



# Urology, ENT & Haematology Services

Wednesday 7<sup>th</sup> March 2018

# Urology Services

## Current Status

- September 2017: relocated emergency inpatient service to Scunthorpe resulting from an already small team of 6 consultants reduced to 3 leading to safety concerns as unable to cover 3 hospital sites.
- Since September, the service has seen improvements in;
  - Patients receiving improved continuity of care (consultant and patients in one place providing continuous care)
  - Patients home sooner
  - Attracting clinical workforce given more direct patient care from one site delivery (less travel, less onerous on-call)

## Going Forward

- Urology team of 6 consultants can meet the needs of our population however, as remain a small team, will be a part of a clinical network to ensure services remain local
- Where able we are working to deliver care local, safe and sustainable. To provide this the team are exploring all scenarios including;

## Service scenarios

- Emergency inpatient provision reverts back to two main sites
- Emergency inpatient provision to remain on one site
- Provide all inpatient care provision to one site

# ENT Services

## Current Status

- September 2017: relocated emergency and elective inpatient services to Grimsby resulting from an already small team of 5 consultants reduced to 2 leading to safety concerns as unable to cover 3 hospital sites.
- Since September, the service has seen improvements in;
  - Patients receiving improved continuity of care (consultant and patients in one place providing continuous care)
  - Patients home sooner
  - Patients not being transferred mid way through their inpatient stay (when on-call site alternated)
  - Attracting clinical workforce given more direct patient care from one site delivery (less travel, less onerous on-call)

## Going Forward

- ENT of 5 consultants can meet the needs of our population however, as remain a small team, will be a part of a clinical network to ensure services remain local
- Where able we are working to deliver care local, safe and sustainable. The team are exploring all scenarios including;

## Service scenarios

- Emergency and planned inpatient services reverts back to two main sites
- Emergency and planned inpatient services continue on one site
- Emergency, planned inpatient and day case service provision on one site

# Haematology Services

## Current Status

- November 2017: the service transferred complex day cases to Hull resulting from a small team of 3 consultants reducing to one resulting in safety concerns to manage the volume of complex haematology patients
- Since November 2017 the service has;
  - Commenced a Joint MDT with Hull to manage case by case and established network meetings between Hull & NLaG
  - Specialist nurses working between both sites to ensure all patients are offered the same level of care and support
  - Exploring the longer term strategy for haematology services with Hull
  - Patients at both main sites now offered clinical nurses specialist support
  - Long term (2 Years) locum secured within haematology workforce
  - Out of hours patient advice and helpline now centralised on one site

## Going Forward

- For NLaG and Hull to work as one clinical network. This is likely to mean that the majority of your non complex care will still be delivered locally however complex/inpatient care would be provide from the Cancer centre based at Castle Hill Hospital.
- NHS England supporting the review into future service configuration