

Diane Corrigan

From: Donnelly, Jeanette <[redacted]>
Sent: 20 August 2010 17:11
To: Corrigan, Diane
Subject: RE: Cystectomy information
Attachments: Q1026cah pts only.xlsx

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Diane

I have been looking at the CAH data - and don't see any duplicates - however I was trying to run this different ways to see if I could extract/highlight duplicates, in the original query/info I have given you I included Primary and Secondary Operation codes and wonder should I just have included Primary Operation as looking at the information this way for CAH only is extracting about 2-3 patients more per year, including the Secondary Operation code may have restricted it too much - maybe I could come up and speak to you on Monday at some stage regarding this.

I have attached this info for you to have a look at and see what you think. Hope this doesn't cause any disruptions for you.

Regards

Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [redacted]
Fax: [redacted]
Email: [redacted]
Web: www.hscboard.hscni.net

-----Original Message-----

From: Corrigan, Diane [mailto:[redacted]]
Sent: 20 August 2010 14:34
To: Donnelly, Jeanette
Subject: Cystectomy information

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Jeanette

I was wondering if there is any possibility that the higher proportion of cases with a diagnosis of cystitis at CAH is because of poor coding (ie patients who had the operation in the past admitted with an infection (though since they no longer have a bladder technically it should not be termed 'cystitis').

Is there any way that you are able to check patient numbers or date of birth just to confirm there are no duplicates in the CAH subset?

Diane

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Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2005/2006	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- N30.2	Other Chronic Cystitis			Personal Information redacted by USI			FM05	01/06/2005	Personal Information redacted by USI	1
		Young M Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM12	13/03/2006		1
FY2005/2006	Craigavon Area Hospital																2
																	2
Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2006/2007	Craigavon Area Hos	Balstone GRD Mr	SOUTHEASTERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec			Personal Information redacted by the USI			FM06	30/06/2006	Personal Information redacted by the USI	1
		Balstone GRD Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM05	02/06/2006		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM10	29/01/2007		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM02	22/05/2006		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM08	30/10/2006		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- N30.1	Interstitial Cystitis (Chronic)						FM03	08/05/2006		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- N30.1	Interstitial Cystitis (Chronic)						FM03	29/05/2006		1
		Young M Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM09	10/12/2006		1
FY2006/2007	Craigavon Area Hospital																2
																	2
Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2007/2008	Craigavon Area Hos	Balstone GRD Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM04	09/03/2007		1
		McAlister G Dr	NORTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM06	10/06/2007		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM05	18/03/2007		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM05	27/08/2007		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM12	04/02/2008		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- R15.X	Faecal Incontinence						FM04	09/03/2007		1
		Young M Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- D41.4	Neoplasm Uncert / Unkn Behav Bladder						FM08	02/11/2007		1
		Young M Mr	WESTERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM09	02/12/2007		1
FY2007/2008	Craigavon Area Hospital																2
																	2
Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2008/2009	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M19.2	Urinary Diversion - M19.2	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM10	08/12/2008		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM11	02/02/2009		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM11	12/01/2009		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.2	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM02	12/05/2008		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.2	Total Excision Of Bl	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM02	12/05/2008		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM11	09/02/2009		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- R32.X	Unspecified Urinary Incontinence						FM11	23/02/2009		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.2	Urinary Diversion	- N30.1	Interstitial Cystitis (Chronic)						FM12	09/03/2009		1
		Young M Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Prostate						FM09	04/12/2008		1
		Young M Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM07	08/10/2008		1
		Young M Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM12	02/05/2009		1
FY2008/2009	Craigavon Area Hospital																11
																	11
Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2009/2010	Craigavon Area Hos	O'Brien A Mr	NORTHERN	M19.2	Urinary Diversion - M19.2	Total Excision Of Bl	- R55.9	Peritonitis, Unspecified						FM06	14/06/2009		1
		O'Brien A Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM08	20/10/2009		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM04	20/03/2009		1
		O'Brien A Mr	SOUTHERN	M34.3	Total Excision Of Bl M19.2	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM01	30/03/2009		1
		Young M Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM04	15/05/2009		1
		Young M Mr	SOUTHERN	M34.1	Total Excision Of Bl M19.1	Urinary Diversion	- C67.9	Malignant Neoplasm Of Bladder, Unspec						FM03	11/05/2009		1
FY2009/2010	Craigavon Area Hospital																2
																	2
Fiscal Year	Hospital Description	Consultant Name	Local Commission	Primary Operation	Operation Description	Secondary Operation	Secondary Operation	Primary Diagnosis	Diagnostic Description	Postcode	Cases	DOB	CHI Number	Fiscal Month	Date of Admission	CHI Number	Elective FCE's & C
FY2010/2011	Craigavon Area Hos	O'Brien A Mr	SOUTHERN	M34.2	Total Excision Of Bl M19.1	Urinary Diversion	- C68.0	Malignant Neoplasm Of Urethra						FM01	13/04/2010		1
FY2010/2011	Craigavon Area Hospital																1
											Sum						1
											Sum						36
											Sum						38

