

Briefing Paper on Price Report Implementation in LUH – February 2021

The LUH Gynaecology Services Implementation Group continues to meet bi-monthly to oversee Gynaecology Service delivery in LUH. All recommendations from the Price report have either been fully implemented or are in advanced stages of implementation. In summary, LUH has reviewed all processes and pathways to ensure they are robust and additional work from the whole team has meant that access waiting times have significantly improved.

1. LUH should build capacity in its PMB clinic and build the capability of staff working in the PMB clinic

All patients referred with PMB are offered an appointment at the PMB clinic within 4 weeks of referral. PMB Clinic attendances in 2021 = 872 patients.

Training and education has been delivered across the MDT, additional NCHDs have completed their in USS qualification and the cANP is now at a point in her training where she is able to undertake ambulatory hysteroscopy with remote supervision.

2. LUH should review their referral and triage system for gynaecology patients which should be robust, with built-in fail-safes and be monitored regularly

The triage pathway has been streamlined with dedicated gynaecology administrative staff managing the referrals. All gynaecology referrals are triaged within 7 days with this metric being monitored monthly.

The monthly audit to assure that all gynaecology patients follow the correct care pathway is ongoing. Over the last four months, one patient only deviated from the correct pathway but was still seen within agreed timeframes.

3. LUH should build their capacity and capability for inpatient, daycase and planned procedures; and should build their capacity and capability for outpatients, both of which should include a review as to how LUH manage their waiting lists

- **Gynaecology Outpatients** – the number of patients on the outpatient waiting list in January = 484, 15 of which have been waiting greater than 12 months (WL in November 2019 = 1803). Work is ongoing to ensure the backlog of review patients is seen over the next few months. Close monitoring of the waiting lists with monthly reporting in ongoing.
- **Ambulatory Gynaecology** – 574 patient were seen through the Ambulatory Gynaecology Service between March and December 2021. This service is provided by highly skilled staff and has been very successful in diverting patients from Daycase procedures.
- **IPDC** – 208 patients are waiting for an inpatient or daycase procedure (107 – DC; 101 – IP), with 44 of these waiting greater than 15 months (WL in November 2019 = 376). The additional theatre sessions remain in place providing significant additional capacity (although this was impacted with the latest COVID surge) and the Maternity Theatre remains open to manage Obstetric cases.
- **Emergency Gynaecology** – emergency gynaecology patients now all present to the Emergency Department in the first instance for triage – gynaecology patients no longer present to the gynaecology ward except for scheduled appointments.
- **Gynaecological Oncology Pathway** – work is ongoing across the Saolta Group on the Gynaecological Oncology Pathway. The NCCP-funded Consultant Gynaecological Oncology Surgeon post is being progressed through the recruitment processes.

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4. LUH gynaecology Service should review and improve on their communication processes with service users and service referrers

A Service User Forum for Gynaecology is being established. The TOR has been defined and advert circulated seeking Service Users to join the group. First meeting planned for 22/2/22.

5. The LUH Women's' and Infants Directorate should review its Governance for Quality and Safety structures, and improve the robustness of its Governance for Quality and Safety processes

LUH Q&S structures are aligned with the MCAN structures. There is a local W&C risk meeting to review all new adverse events and identify where further investigation is required. Cases are then brought for discussion and decisions regarding reviews to the Group-wide pre-SIMT and SIMT meetings.

6. The LUH Gynaecology Service should undertake a robust and comprehensive self-assessment against the HIQA National Standards for Safer, Better Healthcare, 2012

Self-assessment against NSSBH has been completed and QIPs identified. These QIPs are followed at the MCAN meetings and the Implementation Group.

Ongoing challenges

Recruitment of Consultant staff – the team has recently reduced to four consultants (2 permanent, 2 locum) due to extended leave. Interviews are planned for permanent recruitment in the next month.

Data: 12/1/22