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NHS

Project Title
Non-elective specialist urology provision
Project Team
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Overview & Rationale for Change
To support patient access to specialist urology services, patients from Darlington, Bishop Auckland and surrounding areas who require non-elective urology care will be admitted to The James Cook University Hospital from 1 December. On average, this will affect three patients each week. Many of these patients will come from Darlington Memorial Hospital A&E and some will be identified by general surgery colleagues at Darlington Memorial Hospital and then referred to South Tees Hospitals NHS Foundation Trust. It is expected that there will be very few patients who will be identified in a primary care setting. Referral pathways will include: • Renal colic with obstructing stone - with CTKUB (computerised tomography scan of the kidneys, ureters and bladder) at Darlington • Clot retention • Urinary retention with renal failure • Acute retention with diuresis • Post-op complication from urological surgery Torsion will continue to be treated at Darlington Memorial Hospital.
How do Patients receive treatment without this change?
Prior to any changes Darlington patients would present to their GP or to DMH, receive an assessment and (if required) be admitted under the care of the General Surgery team. Their care would be overseen by this team with input from Urology Associate Specialist staff..
How will Patients receive treatment following this change?
Patients will present in the same way i.e. to their GP or to DMH. They will have initial review at this point and diagnostics will be provided.

Patients who may require inpatient admission for urological intervention will then be discussed with urology teams at JCUH in the first instance. Those who can be managed in an ambulatory setting will be directed to either hot clinics on the DMH site or Surgical Ambulatory Care at JCUH.

Patients requiring specialist inpatient urological care will be admitted from A&E or GP referral direct to JCUH, thereby avoiding the need for admission to a general surgical ward at DMH.

Patients who require admission to DMH and have a urological problem which is not the primary reason for that admission will be reviewed by either a middle grade doctor or a urology nurse practitioner, with supervision by a consultant urologist, on site. Where this is not available there will be discussion with the middle grade on call doctor at JCUH.

How many Patients will this affect?

Activity data for each of the hospital sites is detailed below. The activity change proposed is that the 175 admissions to DMH are moved to JCUH with an approximate effect of 2.2 – 2.4 daily bed occupancy increase at JCUH and reduction at DMH.

			JCUH	FHN	NTGH	DMH
Option Two	Overnight Admission per annum		1,746	-71	-523	-175
	Average Midnight Bed Occupancy (Beds)	92% Occupancy	21.2	-0.6	-7	-2.2
		90% Occupancy	21.6	-0.6	-7.2	-2.2
		87% Occupancy	22.5	-0.7	-7.5	-2.3
		85% Occupancy	23	-0.7	-7.6	-2.4
	Ambulatory Care attendance per annum		477	27	238	100
	NEL Theatre Usage per day		3	-0.1	-0.8	-0.2

The activity data is modelled on the last 24 months however accuracy will need validation with the actual changes. It is accepted that CDDFT code Urology admissions as General Surgery at weekends and this data set will therefore not include these patients. South Tees will monitor the activity changes following the implementation of the changes to validate the actual changes in activity.