Urology: the path to recovery

A strategic framework for recovering and developing urology services after the COVID-19 pandemic

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GIRFT is part of an aligned set of programmed within NHS England and NHS Improvement

Executive Summary

Urology, as a specialty, has a tradition of rapid adaption to change, for example in its adoption of new technology into the operating theatre. The 2018 GIRFT National Specialty Report for Urology set out a range of recommendations for the further development of the specialty. These have been well-received within the specialty, with good progress seen in many urology services. Importantly, collaborative working between urology departments is now being seen, following the development of the concept of Urology Area Networks.

However, it is clear that urology was also facing significant challenges prior to the pandemic, particularly with workforce issues. Capacity for care had never matched demand and the UK has the lowest number of Urologists (1:62,000) of any OECD country. An under-supply of urologists and specialist nurses in training, allied with demographic-driven increases in demand, seemed set to increase capacity pressures. The COVID-19 pandemic has dramatically intensified this pressure, leaving a legacy of unmet need and long waiting lists which need to be addressed.

Despite this background, there is room for optimism. The Covid pandemic has demonstrated the ability of urology services to adapt and develop, for example, in the rapid adoption of remote consulting practices and a more 'system-based' approach. The development of Urology Investigation Units (UIUs) has also shown that the specialty can deliver increased efficiency and greater patient throughput, while retaining or enhancing clinical quality and patient experience. Urological input into the development of high-volume low complexity (HVLC) elective surgical hubs is ongoing, with similar benefits anticipated. These are the cornerstones on which our recovery must be based.

GIRFT Urology, in association with the British Association of Urological Surgeons and the British Association of Urological Nurses, has drawn together this strategic framework for improving the quality of care, ensuring equity of access, patient experience and efficiency of urology services, based on the experience of urology departments who have delivered successful service improvement. This document provides a summary of that framework. An accompanying manual provides further background detail and resources that should help those who are tasked with delivering improvement in their own urology services.

The strategic framework for urological recovery and development is organised in a way which mirrors a patient's journey along a clinical pathway. We believe that this approach to the future development of urology services in England will be widely supported across the NHS. We have a unique opportunity to develop and invest in our workforce, estate and equipment with clear goals that form a coherent approach which will deliver long-term benefit for patients, clinicians and the wider NHS. It is vital that this type of strategic investment takes place, as opposed to short-term spending on measures that do not provide a lasting legacy.

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1. Strengthening the interface with primary care

A considerable proportion of urological care is delivered by primary care clinicians. Providing better access to specialist advice will help to develop more seamless care for patients. Service efficiency will be enhanced by ensuring that patients who need specialist care are seen in the most appropriate setting, by the appropriate clinician, and in a timely way.

- Develop an advice and guidance service, which is consistent and timely in action
- Identify points of access into secondary care urology services and ensure that all potential referrers are aware of how to use such access
- Work with primary care colleagues to mitigate factors that would increase inequity of access to urological services
- Provide effective, intelligent triage for all urology referrals
- Job plan time for senior clinicians to undertake advice & guidance and referral triage
- Ensure that there is integration between secondary care and community-based services for catheter care and continence

2. Outpatient consulting

Traditional outpatient management, based on multi-stage face-to-face care, is recognised to be inconvenient for many patients and to use resources ineffectively. Much urological activity is outpatient-based and eminently well suited to a more diverse, targeted approach. There is an NHS drive to ensure that outpatient follow up activity is clinically and resource-efficient, by increasing the sophistication of follow up using a personalised outpatient model and the supported discharge of patients from follow up.

- Use the GIRFT Best Practice Academy Guide on Urology Outpatient Transformation document https://www.gettingitrightfirsttime.co.uk/bpl/urology/ as the basis for a review of current outpatient organisation and increasing efficiency by
    a. Expanding one-stop outpatient services
    b. Optimising the use of remote consultation clinics
    c. Minimising follow-up appointments using remote monitoring
    d. Using patient initiated follow up (PIFU)
- Ensure that there are policies in place that encourage the use of personalised outpatient follow up and minimise the risk of patients inappropriately remaining on secondary care follow up

3. Outpatient investigation and treatment

Urology is a major provider of outpatient investigations and treatments. Co-locating facilities for delivering such care as Urology Investigation Units (UIUs) is accepted as offering major advantages in terms of patient experience and service efficiency. There are also major opportunities for treating more patients in UIUs through the adoption of new technologies. If appropriate, these units may be placed in community sites, distinct from acute sites.

- Make use of standardised diagnostic and treatment protocols and pathways where these have been developed by recognised expert groups
- Develop urology investigation unit facilities, where these do not already exist
- Incorporate innovations in outpatient treatments, including trans-perineal prostate biopsy, trans-urethral laser ablation of bladder tumours, peno-scrotal surgery and technologies for the relief of bladder outlet obstruction
- Ensure equitable patient access to urological outpatient investigation and treatment across the Urology Area Network footprint
- Ensure that the urology investigation units are managed in a way which promotes efficient control of waiting lists, has the flexibility to expand the portfolio of interventions and supports workforce development

4. Supporting patients who are waiting for care

Long waiting times are going to affect urology patients to varying degrees. It is vital that patients remain under active care while waiting and do not suffer from being “out of sight and out of mind”. There is a need to ensure that prioritisation does not lead to some groups of patients being on waiting lists that are effectively inactive. This can be avoided by ensuring that maximum waiting times are in place, monitored and enforced.

