



Belfast Health and
Social Care Trust

Excellence and Choice

Right Treatment, Right Place
A Consultation on a Proposal to Reorganise the
Delivery of Acute Services in Belfast

GYNAECOLOGY

5 July – 31 October 2010

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Availability in other formats

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Foreword - Brian Barry, Director of Specialist Hospitals and Child Health

We want health and social care in Belfast to be the best. We want our hospitals to be providing safe, efficient, high quality care that meets patients' needs – and that's what this document is about.

We're aiming to offer higher standards of care through the reshaping of our services. Any changes we make will only happen after we have listened to everyone's views.

As a new Trust formed in 2007 from six previous Trusts in Belfast, we were always going to look at areas where we were duplicating effort or had an opportunity to work more effectively on behalf of service users. In 2008 in our New Directions consultation document, we opened a conversation on the best way to deliver services in Belfast over the next decade.

The attached document is part of the next steps. It represents a formal consultation on specific proposals for service change in **gynaecology**. Under the banner of Excellence and Choice these proposals give more detail on how we might change services for the better.

We are proposing that inpatient and day case gynaecology services currently located at the Belfast City Hospital (BCH) and the Royal Group of Hospitals (RGH) including the Royal Jubilee Maternity Service (RJMS) and the Mater Hospital are combined at the Belfast City Hospital to form a specialist gynaecology service for the patients of Belfast and Northern Ireland.

It is important that the Trust delivers services locally where possible; therefore gynaecology outpatient services would continue to be delivered from the Belfast City Hospital, Royal Hospitals and Mater Hospital.

We want to do all of this to ensure patients get the best treatment possible, by the right person, in the right place, at the right time.

First, we want to listen to you. I hope you will take the time to read this document and let us know your views on the proposals. We remain committed to making improvements and delivering the type of service you expect. Help us to get it right.

Brian Barry

1. Executive Summary

What is gynaecology?

Gynaecology is the branch of medicine that deals with the health of the female reproductive system and genital tract.

Within Belfast the service is primarily an elective specialty covering six main areas of practice and supported by an emergency gynaecology service as outlined in Table 1 overleaf. In order to ensure the quality of the patient experience, the Belfast gynaecology teams ensure patients are currently managed along agreed key patient pathways.

Service Location: Options Considered

The multi-disciplinary Gynaecology Project Team, including service users and trade union representatives, considered a number of options for the future location of the service:

1. Continue with current service arrangement - Gynaecology inpatient and day case services remain at 3 hospitals, the Royal Hospitals, the Belfast City Hospital and the Mater Hospital;
2. Deliver all gynaecology inpatient and day case services at the Royal Hospitals;
3. Deliver all gynaecology inpatient and day case at the Belfast City Hospital;
4. Deliver all gynaecology inpatient and day case services at the Mater Hospital.

Service Recommendations

In summary, the Project Team recommendations were that:

- The gynaecology specialty should be located together at one acute hospital for the key benefits of streamlined clinical pathways, team working, clinical rota management and efficiency in service delivery.
- The Belfast City Hospital has the most important clinical linkages for gynaecology, namely with the cancer centre, urology and colorectal surgery.
- The Royal Hospitals and Mater Hospital do not have sufficient inpatient capacity and, more importantly for future service delivery, the day surgery capacity to deliver the necessary service. The main day surgery capacity is at the Belfast City Hospital.
- The Project Team have, as a consequence, proposed that the Belfast City Hospital offers the best location for a single gynaecology inpatient and day case service. Outpatients will continue to be provided from the 3 existing acute hospitals and the Bradbury Wellbeing and Treatment Centre. The colposcopy outpatient service, previously provided at Belfast City Hospital, has been

successfully trialled at the Bradbury Wellbeing and Treatment Centre, delivering more locally accessible services.

Table 1: Gynaecology Services: Current and Proposed Service Locations

Specialty Area	Current Location(s)	Proposed Location (s)
Early Pregnancy Problems Clinics (Emergency gynaecology) 12 weeks pregnant or less	RJMS* & Mater Hospital	RJMS & Mater Hospital Surgical management: Belfast City Hospital
Early Pregnancy Problems (Emergency gynaecology) More than 12 weeks pregnant	RJMS*, Mater Hospital	RJMS, Mater Hospital
Regional Fertility Services	RJMS*	RJMS [Outpatient service] Belfast City Hospital [Inpatients only]
General Gynaecology	RJMS*, BCH, Mater	Belfast City Hospital
Gynaecology Oncology	Belfast City Hospital	Belfast City Hospital
Uro Gynaecology	Belfast City Hospital, Mater Hospital, RJMS*	Belfast City Hospital
Operative Laparoscopic benign Gynaecology	RJMS*, BCH	Belfast City Hospital
Outpatients	Royal, BCH, Mater Hospital and Wellbeing and Treatment centres	Royal, Belfast City Hospital, Mater Hospital and Wellbeing and Treatment Centres

*RJMS – Royal Jubilee Maternity Service, Royal Maternity Hospital at the Royal Hospitals

2. Introduction – Right Treatment, Right Place

The creation of the Belfast Trust has provided us with the opportunity to review how we can continue to improve quality, efficiency and sustainability of our acute services for the longer-term.

