

**Briefing Paper - Public Consultation on the Urogynaecology Subspecialty Service**

**Background**

Urogynaecology is a subspecialty gynaecology service for the management of women with pelvic floor dysfunction. St George's University Hospitals NHS Foundation Trust (SGUH) provides an acute tertiary consultant urogynaecologist led service as a subspecialty within the Women's Services directorate. The subspecialty was suspended on 8 June 2015, following concern regarding the provision of sufficient clinical governance arrangements to support the safe delivery of patient care.

The following conditions were being treated at SGUH

**Secondary Acute Conditions:**

- Primary incontinence and prolapse
  - Recurrent incontinence and prolapse
  - Postpartum pelvic floor problems
- Tertiary Acute Conditions:**
- Combined Pelvic floor clinic
  - Complex Urology
  - Neuro-urology
  - Paediatric adolescent gynaecology

The subspecialty provided for patients from the boroughs of Wandsworth and Merton in the main. During the period of suspension, 109 patients from the borough of Merton remained on a continuing RTT (referral to treatment) pathway. Patients referred to the subspecialty are seen in an outpatient setting by a consultant led team. Patients undergo clinical investigation, where required, and are treated by way of an outpatient conservative care plan or inpatient surgical management. On both pathways, patients are typically managed over an extended period of time with multiple appointments.

The service was provided and supported by

- 1 x clinical lead (part time)
- 2 x consultants (full time)
- 1 x associate specialist (full time)
- 2 x clinical fellow (full time)
- 2 x clinical nurse specialist (full time)
- 3 x administrators (full time)

**Reason for change and decision making process**

In early 2014, a senior consultant Urogynaecologist from Croydon University Hospital NHS Trust (CUH) was appointed as a Clinical Director (CD) on a part time basis to provide leadership to the unit and act as a lead expert and accountable decision maker.

The departure of the clinical director in May 2015 has led the service to become unsustainable due to concern of the insufficient clinical governance arrangements to support the safe delivery of patient care.

The 2013 NICE Incontinence Guideline recommends that all invasive treatments for over active bladder and stress urinary incontinence need to be discussed at an MDT (multi-disciplinary team), prior to treatment to help ensure optimal management. However, in the absence of the external CD, and without resolution of the on-going clinical governance, leadership and relationship issues within the department, it is evident that there is no lead clinician internally to take forward appropriate leadership of the unit and effective Chair of the local MDT.

The directorate of Women's Services reviewed the pool of alternative Consultant Urogynaecologist across the region of South West London who were at the sufficient experience and seniority to recruit to the role of clinical lead, however there was no suitable successor identified. Without a senior clinical lead the service has no senior clinical overview and cannot run a functioning multidisciplinary team meeting (MDT) where treatment plans are discussed and agreed. This posed a clinical governance risk and was not compliant with current guidelines.

In response, the trust therefore had to take the highly unusual decision to suspend the service to new referrals and in the interest of patients provide an alternative care provider for those on a continuing pathway from Monday 8 June 2015, until such time as there has been a full review of the options and the service.

The trust maintains that the service users and their safety have always been, and remain at, the centre of this proposal of change. The trust pledged to work hard to ensure all views are heard and responded to as part of a detailed public consultation process.

### **Service suspension**

The trust decided that the best option in the interest of its patients was to temporarily transfer the service to CUH. A service level agreement was put in place with CUH to offer transfer of care for all patients under the care of the urogynaecology team and those that were newly referred and accepted to St George's during the suspension period. CUH is a tertiary level provider of urogynaecology and is the only provider in the SW London region to have received British Society of Urogynaecology (BSUG) accreditation. All patients have been reviewed and contacted to explain their transfer of care to CUH. Those patients who did not wish to transfer their care have been provided with details of the following alternative providers in London to be referred to by their GP.

- Epsom and St Helier University Hospitals NHS Trust
- Kingston Hospital NHS Foundation Trust
- Kings College Hospital NHS Foundation Trust (*British Society of Urogynaecology (BSUG) Accredited*)
- Guys and St Thomas' NHS Foundation Trust

The General Manager for Women's Services and Care Group Lead for Gynaecology met with Wandsworth Clinical Commissioning Group (CCG) on the 19 August and more recently on 21 October to ensure transparency and collaborative decision making when providing alternative care for users. The CCG supported the trust's agreement with CUH, but requested that on occasions whereby the patient in discussion with their GP elects to be referred to an alternative provider, arrangements be put in place to ensure that the relevant medical case notes were made available to the receiving clinician at the point of referral to avoid any delay. The trust agreed to this request.

