

SCRUTINY REPORT



MEETING: Health Overview and Scrutiny Committee

DATE: 13 April 2021

SUBJECT: Urology Reconfiguration – NCA Single Service Model

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1.0 BACKGROUND

- 1.1 A GM Model of Care (MoC) for Benign Urology was developed through the Improving Specialist Care (ISC) programme.
- 1.2 A hub and spoke configuration for the delivery of Benign Urology services has been endorsed by the Greater Manchester (GM) Joint Commissioning Board (JCB), though implementation has been delayed due to COVID-19.
- 1.3 North Manchester General Hospital (NMGH) is currently the main delivery site for North East Sector (NES) inpatient Urology services, servicing patients from Bury.
- 1.4 Through the Pennine Acute Hospital Trust (PAHT) and NMGH disaggregation, responsibility for the majority of the NES Urology service will transfer to Manchester Foundation Trust (MFT) in April 2021.
- 1.5 Around 80% of this activity is from Bury, Oldham and HMR. Currently 1 in 5 new patient pathways ends in an operation and a minority of these require an in-patient stay.
- 1.6 In anticipation of the GM MoC being approved, and as a response to the imminent disaggregation, the NCA clinical Urology teams at Salford and Pennine have developed a vision and MoC for a single Urology service across the NCA footprint.
- 1.7 The MoC will minimise patient movement between providers along their pathway. By delivering a patient's journey from referral through diagnosis to treatment within NCA Locality Care Organisation's (for those not requiring an in-patient stay), only a small number will require an inter-provider transfer, thus reducing administrative inefficiencies and maximising patient safety through continuity of care.

1.8 Key features of this NCA model of care are:

- A single comprehensive Benign Urology Service delivered within the NCA.
- 'Hub and Spoke' delivery model –
 - Oldham and Salford as inpatient hubs and Rochdale and Bury as spokes.
 - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
- Single workforce within two integrated functional teams – NCA West & NCA East.
- A disaggregation of the activity from North Manchester, which will align to MFT, and the activity for Bury, Oldham, Salford and HMR which will align to the NCA.
- Expansion and enhancement of clinic & diagnostic capacity at each site in the form of Urology Investigation Units (UIUs) - increasing local access to urology services.

1.9 A three phased implementation of the NCA MoC is proposed. The final end-state MoC for the NES, includes decommissioning of NES services at NMGH and having a full hub services operational at Royal Oldham Hospital (ROH) site.

1.10 Bury CCG commissioners are working closely with colleagues across the NCA footprint, through the Urology Reconfiguration Programme Board, to ensure the endorsed model delivers high quality and accessible services for patients.

2.0 ISSUES

2.1 There are immediate service sustainability concerns with the existing service model and performance access inequalities that needs to be addressed. Implementation of the first 2 phases of the new NCA MoC will start to address these issues.

2.2 The alternative to the proposed 'hub and spoke model' and proposed 'end state' of a full hub at ROH would see patients across the NCA footprint continuing to move between providers, impacting upon continuity of care, as the disaggregation would result in patients requiring an inpatient stay going to NMGH.

2.3 The final phase is contingent on full approval of the GM Benign Urology MoC and the completion of capital works on the ROH.

2.4 The proposal to move to a full hub service operational at ROH will mean that based on the Bury geography some patients that currently access services at NMGH may have to travel further e.g. patients in the South of the borough. However, having a single urology service managed by one provider, will facilitate an improved service integrated in one place therefore creating a more efficient pathway.

3.0 CONCLUSION

3.1 The committee is asked to note:

- the proposed changes to the current MoC for the delivery of Benign Urology services across NCA.

- the benefits of a single Benign Urology Service delivered by NCA for continuity of care for Bury patients.
- the joint work of commissioners and providers across the NCA footprint through the Urology Reconfiguration Board, to ensure high quality, person centred, accessible care for patients.

List of Background Papers: -