The Belfast Trust's overall purpose is to improve health and well-being and reduce health inequalities- putting people at the centre of all decisions, providing services locally where possible and making the best use of our buildings and other resources.

We are also making sure there is no unnecessary duplication of services and our modernisation programme MORE¹ (Maximising Outcomes, Resources and Efficiencies) is helping us find the significant efficiency savings that the Northern Ireland Assembly has asked all public bodies to make.

This document describes the range of gynaecology services we provide, how we propose to redesign them and our commitment to ensuring they are of the highest possible quality. The Trust's proposed model for gynaecology is to locate inpatient and day case services together on one acute hospital thereby developing a specialised unit, bringing together all surgeons practising the same specialty interest to form a centre of excellence. Outpatient services will continue to be delivered from the current range of locations, including the 3 acute hospitals – the Royal Hospitals, the Mater Hospital and the Belfast City Hospital and from a Wellbeing and Treatment Centre.

The Trust has produced this document to ensure that our service users, carers, staff and the public at large have an opportunity to provide their views on the modernisation and reform of gynaecology services.

The Trust previously consulted, in New Directions, on the direction of travel for all services delivered in Belfast. Ten overarching principles were identified which have guided our approach to reviewing and reorganising services. Specific principles were identified for acute services, children's services, mental health and other services. Those principles of specific relevance to gynaecology services are:

- To provide safe, high quality, effective care – This is a core objective of the Belfast Trust.
- Localise where possible, centralise where necessary – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care. The Trust therefore aims

¹ MORE: The co-ordination of strategic, clinical, operational and financial performance to deliver the best possible care for patients and deliver maximum value for money.

to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision.

- Provide clear directions to services, developing clear pathways to access appropriate gynaecological care.
- To re-profile services to make best use of each emergency department and to improve patient flows.
- To reduce unnecessary duplication and fragmentation of services.
- Maximise utilisation of assets – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

Following our New Directions consultation, there was general support for the proposed focus of services on each hospital site, with:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management;
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services;
- Mater Hospital as the centre for ophthalmology services and general acute hospital services.
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

3. How are gynaecology services currently delivered?

What is Gynaecology?

Gynaecology is the branch of medicine that deals with the health of the female reproductive system and genital tract.

The gynaecology specialty comprises six main areas of practice, three of which are sub specialty, i.e Gynaecology Oncology, Uro Gynaecology and Operative Laparoscopic Benign Gynaecology. In addition there are close links to early pregnancy and fertility patient pathways².

Table 2: Current locations where gynaecology services are delivered

Specialty Area	Current Sites
Early Pregnancy Problems (Emergency Gynaecology)	Royal Jubilee Maternity Service (RJMS), Mater Hospital
Regional Fertility Services	RJMS
General Gynaecology	RJMS, Belfast City Hospital, Mater Hospital
Gynaecology Oncology	Belfast City Hospital
Uro Gynaecology	Belfast City Hospital, Mater Hospital, RJMS
Operative Laparoscopic benign Gynaecology	RJMS, Belfast City Hospital
Outpatients	Royal Hospitals, Belfast City Hospital, Mater Hospital

All three of the Trust's acute hospitals Royal Jubilee Maternity Service, Belfast City Hospital and Mater Hospital currently deliver both elective (planned) and non-elective (emergency) gynaecology.

Patients will receive their care in one or more of the following ways:

- As an inpatient: this is when a patient is admitted to hospital for a period of treatment or to undergo an operation. Patients would stay in hospital for 24 hours or more.
- As a day case: This is when a patient is having treatment which can be performed in a single day, without the need to be admitted for an overnight stay in hospital.

² A patient pathway is the route that a patient will take from their first contact with Health & Social Care member of staff (usually their GP), through referral, to the completion of treatment.

- As an outpatient: This is when a patient has their care provided by a hospital department on an appointment basis without the need to be admitted to or stay in hospital.

All gynaecology services are delivered along two key patient pathways:

Elective: This is when treatment has been planned and booked in advance, for example a patient who is placed on a waiting list for an operation and then brought into hospital on a prearranged day. This will be as either an inpatient or a day case.

Non-elective or emergency: This is when a patient accesses gynaecology services without prior planning, for example, unexpected abdominal pain or bleeding.

There are a number of patient pathways that a woman can follow within gynaecology services. These pathways are outlined below:

Early Pregnancy Problems Pathway

Most emergency gynaecology is pregnancy related and will be treated in a number of ways. A number of patients are currently referred to the Early Pregnancy Assessment Clinic (EPAC) for assessment, diagnosis, monitoring and management of the pregnancy. For some women there will be medical management of the loss of pregnancy and for others there will be a requirement for surgical intervention.

These services are currently provided in the Royal Jubilee Maternity Service and the Mater Hospital.

