team were determined by the Health and Social Care Board and were based on urological demand and growth, capacity and population size.

Tyrone County Hospital currently provides diagnostic, day case, nurse led and medical outpatient urology services. This will continue as an integral part of the Team Northwest Urology service model.

The Trusts continue to assess the use technological advances in urological care and are committed to the provision of modern clinically robust service.

Rurality

It was also noted that as the Fermanagh and Omagh District Council area is largely rural and therefore it is important that appointment times meet the needs of people who live in rural areas.

There was concern that the proposal does not consider patients coming from the Glens of Antrim. It was suggested that travelling for surgery in Altnagelvin will be difficult and the public transport system to Altnagelvin is 'non-existent' when compared with travelling to Belfast City Hospital.

There were a few queries in relation to whether or not the rural proofing had been part of the planning process for the proposals.

Trust response

In relation to the issue raised about appointment times, Team Northwest will operate a partial booking process for appointments which allows the patient to select a time and site that meets their

needs for outpatient appointments. This partial booking process is not in operation for inpatient surgery but all attempts will be made to ensure that patients who have to travel some distance for inpatient surgery will be considered on an individual basis. Day case surgery will be provided across three sites, therefore patients will get an appointment, based on clinical need, in the closest hospital to their home unless there is a clinical reason which means they have to travel to a specific hospital site.

Consideration of the needs and interests of rural people and communities was integral to the decision making progress. It is important to note that the Western and Northern Trust areas include a number of rural areas and the Trusts feel that there is no differential impact on any particular area. The new model ensures that most urology services are provided as locally as possible.

Staff

The support provided for staff during changes was welcomed alongside the commitment to work in partnership with trade unions to assess the impact on staff and to put robust mitigating measures in place. It was suggested that it is important that the Trusts are open and transparent with staff and they are kept informed.

Trust response

The Trusts value and respect their staff and will keep them informed at every stage. The Trusts have robust management of change processes which put staff at the centre of decision making in relation to their future employment and support staff through the change process. All staff will be kept fully informed and supported during this change process.

Section 75

It was noted that the table indicating the percentage of patients affected contains information relating only to gender and age and the Section 75 categories more likely to be affected are dependent status and disability and this data has not been collected.

It was suggested that all staff - not just women - may have dependency and caring responsibilities as men are increasingly taking on these responsibilities.

It was also suggested that the screening should recognise that people needing urology services are older and they may be concerned about having to travel further. It should also be noted that people may have to stay overnight further from home, from family and support networks.

It was suggested that rurality is a particular issue in the West of Northern Ireland and while rural areas/transport difficulties are mentioned in the screening there is no mention of how the Trusts will address this such as measures that will be put in place for users who do not have direct access to transport.

Trust response

The Trusts completed the Section 75 screening template in line with the Equality Commission for Northern Ireland Section 75 Guidelines. Consultation on the screening outcome enables consultees to identify any adverse impact and allows the Trusts to make a judgement on the extent of the impact on Section 75 groups.

It is important to note that information on gender and age was the only patient information available. The Trust did however consider the needs of patients and relatives who may have to travel further for inpatient surgery. The Trusts are committed to developing and providing services that offer the best outcomes for their patients. Inpatient surgery will be performed only at Altnagelvin Hospital, however, a range of urology services will continue to be provided

locally.

The Trust will amend the screening template to include the statement that all staff may have dependency and caring responsibilities.

As stated above, consideration of the needs and interests of rural people and communities was integral to the decision making progress and the new model ensures that most urology services are provided as locally as possible.

Section 6 – Recommendations to Trust Board

This Consultation Outcome Report was presented at the Northern Health and Social Care Trust Board meeting on 25 February 2016 and Western Health and Social Care Trust Board meeting on 3 March 2016 and after careful consideration of the findings, it was agreed to proceed with the proposals.

Board members highly commended the urology services provided in Altnagelvin and Causeway Hospitals and gave assurance that staff will continue to be kept fully informed.

The Trusts would wish to thank all of those individuals and organisations who provided feedback during the consultation process.

List of respondents

- Fermanagh and Omagh District Council
- Mid and East Antrim Borough Council
- Sinn Fein East Antrim
- Sinn Fein East Derry
- J. Lee, Individual
- C. Kennedy, Individual
- Dr Dick, Individual
- I. Swan, Individual
- W. Boyd, Individual
- G. Maguire, Individual
- M. Smyth, Individual
- J. Wright, Individual
- S. Burnside, Individual
- Anonymous