The Women's Services management team have continued to engage with patients via telephone and written queries and assist with any concerns as required. No concern has been registered regarding the provision of care at CUH and the trust is reassured that a good alternative quality service has been arranged. There have been no instances of serious incidents registered relating to transfer of care to CUH.

It is important to note that new and follow up patients receiving care from the following areas, have remained at St George's (although their care has been transferred to alternative specialist consultants):

- Maternal Perineal clinic
- Complex Urology
- Neuro-urology
- Paediatric adolescent gynaecology
- Pessary Management

## Internal staff consultation

Following a review of the service the following options were considered:

- Do nothing - It was not considered a viable option to reopen the subspecialty urogynaecology service without compromise to the quality and safety of the care we offer to patients.
- Replacement of full time Clinical Director Role - The replacement of the full time CD role, was not considered a viable option due to the unacceptable expectation of governance accountability of the role in contrast to other subspecialty units, the availability of such an individual to appoint to the role and the on-going cost pressure of the role against a recurrent financial deficit.
- Close the Subspecialty Urogynaecology Service – Proposed as the preferred option.

The option to close the subspecialty urogynaecology services was taken forward as an internal staff consultation – in line with the trust's Change Management Policy –from 29 July 2015 to 31 August 2015 inclusive.

The proposal was presented to the ten staff directly affected and their representatives at open meetings. Five staff requested individual meetings to discuss how the proposal will impact on them and the department.

In response to the staff consultation two alternative proposal were submitted by affected staff.

- i. Urogynaecology Subspecialty Service to remain, but both consultants to operate as two separate firms working under the governance of the over-arching gynaecology service.
- ii. Urogynaecology Subspecialty Service to be reconfigured in to an Integrated Pelvic Floor Disorder and Continence Service. New role of Clinical Director to be established with dual lead across Urogynaecology and female urology care group.

## Conclusions from staff consultation

The two alternative proposals were reviewed in detail, but were not supported by the trust as viable options. Proposal (i) was not supported as Urogynaecology is a subspecialty of Gynaecology, rather than a treatment type and therefore the management of the patients under a separate consultant firm model is not achievable. As a subspecialty, Urogynaecology must meet individual governance arrangements and operate as a separate unit. Proposal (ii) was not supported by the Urology Care Group as they do not have the strategic capability or resource required to start a new service at this time.

## Public Consultation Process

Following the conclusion of the internal staff consultation the subspecialty of urogynaecology was considered to be unable to become a viable unit providing high quality services in a cost effective way. In response, the trust proposed to public consultation on 12 October that the unit is closed and the provision of the service be moved to CUH. The subspecialty remained in suspension during this process.

The trust feels that an appropriate and proportionate level of engagement has been made with the public and the consultation process has been robust. A spectrum of activity has taken place:

- Notification to Healthwatch Wandsworth who have put the consultation information as a news story on their public website
- Letter emailed with consultation document (including translations in Urdu, Tamil and Polish as appropriate).
- Engagement with the following groups:
  - Age UK Wandsworth
  - Wandsworth Older People's Forum
  - Somali Community Advancement Organisation (SCAO)
  - Women of Wandsworth

- South London Polish Ladies Circle
- South London Tamil Welfare Group
- Wandsworth Asian Women's Association
- Attendance of Senior Management and Clinicians at both internal and external stakeholder meetings
- All Trust governors have been emailed and asked to give their views
- Consultation information has been put on the Trust's public website, which attracts approximately 80,000 visits per month
- Letters have gone out to 900 users of the service asking them to provide their views
- Dedicated consultation email address set up
- Communication via trust website and social media
- Women's Services Management Team attended St George's Patient Reference Group 15 October 2015
- Chief Executive, Medical Director, Clinical Chair and Women's Services Management Team attended Wandsworth Health Overview and Scrutiny Committee on 12 November 2015
- Women's Services Management Team have provided direct and personal communication with service users via telephone and written queries
- Chief Executive and Women's Services Management Team held an open public evening on 1 December 2015

The consultation was originally planned to take place from 12 October to 25 October 2015. In response to feedback received from people who wanted more time to consider the proposal fully, the trust extended the consultation period by two weeks, and then a further three weeks. This brings the total public consultation period to eight weeks, from 12 October to 4 December 2015

#### **Implementation process and Conclusion**

The public consultation closed on the 4 December 2015.

#### **Number of formal responses received**

<b>Format</b>	<b>Number</b>
Email	78
Post	20
Petition signatures	654

A period of review is now underway and options will then be presented and discussed at the Trust's Executive Management Team Board on 25 January 2016 for a decision to be put forward to the Trust Board for agreement on 4 February 2016. The outcome of the decision will be provided to the staff, public and stakeholders on the 5 February 2016.