Fertility Pathway

This is primarily an outpatient service with a small number of patients undergoing In Vitro Fertilisation (IVF) therapy requiring hospital admission because of Ovarian Hyperstimulation Syndrome (OHS). These patients require intensive monitoring and specific non-surgical treatments and occasionally the services of intensive care specialists.

This service is currently delivered in Royal Jubilee Maternity Service.

Inpatient Pathway

Inpatient gynaecology services involve a number of pathways including:

General Gynaecology – General gynaecology services are currently provided from the Belfast City Hospital, Royal Hospitals and Mater Hospital. The requirement for inpatient gynaecology services is reducing due to more modern diagnosis and treatment techniques, alongside the move to day case and outpatient treatments.

It is anticipated that consultants currently delivering “general gynaecology “ will require less inpatient theatre lists to fulfil service delivery and more day procedure unit (DPU) and outpatient department treatment facilities.

Operative Laparoscopic Benign Gynaecology - This service is mostly related to the treatment of severe endometriosis and is currently delivered in Royal Jubilee Maternity Service (RJMS) by an established team.

Gynaecology Oncology Surgery - This service is currently delivered at the Belfast City Hospital and is responsible for the management of all gynaecology cancers, not just for Belfast but all of Northern Ireland.

The gynaecology oncology service is one of the most advanced cancer services in the UK in terms of laparoscopic surgery and linkages with urology and colo-rectal services. It is anticipated that there will be further advancement in techniques that will modernise service delivery further, for example, the use of robotic surgery.

Uro-Gynaecology - This service is centred at the Belfast City Hospital with a limited service provided in the Mater and Royal Hospitals.

Uro-Gynaecology is a rapidly expanding sub specialty. Although there have been developments in surgical techniques the patients requiring uro-gynaecology services generally have an older age profile and therefore have an increased requirement for more intensive nursing and have a longer recovery time.

At the Belfast City Hospital uro-gynaecology is located with gynaecology oncology surgery as there are linkages between the two services.

Outpatient Services

Outpatient gynaecology services are currently provided at all three hospitals, Royal Jubilee Maternity Service, Belfast City Hospital and Mater Hospital. In addition, a colposcopy outpatient clinic is provided within the Bradbury Wellbeing and Treatment Centre. This service will remain continue to be provided locally.

Activity Data

Gynaecology services are provided in four ways, outpatients, outpatients with procedures, day cases and inpatients. Across the three sites activity levels are as follows:

- 71% of all attendances are at outpatient clinics;
- 10% of all attendances are at outpatient with procedure clinics;
- 6% of all attendances are for day case procedures; and
- 13% of attendances are for inpatient procedures.

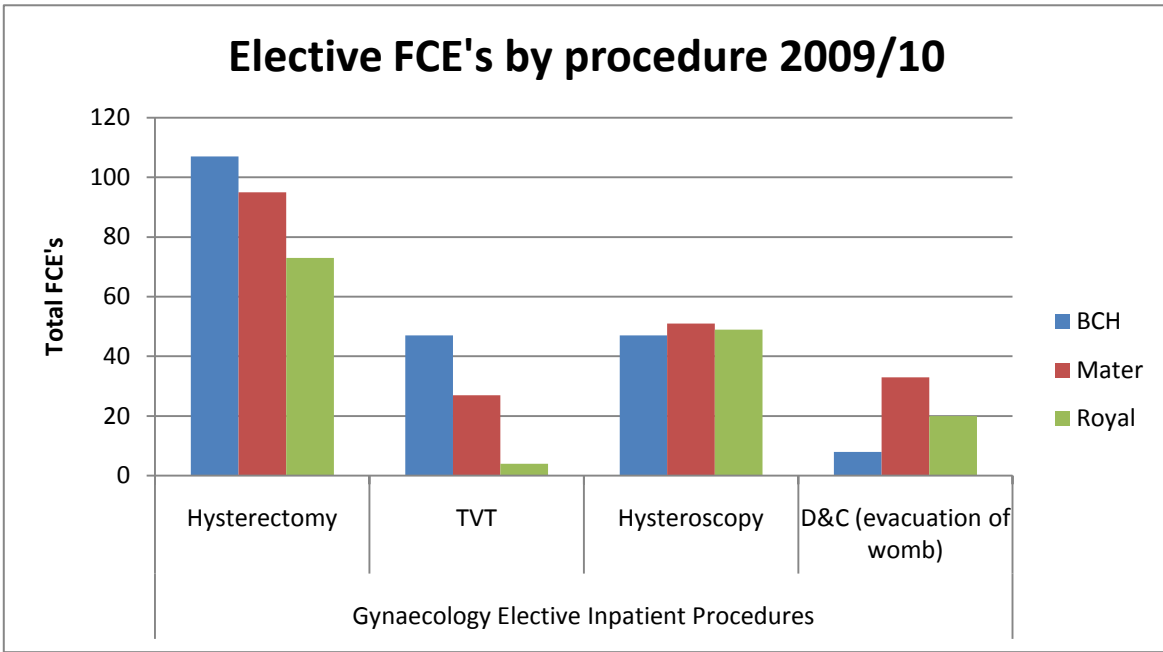


Figure 1: Gynaecology elective inpatient Finished Consultant Episodes(FCE's) by procedure 2009/10