Diane Corrigan

From: Diane Corrigan
Sent: 23 August 2010 17:11
To: Carolyn Harper; Janet Little
Cc: libby.jones; DPHM.secretary
Subject: Confidential : Addendum to email on cystectomy figures in NI sent on 20th August
Attachments: NI cystectomy and/or creation of an ileal conduit as a primary procedure 200506 to 200910.xls

Dear Carolyn and Janet

The information dept ran the data again to check for duplicate patients. In doing this it was realised that the first run of information had used as a search criterion that the patients had to have had both a cystectomy AND an ileal conduit. This latest version uses EITHER cystectomy OR ileal conduit formation as primary procedure code. The latter method increases the number of patients.

The role of the regional centre seems to have become more prominent over the five year period, with cessation of these types of cases at Altnagelvin and the Mater Hospitals. The specialist role in treating patients with spinal problems/neuropathic bladders is also reflected in the BCH data. There are cases where the diagnosis coding is too vague to be sure what the true underlying diagnosis might have been, e.g. for 'peritonitis, faecal incontinence, mycobacterial infection, attention to openings of urinary tract'.

In 2005/06 and 2006/07 there were 32 and 41 operations of this type respectively across NI. The number done for reasons other than malignant disease (as per the ICD coding) were 9 and 7 respectively. Four of the 9 done in 2005/06 were for cystitis of whom 3 of the four had their operation at CAH. In 2006/07 three of the seven non-malignant patients operated on in NI were coded as having a primary diagnosis of cystitis, all three of whom had their operation at CAH. This proportion might be explicable if CAH had been a centre of specialisation for this treatment, but if so that is something which was not raised as part of the Regional Urology Review.

From 2007 onwards the number of procedures done for non-malignant indications at CAH fell to 2, 2 and 4. In that group of 8 cases, one was for UTI unspecified and one for mycobacterial infection but none specifically for cystitis.

On the basis of this information I am not sure that there is a clear pattern of unusually high cystectomy rates in CAH for cystitis, at least since 2007. Even so, do you think these data should be shared with the Trust? Do you think it appropriate to seek an assurance that no more radical pelvic surgery is listed for operation on that site – even though that was implicit rather than explicit in the Urology Review?

Regards

Diane

Diane Corrigan

From: Little, Janet <[Personal Information redacted by the USI]>
Sent: 25 August 2010 15:43
To: Corrigan, Diane
Subject: RE: Important - advice needed on issues relating to clinical practice in Urology

[Redacted]
Diane [Redacted]

Apologies I have clearly been dealing with Emails out of sequence.

I have scanned all this and would suggest that there is enough to raise concern over the information as presented.

There is enough concern to ask the Trust for a formal report on the management of this group of patients (the requirement for central line insertion is a serious development) and it may be reasonable to suggest external input.

Happy to discuss [Redacted]

Janet

-----Original Message-----

From: Corrigan, Diane [mailto:[Personal Information redacted by the USI]]
Sent: 19 August 2010 18:24
To: Carolyn Harper; Janet.Little [Personal Information redacted by the USI]
Cc: Jones, Libby
Subject: Important - advice needed on issues relating to clinical practice in Urology

"This e-mail is covered by the disclaimer found at the end of the message."

Dear all

I have cut and pasted in some emails below which I hope are self-explanatory. There are also some attachments. In summary, in April 2009 I was approached by Dr P Loughran, the Medical Director of SHSCT, to seek my views as a commissioner of services as to whether a particular treatment being undertaken by Urologists in CAH was appropriate. This was regular elective admission of a small cohort of patients with chronic urinary tract infections to have IV fluids and antibiotics. The patients concerned believe that this 'flushes them out' and appear to value the treatment. I thought it was biologically implausible for this form of treatment to be any more effective than oral treatment. This view concurred with opinions Dr Loughran had already garnered from clinical colleagues. Although this treatment was wasteful of resources, it did not appear at that time to pose a clinical risk to patients. I gave Dr Loughran some advice on how to deal with the issue, including a contact for an external urology opinion.

[Redacted]
I was next involved in January 2010 when Dr Loughran approached me to say that although he had agreed with the clinicians that the treatments [Redacted]

would be phased out this had not in fact happened. He had prepared a paper for the Trust's SMT and as it referred to me he sought my opinion on the wording of the relevant paragraph. I suggested amendments (which you will see below), but did not see a final version of the report. The report's Appendices (see PDF attachment) included comments from external urologists which concurred that the treatment was not in keeping with practice elsewhere in GB.

