

## **NHS Alliance**

### **Specialist Urological Advisory Group**

#### **Mission Statement**

To provide commissioners and healthcare providers with independent, experienced, clinical advice aimed at achieving implementation of the best and most appropriate local urological services within the new commissioning framework.

#### **Background**

Until the 1990s urology remained a high volume surgical speciality conducted almost entirely from secondary care. Since then three major changes have occurred.

Firstly, the introduction of drugs to treat conditions such as prostatic obstruction and impotence has medicalised a significant proportion of the workload.

Secondly, the speciality has grown considerably in terms of numbers of referrals, number of consultants and the complexity and subspecialisation of treatment, particularly for cancer.

This has led to the third major change; new opportunities and changes in the workforce and facilities providing urological care.

The increasing workload in urology departments led to the foundation of the British Association of Urological Nurses. Specialist urology nurses have increasingly taken over many basic diagnostic and support roles, particularly in cancer. Simultaneously, increasing subspecialisation has led to concentration of certain services, such as cancer care, in major centres aiming to improve outcomes through greater turnover and experience. In Primary Care the emergence of GPs with a special interest now adds a further dimension.

To these changes can now be added pressure from the new direction of travel for the NHS as a whole as it seeks to prioritise prevention and early intervention, focus on Primary Care and, no doubt, seek limits on specialised hospital-based care.

The challenge for commissioners is to understand the complexity of urology and then commission services that are high quality yet reflect the current strategic priorities of integration, efficiency and patient centred care that is “closer to home”. In addition the ‘early detection and prevention’ agenda may have significant urological consequences due to lack of awareness and an unmet need in men’s health and wellbeing.

#### **The NHS Alliance Specialist Urology Group**

This group has been established to provide independent clinical advice and support to commissioners, companies, primary and secondary care providers and all those working to establish and implement high quality, patient centred, integrated urological services.

The group is currently comprised of experienced UK urological surgeons and a GP who has had previous extensive specialist urological experience. The members are drawn from across England, from differing urban and rural backgrounds, and have been leaders in the development of British urology over the last 25 years.

The group will work within the NHA Specialist Network to provide independent, experienced, **clinical** commissioning support to commissioners and providers aimed at achieving the best **locally** commissioned urological services for any particular CCG. The key element will be development of a cohesive working relationship between urologists and GPs to facilitate the commissioning of cross-boundary, integrated pathways which promote care closer to home whilst improving the ability of urology units to provide specialist services.

## **Conclusion**

The addition of this group to the Alliance's Specialist Network provides commissioners and providers with consultancy expertise to make the most of opportunities arising from the provision of a major surgical speciality with unique clinical connections and compatibility with Primary Care.

## **Group Members**

Chairman: Chris Booth, FRCS, Consultant Urologist, Colchester, Essex. Special Interests: prostatic disease (BPH & Cancer), men's health, community urology and service redesign.

Other Members:

- Mike Bailey
- Mike Flannigan
- Alvan Pope
- Ralph Beard
- Paul Miller
- Jon Rees
- Peter Donaldson
- Tim Philp
- Byron Walmsley