4. Why reorganise gynaecology services now?

The formation of the Belfast Health and Social Care Trust provides an opportunity to build on the existing high quality gynaecology services, ensuring that patients consistently get to the right person, in the right place, at the right time. There are a number of factors that contribute to this proposal to reorganise gynaecology services now. These include:

Meet Public Expectation for Improved Service Quality

In line with the Trust principle to 'localise where possible, centralise where necessary' the aim of the gynaecology service is to deliver safe, effective and sustainable services into the future. In order to ensure that the public expectation for access to modern, efficient services is achieved there needs to be ongoing review of how and where services are provided. The ability to provide improved service quality in gynaecology will be enhanced by providing services from one location facilitating the development of a specialist gynaecology unit.

Drive Forward Service Modernisation

The gynaecology service is a predominantly elective specialty. Modernisation of gynaecology services has been an ongoing process as surgical and treatment techniques have developed. In order to continue modernising, the gynaecology service has reviewed and reformed delivery of its service. Measures put in place have included:

- Continuing to reduce length of stay. In 2008/09 the average length of stay across the three hospitals, the Royal Hospitals, Belfast City Hospital and the Mater Hospital, was 2.8 days. This reduced in 2009/10 to 2.6 days. It is anticipated that this will reduce further as ongoing modernisation of the service takes place;
- Admission on day of procedure. At present admission on day of procedure varies across sites, for example, in Belfast City Hospital 26.7% of patients were admitted on day of surgery with 47.5% in Mater Hospital and 56.8% in the Royal Hospitals. Work is ongoing to increase these figures across all hospitals.
- Increasing the number of procedures that take place as day procedures. 71% of hysteroscopies and dilation and curettage cases are currently carried out as day cases and this is planned to increase to 95% by 31st March 2011. 50% of laparoscopies are currently carried out as day cases and this is planned to increase to 70% by 31st March 2011.

As surgical and treatment techniques and skills are developed in the future there will be an increase in the number of patients treated as day cases and as outpatients with procedures. In addition, the increased use of pre-assessment clinics, admission

on the day of surgery and reduced lengths of stay will result in a decrease in demand for inpatient beds.

In addition, general gynaecologists need the backup and expertise of their consultant colleagues, who have other sub-specialty expertise, to be available when required and this is more easily achieved on a single site.

Real and sustainable service change can therefore be more fully realised within the gynaecology service if all inpatient and day case activity is based at one hospital.

Address Current Duplication and Service Efficiency

The gynaecology specialty is currently fragmented having developed across three hospitals within Belfast.

The proposed amalgamation of the gynaecology service at one hospital has positive implications for the use of the consultant workforce to deliver a more coherent , efficient service and also gives the service the opportunity to modernise together rather than trying to develop services across three hospitals. The development of one coherent service will also provide opportunities for shared learning and peer support for both junior doctors and consultants.

Locating inpatient and day case services together will enable the gynaecology service to maximise outcomes and resources and reduce any inefficiencies as there will be reduced duplication of services, equipment and overhead costs.

Act on Staff Support

Clinical teams across the range of split-site specialties believe that there are potentially significant benefits in bringing specialties together in the same hospital to form dedicated specialist units, for example, ensuring the sustainability of smaller specialist services, flexibility in developing staff rotas, easier access to specialist nursing and other limited resources, improving team working, and quality of service to the patient.

Improved Clinical Linkages

Some sites have more relevant clinical links than others, for example, gynaecology has close working relationships with urology and oncology. The location of all consultants on one site brings the key benefits of shared expertise and learning for the specialty team which is key to improving outcomes for patients and supports an ongoing programme of joint specialty audit and mentoring of new consultant staff.

Delivery on the Working Time Directive (WTD)

Currently there are four junior doctor rotas for gynaecology in the Belfast Trust (covering both gynaecology and obstetrics). Two rotas operate at the Mater Hospital, one for gynaecology and one for obstetrics. There is one gynaecology rota covering both the Belfast City Hospital and Royal Hospitals and one obstetric rota at Royal Jubilee Maternity Service.

Reorganising services would facilitate (although not totally resolve) the reduction in junior doctors' hours, aid compliance with the Working Time Directive and improve training opportunities and experiences for doctors.

Delivering Compliance on Medical Staff Rotas

The recruitment and training of junior doctors alongside the WTD and service delivery across three sites remains a significant challenge for the Trust. Currently gynaecology inpatient services are managed across three sites – Royal Hospitals, Belfast City Hospital and Mater Hospitals with women being seen out of hours in an emergency situation at two locations – Royal Hospitals and Mater Hospital.

Obstetric services are provided at two locations, Royal Hospitals and Mater Hospital.

Reorganising services so that gynaecology emergencies are seen out of hours on the same site as the inpatient service will improve the junior doctor rota as there will be only one site to cover and this will be separate from obstetric provision.

