

To: SOCIAL WORK COMMITTEE	Subject: CONSULTATION BY NHS LANARKSHIRE ON PROPOSAL TO CENTRALISE UROLOGY AND GYNAECOLOGY INPATIENT SERVICES	
From: DIRECTOR OF SOCIAL WORK		
Date: 25 AUGUST 2005	Ref: DM/AB	

1. Purpose of Report / Introduction

This report advises Committee of the consultation being undertaken by NHS Lanarkshire in respect of centralisation of urology and gynaecology inpatient services, and seeks approval to submit the attached response (attached at Appendix 1).

2. Background

- 2.1. Urology is a branch of medicine concerned with the diagnosis and treatment of diseases of the urinary tract and urogenital system.
- 2.2. Gynaecology is a branch of medicine concerned with the diagnosis and treatment of disorders affecting the female reproductive organs.
- 2.3. NHS Lanarkshire currently provides urology and gynaecology outpatient, daycase and inpatient surgery from the 3 acute hospital sites in Lanarkshire (Wishaw General, Monklands, and Hairmyres).
- 2.4. The Health Board is consulting on the proposal to centralise urology and gynaecology services on separate sites in Lanarkshire. The deadline for submissions is 2nd September 2005.

3. Proposals / Considerations

- 3.1. The impact of this proposal would involve the integration of all inpatient urology surgery activity at Monklands Hospital and all inpatient gynaecology surgery at Wishaw General Hospital. It includes inpatient pre-assessment taking place at the centralised inpatient hospital site.
- 3.2. Monklands Hospital was identified as the preferred site for urology services predominantly due to the fact that services would benefit from co-location with renal and interventional services.
- 3.3. Wishaw General Hospital was identified as the preferred site for gynaecology services predominantly due to the fact that services would benefit from co-location with maternity services.
- 3.4. Whilst it is proposed that all inpatient and pre-assessment activity will be conducted at a specialist site, there would be no change to existing outpatient and daycase services and these would continue to take place in each of the three acute hospital sites. This would mean that 87% of urology patients and 92% of gynaecology patients would continue to receive all their care in their local hospital.

3.5. At present there are no dedicated inpatient services for urology or gynaecology at any of the three acute hospitals. Currently patients requiring an inpatient stay are located within a number of general wards, nursed by non-specialist staff. Centralisation would allow for dedicated staff and resources to be provided

3.6. NHS Lanarkshire believe that existing services on 3 acute sites are clinically unsustainable and that this centralisation will:

- Provide equity of access to patients
- Standardise and shorten the length of time patients wait for treatment
- Ensure local access for outpatients appointments and daycase surgery procedures is maintained for all patients with the opportunity to further improve service provision

3.7 It is estimated that the number of inpatient cases dealt with in each centralised site would be similar to that currently dealt with over the 3 hospitals.

4. The Council's Response

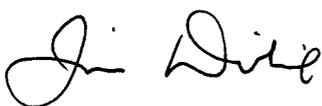
4.1 The Council's response:

- notes the clinical case made by NHS Lanarkshire regarding the difficulties in continuing to provide the existing service in the three acute hospital sites
- notes that the majority of cases will still be conducted in local hospitals as daycase and outpatient procedures but queries how waiting times will be shortened if it is not intended to increase the number of inpatient interventions
- seeks reassurances that performance will be closely monitored and reported, and that clinical protocols developed are robust enough to deal with any eventuality.
- expresses concerns over the management of risk for emergency patients presenting at a non-centralised site for treatment and asks what will happen in such circumstances
- expresses concern over the issue of travel for inpatients - transportation across Lanarkshire is already a cause for concern for many individuals, particularly for residents who do not have access to private transport.

5. Recommendations

5.1. Committee is asked to:

- (i) approve the attached response to the proposals to centralise urology and gynaecology services on separate sites in Lanarkshire; and
- (ii) otherwise note the content of this report.



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2 August 2005

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**NORTH LANARKSHIRE COUNCIL
RESPONSE TO NHS LANARKSHIRE PROPOSAL
TO CENTRALISE UROLOGY AND GYNAECOLOGY INPATIENT SERVICES**

Background

NHS Lanarkshire proposes to centralise inpatient services for the specialities of urology and gynaecology. The impact of this proposal would involve the integration of all inpatient urology surgery activity at Monklands Hospital and all inpatient gynaecology surgery at Wishaw General Hospital. It includes inpatient pre-assessment taking place at the centralised inpatient hospital site.

Whilst it is proposed that all inpatient and pre-assessment activity will be conducted at a specialist site there would be no change to existing outpatient and daycase services and these would continue to take place in each of the three acute hospital sites.

Main Comments

North Lanarkshire Council would like to make the following comments:

1. North Lanarkshire Council notes the clinical case for change made by NHS Lanarkshire regarding the difficulties in continuing to provide the existing service in the three acute hospital sites. The Council's priority is that the people of North Lanarkshire who require this type of care and treatment, receive the best quality service available, and access at times of need.
2. The Council cannot make clinical judgements about how and where services should be provided but notes that the majority of cases will still be conducted in local hospitals as daycase and outpatient procedures. It is also noted that the proposed number of inpatient cases planned is no greater than is currently carried out in various locations. It will therefore be helpful to understand how NHS Lanarkshire proposes to reduce waiting times as stated in the consultation document. Clearly the Council has an expectation that the greater inconvenience to patients will be more than compensated for by higher quality and improved outcomes.
3. The Council seeks reassurance that performance will be closely monitored and reported and that the development of clinical protocols as mentioned in the consultation document are tested to ensure they are robust enough to deal with any eventuality.
4. The Council is concerned over the management of risk for emergency patients presenting at a non-centralised site for treatment and wishes to know what would happen to individuals in this event.
5. One of the projected benefits of change to patients and staff noted in the consultation paper is that the concentration of clinical expertise on a central – but separate – inpatient site for both the urology and gynaecology specialities would offer patients a clinically sustainable and continuously improving service. This is to be achieved through inpatients being treated in one area by a team of specialist healthcare professionals and the standardisation of clinical practise at the same time as providing opportunities for the future redesign of services. North Lanarkshire Council therefore seeks assurances that the residents of North Lanarkshire will not be disadvantaged in any way and that this projected redesign does not in fact mean that the proposed service is not clinically sustainable in the long term.
6. Practical issues have been raised through the workshops, held by NHS Lanarkshire, on matters such as staffing and transport. The Council would like to note its concern over the issue of travel for inpatients. Transportation across Lanarkshire is already a cause for concern for many individuals, and being required to travel to Monklands or Wishaw General from some parts of North Lanarkshire for pre-assessment and inpatient treatment is a major issue, particularly for residents who do not have access to private transport.