

Urology Services Across Bury, Oldham, Rochdale and Salford

1.0 Executive Summary

- 1.1 Colleagues from Bury, HMR, Oldham and Salford CCGs and the Northern Care Alliance (NCA) are jointly working together to improve Urology services. This is being overseen by a Programme Board, jointly chaired by two of the CCG Chief Clinical Officers.
- 1.2 There are significant service resilience issues and unwarranted variation in Urology services within Greater Manchester (GM). In response to this, the GM Improving Specialist Care (ISC) programme developed a GM-wide Model of Care (GM MoC), which was subsequently endorsed by the GM Joint Commissioning Board (JCB).
- 1.3 The NCA provides the majority of urological care for the populations Bury, Rochdale, Oldham and Salford. Working with local commissioners, a pan-locality delivery model has been developed which is fully aligned with GM ISC MoC.
- 1.4 This delivery model, which is designed to deliver high quality and accessible services for our patients, is described in more detail below but in essence would see the establishment of a hub-and spoke model – connecting Salford Royal and Royal Oldham hospitals to locality based spokes, with most care delivered through locality based Urology Investigation Units (UIs).
- 1.5 This paper, which has been co-authored by the locality commissioners and the NCA, is seeking endorsement of the proposed pan-locality delivery model.

2.0 Background

- 2.1 A GM MoC for Benign Urology was developed through the ISC programme. This hub and spoke configuration for the delivery of Benign Urology services has been endorsed by the GM JCB, though implementation has been delayed due to COVID-19.
- 2.2 As a result of the Pennine Acute Trust (PAT) transaction, in April 2021 responsibility for the provision of local urology services in Bury, Rochdale and Oldham now rests with Salford Royal and will, on completion of the Transaction, formally transfer to NCA.
- 2.3 North Manchester General Hospital (NMGH) is currently the main delivery site for inpatient (IP) Urology services for Bury, Rochdale and Oldham, though – as part of the GM MoC – in the future this site will become a spoke, with IP activity undertaken at one of designated GM hub sites (of which there are anticipated to be five), with most IP activity flowing to Royal Oldham Hospital (ROH), Salford Royal Hospital (SRH) or Manchester Royal Infirmary (MRI).¹
- 2.4 Currently 1 in 5 new patient pathways ends in a procedure and a minority of these require an IP stay. Around 80% of the IP activity undertaken at NMGH is from Bury, Oldham and HMR. At SRH the vast majority of IP activity is from the Salford locality.

¹ The other two hubs in GM would be Stepping Hill Hospital (Stockport) and Bolton Hospital).

3.0 The Proposed Pan-Locality Delivery Model

3.1 The proposed pan-locality delivery model is fully aligned to the approved GM MoC and will support the delivery of a single urology service across Bury, Rochdale, Oldham and Salford.

3.2 By delivering a more integrated model of care within each locality, only a small number of patients requiring an IP stay will need to move between sites, thus improving patient experience and continuity of care, reducing inefficiencies and maximising patient safety.

3.3 Key features of the pan-locality model are:

- A single comprehensive Benign Urology Service delivered across Bury, Rochdale, Oldham and Salford.
- Hub-and-spoke delivery model –
 - ROH and SRH as inpatient hubs and Rochdale Infirmary and Fairfield General Hospital as spokes.
 - Virtual corridors running from Bury to Salford and Rochdale to Oldham.
- Single workforce within two integrated functional teams – NCA West & NCA East.
- Bury, Rochdale and Oldham IP activity currently undertaken at NMGH being aligned with the hub-and-spoke model, but recognising that patients (and their GPs) will be free to choose their service provider.
- Expansion and enhancement of clinic & diagnostic capacity at each site in the form of UIUs - increasing local access to urology services.
- A full range of sub-speciality services (e.g. stone services, andrology etc.) will be offered, in line with the GM MOC.

3.4 A phased implementation of the pan-locality model is proposed, particularly recognising the dependency on estate developments (i.e. the delivery of the agreed capital development on the ROH site and the redevelopment of NMGH site).

3.5 The final end-state is delivery of the GM MoC. This will include decommissioning of PAT IP services at NMGH and the full establishment of both ROH and SRH as hub sites. It is anticipated that the majority of patients requiring an IP episode will be cared for at ROH, with some being cared for at SRH or MRI, depending on catchment areas.

4.0 Summary of Drivers for Change

4.1 The pan-locality delivery model is fully aligned to the approved GM MoC for Benign Urology and addresses the following drivers for change:

- Risks to service sustainability, ability to meet performance requirements (exacerbated by COVID), and inequalities in access. Implementation of the first phases of the pan-locality delivery model will begin to address these issues.
- Recommendations made in the national Getting It Right First Time (GIRFT) report for Benign Urology, largely relating to the reduction of unwarranted variation in both access and outcomes, and the future development of the urological workforce. The pan-locality delivery model addresses these issues.
- If a new delivery model is not implemented, there will be increased movements of patients between providers, impacting upon continuity of care.
- MFT's long term model sees no IP surgical activity being delivered at NMGH, reinforcing the need to establish a new model that delivers more care as close to home as possible.

5.0 Impact and Benefits

- 5.1 The pan-locality model will deliver high quality care for urology patients, address longstanding health inequalities, make the best possible use of available capacity, utilise new ways of working and increase the amount of care that is delivered locally.
- 5.2 The provision of UIUs in each locality will mean that a number of daycase and diagnostic procedures, where patients currently travel to an inpatient site, will be delivered closer to home. UIUs will also increase outpatient capacity in each locality. Discussions have commenced between Bury CCG Commissioners and NCA to scope the requirements for a UIU to support in the identification of suitable site(s) in the community from which to host the service. Access to diagnostics to support urology investigations will form part of the CCGs work to develop an overarching Diagnostic Strategy for Bury.
- 5.3 The provision of sub-speciality services will improve patient experience and outcomes.
- 5.4 Working as a single NCA-wide team will address long-standing sustainability issues, improve recruitment and retention of clinical staff, increase service resilience, and allow the development of pathways that will reduce unwarranted clinical variation.
- 5.5 The proposed hub-and-spoke arrangements would see Bury and Salford patients that are referred into the service having their IP episode at the Salford Royal hub site. Rochdale and Oldham patients referred into the service would be cared for at the ROH hub. Patients and GPs would, of course, continue to be able to choose other providers within GM.
- 5.6 This would mean that some patients who currently access IP services at NMGH may have to travel further e.g. patients in the south of Bury and Rochdale, though it is anticipated that as part of the GM MoC and MFT's plans there will not be an IP service on NMGH site.
- 5.7 Based upon 2019/20 data the number of elective episodes of care from each CCG area undertaken at NMGH and therefore impacted by the GM MoC is as follows.

Bury CCG	HMR CCG	Oldham CCG	Salford CCG
776	822	813	No Change

6.0 Recommendations

- 6.1 Commissioners are asked to endorse the key design features of the pan-locality delivery model, which are fully consistent with the GM MoC, and a phased approach to mobilisation overseen by the Programme Board.