4.1 What are the main benefits of reorganising the delivery of these acute services?

Having identified the key reasons to review this range of services, there are a number of benefits which need delivered in any proposed change on delivery or location of service. These benefits, summarised into 5 key themes, guided the work of the project team in their review of acute inpatient and day surgery services and they are:

The delivery of safe and sustainable services to our patients:

Providing safe services and ensuring patients are not at risk in our hospitals is our top priority. Having appropriately trained staff working in appropriately sized teams will assist in both improving patient safety and sustaining the provision of these services.

To improve service quality, effectiveness, reduce unnecessary duplication and fragmentation of services and deliver value for money:

Maintaining and improving the quality of care experienced by patients is fundamental to any proposals. Reducing the existing duplication of services across three acute sites will mean patients see the right staff in the right place and this will also help teams deliver a more effective and efficient service.

The Trust must optimise the use of the current operating theatre stock and the support accommodation available to us and ensure that there is some room for future growth, should the funding be available.

To ensure services are appropriately clinically linked:

Delivering services at the right time and in the right place requires certain services to be located close to one another; for example, gynaecology services benefit from close linkages with urology (for uro-gynaecology), cancer services (for gynaec-oncology) and colo-rectal services (for major gynaecology).

To ensure services are accessible to service users and carers.

Service users, carers, families and visitors want to have easy access to their services, whether by public transport or by car.

To ensure the Acute Service Plan is compatible with the Trust Strategic Direction

The Trust Strategic Direction, which has been previously publicly consulted upon, for the 4 adult hospitals is:

- Belfast City Hospital as the centre for cancer, renal and a range of general acute hospital services, with an increased focus on elective services and chronic conditions management;
- Royal Hospitals as the centre for major trauma services, including a heart centre, with an increased focus on emergency services;
- Mater Hospital as the centre for ophthalmology services and general acute hospital services;
- Musgrave Park Hospital as the centre of specialist rehabilitation services.

The service project teams used these benefits criteria to assess how each service option would deliver improvements for patients and staff and considers their impact on each hospital.

5. Consideration of the options for future service delivery

A multidisciplinary project team, comprising consultants, midwifery/nursing staff, Allied Health Professionals (AHPs), administrative staff and patient, carer and trade union representatives was established to consider the options for the future delivery location of the service.

A range of options were identified and advantages and disadvantages of each option were considered to enable the team to reach a conclusion on the preferred option.

Proposed Options

1. Continue with current service arrangement - Gynaecology inpatient and day case services remain at three hospitals, the Royal Hospitals, the Belfast City Hospital and the Mater Hospital;
2. Deliver all gynaecology inpatient and day case services at the Royal Hospitals;
3. Deliver all gynaecology inpatient and day case services at the Belfast City Hospital;
4. Deliver all gynaecology inpatient and day case services at the Mater Hospital.

The key features of the analysis that was undertaken are:

Option 1 – Continue with current service arrangement - Gynaecology inpatient and day case services remain at three hospitals – the Royal Hospitals, the Belfast City Hospital and the Mater Hospital;

Gynaecology inpatient and day case services would remain on three hospitals – the Royal Hospitals, the Belfast City Hospital and the Mater Hospital.

Advantages

- All sites currently provide high quality services;
- All three sites have access to essential clinical linkages. If a linkage is not available on the site then a patient pathway is in place to ensure access.

Disadvantages

- The service is fragmented with some women having to access services across three hospitals, for example a woman attending a general gynaecology service in the Royal Hospitals may then have to attend the gynae-oncology service in the Belfast City Hospital for further investigation;

- Leaving the service on three hospitals is not in line with the Trust strategic direction to reduce fragmentation of services;
- The medical staff rota is split across three sites. This is not a good use of a senior resource because staff have to travel between sites and means they are not as readily accessible to clinical colleagues at short notice;
- Currently there is no access to day case facilities at Mater Hospital resulting in limited ability to develop services there;
- The quality of the physical estate is poor in some of the hospitals with a limited number of single rooms and en-suite facilities being available and wards that require refurbishment at both the Royal Hospitals and Mater Hospital; and
- Meeting targets when the service is based across three sites is operationally difficult as there are 3 referral centres to co-ordinate;
- The gynaecology ward in Royal Jubilee Maternity Service is at a distance from other acute services and ambulance transfers are required if patients need other treatment.

Option 2 - Deliver all gynaecology inpatient and day case services at the Royal Hospitals

In this option inpatient and day case services would be located at the Royal Hospitals within the main hospital building.

Advantages

- Locating the service within the new main hospital building at the Royal Hospitals would result in an improved environment for service delivery when compared to current accommodation in Royal Jubilee Maternity Service with more space for each individual bed and more single en-suite rooms;
- Concentrating beds on one site establishes gynaecology services as an individual specialty promoting development of expertise;
- Ensuring equity of both service provision and waiting times for all patients by managing patients at one hospital;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- Locating on the Royal Hospitals would maintain close links to the maternity service and to the sexual and reproductive health (family planning) service which is based on-site
- Good availability of public transport links – road and bus.

