St George's University Hospitals NHS
NHS Foundation Trust

Public Consultation on the Urogynaecology Subspecialty Service

1. Introduction

The urogynaecology subspecialty service provided by St George's University Hospitals NHS Foundation trust (SGUH) has been suspended since Monday 8 June 2015. The purpose of this paper is to set out the reasons for the suspension and proposals for providing this service to our patients in the future.

2. Background to proposal

Urogynaecology is a subspecialty gynaecology service for the management of women with pelvic floor dysfunction. SGUH provides an acute tertiary consultant urogynaecologist led service as a subspecialty within the Women's Services directorate.

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 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)

3. Reason for change

The main concern that underpins this proposal is one of clinical governance arrangements to support the safe delivery of patient care.

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, assist the unit's British Society of Urogynaecologist (BSUG) application 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. The team has also been unable to complete its BSUG (British Society of UroGynaecologists) application. The BSUG accreditation is considered to be best practice.

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. 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 meet (MDT) where treatment plans are discussed and agreed. This therefore poses a clinical governance risk and is not compliant with current guidelines.

The trust therefore had to take the highly unusual decision to suspend the service to new referrals and provide an alternative care provider for patients 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.

4. Service suspension

Given that the clinical lead was based at a neighbouring trust, it was decided that the best option for continuity of care was to transfer the service to CUH. The subspecialty of urogynaecology at CUH has achieved its BSUG accreditation and has a different and more sustainable staffing model.

All patients affected by the suspension have been contacted by the service and offered for their care to be transferred to CUH. The service has received several letters from patients expressing their concern regarding the location of CUH in relation to their current journey to SGUH. Those patients who did not wish to transfer their care to CUH have been advised of alternative providers within the region to which they can be referred via their General Practitioner (GP). 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.

5. 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

Neither of the two alternative proposals were 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.

The subspecialty remains in suspension.

6. Conclusion and proposal

The subspecialty of urogynaecology is considered to be unable to become a viable unit providing high quality services in a cost effective way. It is therefore proposed that the unit is closed and the provision of the service be moved to CUH.

7. Public Consultation Process

This proposal is presented to you as a patient user of the subspecialty/ external stakeholder in order for you to be afforded the opportunity to respond as part of a public consultation process. The consultation has been extended. It commenced on 12 October 2015 and will now finish on the 4th December 2015 (inclusive). All comments should be made via email to consultation@stgeorges.nhs.uk . Please include 'Urogynaecology' in the subject field.

You can also send your views by post to: General Manager, Women's Services, Lanesborough wing, St George's Hospital, Blackshaw Road, Tooting, SW17 0QT

8. Implementation process and conclusion

Any views received in response to the proposal during this period will be duly considered. The intention is to conclude the consultation and present the outcome to staff and public in January 2016.