- Organise regular clinician validation of waiting lists, supported by efficient IT, administration and job planning
- Ensure that patient prioritisation is based on clinical need, e.g. appropriately prioritising patients with indwelling catheters who are awaiting surgery
- Actively address problems created by very long waits, e.g. using ring-fenced lists to ensure that maximum waiting times are not breached
- Ensure patients are aware of when and where to seek further help in the event that new symptoms emerge or their condition deteriorates
- Provide waiting patients with points of contact for dealing with administrative or clinical questions, and information about how to manage their condition while waiting for treatment
- Provide waiting patients with advice on how to optimise their health ahead of an operation

5. Delivering urological surgery

There are major opportunities for urology to reduce its use of resources, while improving patient experience. A sizable proportion of urological procedures can be provided without using in-patient beds, often using local or regional anaesthesia. Urology should be a major user of High Volume/Low Complexity (HVLC) surgical hubs.

- On a Urology Area Network (UAN) basis, actively support the development and use of High Volume/Low Complexity (HVLC) surgical hubs
- Ensure that any work carried out in independent sector facilities is subject to the same review and standards as NHS facility work, and contributes to surgical training
- Establish a "daycase by default" approach for suitable urological procedures, meeting GIRFT standards for bladder outflow surgery, bladder tumour resection and ureteroscopy
- Maximise the use of local anaesthesia for urological procedures
- Ensure timely access to shock wave lithotripsy (acute and planned) for suitable patients across the UAN
- Develop an outpatient service for transurethral laser ablation/resection of bladder tumours in each unit
- Review benchmarking data and ensure that complex surgery provision complies with nationally recognised process and outcome standards, including unit and surgeon volume, length of stay and complication rates
- Ensure that urology theatre productivity meets GIRFT standards

6. Delivering high quality and efficient emergency care

Streamlining the care of emergency urology patients has the potential to benefit patients and improve the use of resources. Central to this is the continued move to greater consultant involvement in emergency care, and the development of new ways of providing such care.

- Ensure that hands-on consultant input is central to emergency care
- Ensure that primary care colleagues have ready access to emergency and urgent urological advice
- Ensure that hot clinics are available to help reduce avoidable admissions to hospital
- Consider establishing a Urology Assessment Unit
- Review and adopt relevant pathway improvements from the GIRFT Academy Guides, such as the actions in the acute urinary tract stone management guide

7. Supporting a system-based recovery

There is wide acceptance that there are quality and efficiency gains to be made through greater degrees of collaboration between urology departments. This is being formalised by the development of Urology Area Networks (UANs), which provide an adequate population base for planning comprehensive, efficient urology services. A list of UANs is provided in an appendix of the accompanying "Urology: The Path to Recovery" Manual.

- Identify and formalise the Urology Area Network (UAN) arrangement for every urology unit
- Establish and support the administrative and managerial arrangements that will underpin UAN working
- Ensure provision of adequately funded clinician input
- Work on practical areas of networking in order to realise some early benefits
- Ensure that staff are "passported" to work across the UAN
- Ensure that bids for estate or equipment are consistent with the strategic vision of the UAN

8. Supporting the urological workforce

The single major challenge to urology is the need to recruit, develop and retain a skilled workforce. However, there is an immediate need to address post-pandemic wellbeing issues and address deficits that have built up in the education and training of current trainees.

- Ensure mechanisms are in place to improve staff wellbeing across the urological workforce and mitigate risk of post-pandemic burnout, e.g. by supporting flexible working patterns, where appropriate
- Develop a UAN-wide strategy for workforce retention that is applicable to all staff groups. Focussing on those who are considering leaving the profession and addressing disincentives that are contributing to their decision-making

9. Developing the urological workforce

To meet the need to recruit, develop and retain a skilled workforce will require focus at national, regional and local level. Importantly, this focus must cover all of the trainee groups: medical, nursing and allied professionals.

- Develop a UAN-wide strategy for workforce development applicable to nursing and allied health workers, staff and associate specialists, trainee urologists and consultants
- Be proactive in developing and implementing strategies to overcome any pandemic-induced training deficits across all aspects of the urology curriculum
- Ensure all urology departments focus on integrating service and training recovery, e.g. by ensuring trainee involvement in HVLC hub activity as well as exposure to high complexity/low volume procedures
- Ensure that a high priority is given to providing a robust appraisal service for all staff

10. Supporting urological research

Over the last decade in particular, urology has contributed greatly to the national research effort. Recruitment of patients into high-quality clinical trials has been very successful. The pandemic mustn't be allowed adversely impact on this important effort.

- Review current trust and UAN research infrastructure in terms of job plans, workforce and estate
- Develop an active strategy to maintaining, or enhancing, the contribution to the national research effort
- Ensure that patient participation in research is facilitated by using new technologies, such as remote consultations
- Ensure that clinical colleagues across the UAN are regularly updated with a list of open clinical trials, entry criteria and the contact details of those running the study