Disadvantages

- The gynaecology service will continue to develop links with urology, oncology and colorectal services. These services are currently mainly based on the Belfast City Hospital;
- There is limited operating theatre capacity availability on the Royal Hospital for the scale of the total Belfast service and there is limited capital available to provide the required infrastructure;
- There is limited car parking on the Royal site;
- This option is not totally in line with New Directions. While it would meet the objective of locating inpatient and day case services together the overall direction of the Trust vision was that Belfast City Hospital would become the main elective centre.

Option 3 – Deliver all gynaecology inpatient and day case services at the Belfast City Hospital

In this option inpatient and day case services would be located within the main Tower Block of Belfast City Hospital.

Advantages

- The inpatient and day service would be based within the Belfast City Hospital Tower. Services would be located on a single floor of the Tower with easy access to theatres and support services;
- Belfast City Hospital offers key linkages for developing the gynaecology service into the future, i.e. links with urology, oncology and colorectal services on this site. This will facilitate a more streamlined patient pathway;
- There are plans to re-provide the Day Procedure Unit theatres. This will enable the service to increase day case rates and modernise service delivery further. Capital funding will be required for this development as part of a larger project to replace the Day Procedure Unit at Belfast City Hospital which is currently in poor condition. This will provide the Trust with some additional capacity to increase day case levels;
- Concentrating beds on one site establishes gynaecology services as a gynaecology centre of excellence;
- A one site option for service delivery is more resource efficient in terms of economies of scale and reduction in duplication of expertise, staff and equipment;
- Ensuring equity of both service provision and waiting times for all patients by managing patients on one site;
- Excellent accessibility by road, rail and bus;
- A location in the Belfast City Hospital would maintain close links to the to the sexual and reproductive health (family planning) service which is based on-site;

- Car parking spaces are readily available on this site; and
- Meets the Trust objective to reduce fragmentation of services and concentrate elective surgery at Belfast City Hospital.

Disadvantages

- The links to the obstetric service would not be as geographically close as option 2. Cover would continue to be provided to ensure that the necessary links required between the services are in place.

Option 4 – Deliver all gynaecology inpatient and day case services at the Mater Hospital.

In this option inpatient and day case services would be located at the Mater Hospital. This option was discussed and it was determined that the key limiting factor for this option is the availability of sufficient space to provide a service in terms of numbers of beds and also availability of theatre capacity. There is also a lack of capital funding to enable appropriate infrastructure to be developed.

In addition there would not be appropriate clinical linkages with urology, the cancer centre or colo-rectal surgery services.

Conclusion

The gynaecology multidisciplinary team recommended that a single site location for inpatient and day case gynaecology services at the Belfast City Hospital will best meet the future modernisation and reform of gynaecology services.

6. What would this mean for patients, staff and each hospital?

In Section 3 the patient pathways that a woman can follow within gynaecology services were identified. Table 3 below highlights where there will be changes to the provision of gynaecology services.

Table 3: Proposed changes to provision of gynaecology services

Specialty Area	Current Location(s)	Proposed Location(s)
Early Pregnancy Problems Clinics (Emergency gynaecology) 12 weeks pregnant or less	RJMS*, Mater Hospital	RJMS, Mater Hospital Surgical Procedure: Belfast City Hospital
Early Pregnancy Problems (Emergency gynaecology) More than 12 weeks pregnant	RJMS, Mater Hospital	RJMS, Mater Hospital
Regional Fertility Services	RJMS	RJMS [Outpatient service] Belfast City Hospital [Inpatients only]
General Gynaecology	RJMS, BCH, Mater	Belfast City Hospital
Gynaecology Oncology	Belfast City Hospital	Belfast City Hospital
Uro Gynaecology	BCH, Mater, RJMS	Belfast City Hospital
Operative Laparoscopic benign Gynaecology	RJMS, Belfast City Hospital	Belfast City Hospital
Outpatients	Royal, Belfast City Hospital, Mater Hospital and well-being and treatment centres	Royal, Belfast City Hospital, Mater Hospital and well-being and treatment centres

* Royal Jubilee Maternity Service at the Royal Maternity Hospital, Royal Group of Hospitals

The impact of the proposed changes on the 6 pathways is:

Early Pregnancy Problems Pathway

Early pregnancy problems will be treated in a number of ways. The majority of patients, due to the nature of their problem will be treated as emergencies. Women who are 12 weeks pregnant or less will be referred to the Early Pregnancy Assessment Clinic (EPAC) for assessment, diagnosis, monitoring and management of the pregnancy. These clinics will continue to be provided at RJMS and Mater Hospitals.

Decisions regarding the management of pregnancy loss will be made at the EPAC clinics. Women who are 12 weeks pregnant or less and who require a surgical

procedure in theatre will normally be managed as a day case within the gynaecology service. Ideally this procedure will be carried out in a Day Procedure Unit. In the future it is anticipated that gynaecology DPU and inpatient theatres will be located at Belfast City Hospital.

Women with early pregnancy problems not resulting in pregnancy loss will remain within the maternity service.