At a recent meeting with the Trust about the Urology Review it emerged that not only had the treatment not yet stopped, but some patients (possibly 2) were now receiving this treatment via a central line. Given the risk that having an indwelling line poses to patients I felt that I needed to take this further. I emailed Mr Eamon Mackle, Clinical Director of Surgery at the Trust (see below) who indicated that the Medical Director had now asked him to deal with the issue. On the day I spoke to him he did not appear to be aware that I had provided previous comments, hence the purpose of copying him information on the timeline and the draft report. I re-read the report and began to wonder if there was something unusual about the cohort of patients. One of the external opinions referenced the fact that several of the patients had ileal conduits. I imagined that the prevalent population of patients with ileal conduits in the CAH catchment would not have been very large. To put my mind at rest I asked for some information on the numbers of such operations done over the last 5 years in NI by consultant. This is attached above in an Excel spreadsheet. There are all sorts of caveats in interpreting this data, depending as it does on coding quality and completeness. However the raw data show that of 185 cases over the period, 170 had a diagnostic code which indicated malignancy or carcinoma in situ. Another 2 were coded as 'neoplasm uncertain'. Three were done by a single urologist in BCH for neurological disorders. Of the remaining 10 which did not have those diagnoses, six were done by a single consultant at CAH. Four had a primary diagnosis of cystitis, one had a diagnosis of faecal incontinence and one of peritonitis.

I have tried to think of possible data-related explanation for this. If there was very poor coding practice in a hospital then maybe a patient who had a longstanding ileal conduit, admitted for treatment of cystitis might, in theory at least, be coded as though they had the cystectomy and ileal conduit as elective operations each time - but if so that coding error would need to be highlighted and stopped. However if there really is an underlying issue - what is the role of the PHA in drawing this to the Trust's attention?

I have included draft wording of an email which I was considering sending to the Medical Director, Director of Acute Services and Clinical Director of Surgery at SHSCT. However I thought that before doing so I needed guidance on whether this was the correct way to deal with this issue.

I would be very grateful for your comments and advice on the following points

(i) Do you agree that the line I had already taken on the use of regular IV fluids and antibiotics for chronic cystitis was correct?

(ii) Do you agree that continuing this form of treatment in the light of

external advice from external urologists calls for further action, especially since some of patients now appear to have had central lines inserted for the purpose?

(iii) Do you think that the statistics on cystectomy and ileal conduit creation by one consultant at CAH are sufficiently different from the pattern of treatment in other units for me to raise this with the Trust? The numbers are small and all of the information from each Trust is subject to the quality of their coding.

(iv) Do you think my comment in the draft email seeking assurance that, following the Urology Review, no further radical pelvic surgery should now be happening in CAH is appropriate?

Regards

Diane

COPY OF EMAIL TO CLIN DIR OF SURGERY AT SHSCT

-----Original Message-----

From: Diane Corrigan

Sent: 09 August 2010 13:12

To: 'eamon.mackle' Personal information redacted by the USI

Subject: FW: Intravenous Fluid & Antibiotic Therapy (IVT)

Importance: High

Dear Eamon

Re our discussion at the end of the Urology meeting - I found this email and thought I should forward it to you. You may by now have had sight of the Trust's full internal file on this issue.

My timeline for events relating to this issue is:

21 April 2009 - phone discussion with Dr Loughran in which he indicated that a cohort of patients having this IV treatment had come to light when implementing the Trust's new antibiotic prescribing policy. I advised involvement of the CD and if necessary external advice from Mark Fordham. I emailed Mark's address on the 22nd April.

Paddy called me again on the 4th Jan 2010 to say that although the clinicians had agreed to change practice, it had emerged that this had not happened. He planned to prepare a paper setting out the issue for discussion (? within Trust management). He forwarded a draft to me (attached) and the email below was my response. I do not think I ever saw the final report which was for internal use in the Trust. The draft paper indicated that insertion of central lines to deliver this therapy was being considered for two patients. From your comments it sounds as though this has actually gone ahead. I am very concerned as to how this could have happened. It is a matter for the Trust to decide, but I think the latter begins to sound like an SAI.

I have re-read the Appendices to the draft report. Perhaps I am reading more into them than was meant - however am I right in thinking that almost all of these patients have had cystectomy and ileal conduits for benign disease? I would have imagined this would have been a treatment of last resort. Is there any possibility that there is a wider issue here - i.e. not just the continued use of a non evidence-based treatment for UTI, but a higher than expected use of radical surgery for the underlying pathology? As a first step maybe I can ask our information department to see whether it is possible to extract information on the number of cystectomies done in NI for benign disease over the last decade. This will depend on the coding quality - however if it shows nothing untoward in terms of numbers done at CAH then concentration on IVT would remain the most pressing issue.