Approximately 1% of early pregnancy loss is due to ectopic pregnancy. Unless these women require immediate intervention they will be transferred to the gynaecological unit at the Belfast City Hospital. Appropriate guidelines will be developed to ensure the correct management of these patients.

Fertility Pathway

A number of women undergoing fertility treatment will require admission due to complications such as Ovarian Hyper Stimulation Syndrome. It is anticipated that these women will be seen within the gynaecology service located at the Belfast City Hospital.

The Regional Fertility Clinic (RFC) medical specialists have a rota system to manage these patients and this will continue no matter where the inpatient service is delivered.

Inpatient Pathway

General Gynaecology - It is planned that all emergency cases presenting at the Mater Hospital A&E, Royal Jubilee Maternity Service admissions and Royal Hospitals A&E will be redirected to the gynaecology unit at Belfast City Hospital unless requiring immediate intervention or surgery, for example, collapsed ectopic pregnancy.

Operative Laparoscopic Benign Gynaecology - This type of surgery would benefit from being in a single unit with other associated surgical services and fits the established clinical linkages at Belfast City Hospital both in terms of the expertise in laparoscopic surgery but also the expertise in urology and bowel surgery.

Gynaecology Oncology Surgery - This service has well established clinical linkages at Belfast City Hospital and these linkages will be maintained in the proposed future configuration of surgical services.

Uro Gynaecology – It is proposed that urology services will be provided from the Belfast City Hospital. This proposal would further facilitate the development of the uro gynaecology service with both teams of professionals located on the same site. In addition the uro gynaecology service will also be located with the colorectal surgeons and gynae-oncologists with whom there are also strong linkages.

Clinical linkages with the urology and colorectal services are very important. Urogynaecologists, urologists and colorectal surgeons all deal with pelvic floor dysfunction and it is anticipated that laparoscopic uro gynaecology procedures will be developed in the unit in the future.

Day case Pathway

Currently 34% of gynaecology procedures are carried out as day cases. As outlined above there will be an increase in the number of gynaecology procedures carried out as day cases in the future. These day cases will be carried out within a dedicated day procedure unit which will be located at the Belfast City Hospital.

Outpatient Services and Outpatient with procedures

Outpatient gynaecology services will continue to be provided at all three hospitals – Royal, BCH and Mater. In addition, the service that is provided within the Bradbury Wellbeing and Treatment Centre will continue and may be developed in the future. This means that women will attend for consultation, assessment and receive their treatment at their outpatient appointment. An example of this is the development of a ‘one stop hysteroscopy shop’ for women experiencing abnormal vaginal bleeding.

What does this mean for patients?

The development of a single, dedicated gynaecology service for Belfast will facilitate a more focused approach for patients, resulting in a more responsive, higher quality service than is currently possible with the service spread out over three hospitals.

Patients will still attend their local gynaecology outpatient services but will be referred to a single dedicated gynaecology centre at the Belfast City Hospital for all follow-on inpatient and day case treatment rather than referred to a number of different hospitals for different treatments.

In addition, the Belfast City Hospital offers access to other clinical specialties which work closely with gynaecology eg cancer services, urology and colo-rectal services.

The patient environment provided at the Belfast City Hospital would be an improvement in comparison to both the Royal Hospitals and Mater Hospital as accommodation is more modern with more single en-suite rooms being available.

What does this mean for staff?

The development of a dedicated unit will bring together all gynaecologists of a given specialty, enabling the formation of highly skilled, sub-specialist teams of surgeons, anaesthetists, nurses and Allied Health Professionals and resulting in a higher, more consistent standard of care for patients.

Delivering services from the same site will facilitate (although not totally resolve) the reduction in junior doctor hours and aid compliance with Working Time Directive.

Concentrating services on one acute site establishes gynaecology services as an individual specialty promoting development of skills and expertise. Trainee nursing and medical staff will benefit from exposure to the diversity of gynaecology conditions assessed and treated in the centre of excellence.

What does this mean for each hospital?

Belfast City Hospital will be the centre from which all elective inpatient and day case gynaecology services will be provided which supports the Trust's strategic direction for the development of an elective centre at the Belfast City Hospital. Emergency gynaecology services will also be provided from the BCH.

Outpatient services will continue to be provided from Royal Hospitals, Belfast City Hospital and Mater Hospital and a Wellbeing and Treatment Centre.

7. Workforce

The Trust will put in place a range of support mechanisms for staff to manage the potential change process. These may include:

- Staff support
- Career counselling
- Training in application and interview preparation
- Retraining/re-skilling for new roles
- Advice and guidance on Human Resource policies and procedures

The main impacts anticipated for staff are:

- Relocation

If the proposal is approved, it will require the relocation of some staff to facilitate all gynaecology inpatient and day case services being delivered from the Belfast City Hospital. The Trust has in place agreed protocols with Trades Unions on relocation and/or redeployment.

The protocols have been developed in recognition of the fact that location of work is of major importance to staff, and to provide assurance, guidance and a process incorporating best practice, and the provision for regional agreements on excess mileage and the application of the Trust's flexible working agreements. Consideration may be to redeploying staff to other posts where appropriate.

- New ways of working/retraining or reskilling

As the Trust is proposing to provide all gynaecology inpatient and day case services on the Belfast City Hospital site, staff, whose job roles may change will be offered appropriate training/retraining.

The Trust will work in partnership with Trade Union Side to consider how it will minimise any adverse impact on the workforce resulting from the proposed changes.

Appendix 1 – Programme of Consultation

This document is one of a suite of documents that represent a formal public consultation between Belfast Trust and the citizens we serve on how we would like to deliver our acute services. The consultation period will open on 5 July 2010 and close on 31 October 2010.

All the documents will be available to our staff and the public using both the Trust's intranet and internet pages, and by posting them to relevant organisations.

We will hold a series of meetings with staff, Trade Unions, service users, carers and clients to ensure they are fully engaged in the consultation papers.

A report will be presented to Trust Board in December 2010. The Trust Board meeting is open to the public.

We are committed to ensuring that we consult broadly on these proposals. If you have any enquiries regarding the consultation programme, please contact the Communication Department at Belfast Trust on 9096 0077.

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services
Communications Department
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Alternatively, comments may also be emailed to:

stakeholdercomms@belfasttrust.hscni.net

Availability in other formats

If you have any queries about this document, and its availability in alternative formats then please contact:

Orla Barron
Acting Health & Social Inequalities Manager
1st Floor, Graham House
Knockbracken Healthcare Park
Saintfield Road,
Belfast
BT8 8BH

Tel: 028 9096 0069

Fax: 028 9056 6701

Textphone: 028 9090 2863

E-mail: orla.barron@belfasttrust.hscni.net

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, in this case, Belfast Trust. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.

Appendix 2 – Equality and Human Rights

Equality and human rights underpin the services that health and social care provide. They are integral to all functions of the Belfast Health and Social Care Trust such as service delivery, policy formulation, employment and procurement.

The Trust recognises that equality in health and social care is not about people getting the same treatment – equality means people accessing person-centred, person-led, quality care which meets their needs.

Human rights are founded on 5 fundamental values: fairness, respect, equality, dignity and autonomy. The Trust has incorporated both respect and dignity in its corporate values and behaviours.

Moreover, the Trust's higher purpose is to improve health and well-being and reduce health inequalities – by working in partnership with others and by engaging with staff to deliver safe, improving, modernising cost effective health and social care.

Under Section 75 of the Northern Ireland Act 1998, the Belfast HSC Trust is obliged to consider the implications for equality of opportunity and good relations. As part of this assessment, the Trust also considers implications for human rights and disability. This means the Trust is not only morally and ethically bound to deliver its acute services to its users in an equitable fashion with respect and dignity; but it also is statutorily bound to do so.

Section 75 of the Northern Ireland Act 1998

Section 75 (1) of the NI Act 1998 requires Belfast HSC Trust, in carrying out its work, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation, between men and women generally, between persons with a disability and persons without and between persons with dependants and persons without. Section 75 (2) requires the Trust to promote good relations between persons of different religious belief, political opinion or racial group.

The Trust is carrying out an equality impact assessment on this proposal to ensure that it undergoes a full and systematic analysis to firstly, determine the extent of differential impact upon the 9 aforementioned groups and secondly establish if that impact is adverse.

If so, the Trust must consider alternative policies to better achieve equality of opportunity or measures to mitigate the adverse impact.

The Belfast Health and Social Care Trust is committed to listening to the view of staff, service users, carers and families and advocacy groups and the wider public and making an informed decision on the basis of these consultation responses.

The EQIA pertaining to this proposal can be found at
<http://www.belfasttrust.hscni.net/involving/Consultation.html>

Should you require further information or need this document in an alternative format, please contact:

Orla Barron
(Acting) Health and Social Inequalities Manager
028 90 960069
orla.barron@belfasttrust.hscni.net

Appendix 3 – Glossary

Glossary of abbreviations

A&E	Accident and Emergency
BCH	Belfast City Hospital
BHSCT	Belfast Health and Social Care Trust
DHSSPS	Department of Health Social Services and Public Safety
DPU	Day Procedure Unit
WTD	Working Time Directive
HaN	Hospital at Night
IVF	In Vitro Fertilisation
MDT	Multi Disciplinary Team
MIH	Mater Infirmorum Hospital
OHS	Ovarian Hyperstimulation
PfA	Priorities for Action
RFC	Regional Fertility Clinic
RJMS	Royal Jubilee Maternity Service
RVH	Royal Victoria Hospital

Glossary of terms

Allied Health Profession	A clinical profession distinct from medicine, dentistry and nursing, such as physiotherapy, occupational therapy, speech and language therapy and dietetics
Day case	A surgical procedure carried out without an overnight hospital stay
Elective surgery	A surgical procedure which has been planned and booked in advance
Emergency surgery	A surgical procedure which is of an urgent nature and has not been planned or booked in advance
Working Time Directive	A law seeking to protect the health and safety of workers which limits the number of hours that doctors are allowed to work over an average week