This could be very difficult. I would advise a team approach within the Trust - involving the Medical Director and the Dir of Acute Services - dealing with this on your own would not be a good idea.

Please let me know if there is anything else I could do.

Diane

EXTRACT OF EMAIL TO MEDICAL DIR SECRETARY

-----Original Message-----

From: Diane Corrigan

Sent: 06 January 2010 16:13

To: 'White, Laura'; Paddy Loughran

Personal Information redacted by the USI

Cc: Wilson, Roberta

Subject: RE: Intravenous Fluid & Antibiotic Therapy (IVT)

Thank you for letting me see this draft report. I have two comments. Firstly, since I am now an employee of the PHA, I'm not sure it is technically correct to call me the 'commissioner' anymore - though the best alternative I can come up with is 'PHA adviser to the HSCB Southern office' which is very longwinded. With that in mind could I suggest that page 3 para g is amended to read

"I have discussed the above with Dr D Corrigan, the PHA adviser to the HSCB Southern office. On the basis of the information provided, she has advised that it would not be appropriate for SHSCT to continue to provide a treatment for which there is neither a published evidence base, nor a supporting consensus of professional opinion outwith the Trust. If SHSCT urologists feel strongly that this treatment is of value they should participate in a recognised clinical trial, with ethical committee approval. For those patients already on this treatment regimen an orderly process should be agreed and implemented to move them onto alternative treatment regimes, with the support of medical microbiology. It will be important that the reasoning behind this decision is sensitively communicated to this cohort of patients."

I also think the patient names should be removed from the Appendix (Carmel Hanna's letter) as the report may end up being copied and this could lead to a breach of patient confidentiality.

Regards

Diane

-----Original Message-----

From: White, Laura [mailto:]

Personal Information redacted by the USI

Sent: 05 January 2010 14:19

To: Corrigan, Diane

Cc: Wilson, Roberta

Subject: Intravenous Fluid & Antibiotic Therapy (IVT)

Dr Corrigan

Enclosed as per your telephone call with Dr Loughran, you are mentioned under Page 2, No 6 and Page 3, "G".

Laura

Ms Laura White

Personal Assistant to

Dr Patrick Loughran

Medical Director

Southern Health & Social Care Trust

DRAFT EMAIL TO SHSCT 19 AUG 2010 VERSION

Dear

In the context of the Urology Review implementation process, which highlighted a high proportion of elective urology episodes which did not have an operative procedure, I re-read the external expert reports relating to the use of IV therapies at CAH (Appendices of the draft document I was asked to comment on last January). I picked up on a comment that many of the cases had ileal conduits. I emailed Eamon Mackle a few weeks ago to the effect that just to put my mind at rest I intended to seek NI-wide information on the numbers of cystectomies and ileal conduits carried out by Unit and consultant.

I enclose the results. These have to be interpreted with caution as they are dependent on coding quality. In addition I appreciate that the numbers are very small. It appears that cystectomy and conduit creation is done in the great majority of cases for malignant disease. However there appear to be small numbers done for other reasons. Four of the operations coded as being done by one of the CAH surgeons were for

cystitis. This would appear to be unusual. Is there any possibility that this reflects incorrect coding and in fact these are multiple admissions of patients who have had the procedure in the past and who have been admitted for other reasons?

Following the Urology Review decision, as of March 2010 radical pelvic urology surgery for malignant disease should no longer be being done in SHSCT. This would include cystectomy. We have discussed the cancer cases recently at the meeting chaired by Beth Malloy from PMSI at the HSCB. The rationale for this policy decision, which is in line with IOG guidance, was to concentrate the relatively small number of such cases in the hands of a small number of surgeons who could maintain specialist skills. No reference was made in the Urology Review to radical pelvic surgery for non-malignant disease. It was perhaps assumed to be implicit that the even smaller volume of this type of work would also be centralised. I would be grateful for an assurance that the urology team is now referring on all patients being considered for radical pelvic surgery regardless of the underlying diagnosis.

Best wishes

Diane

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Diane Corrigan

From: Diane Corrigan
Sent: 26 August 2010 16:21
To: Adele.graham [Personal Information redacted by the USI]
Subject: Fw: Cystectomy information

Adele [Redacted]
Welcome back from leave! Can I have your expert advice please? This is potentially a clinical governance/safety issue hence PHA involvement. Could you give me a ring when you have a minute?
Thanks
Diane

----- Original Message -----

From: Diane Corrigan
To: 'Jeanette.Donnelly' [Personal Information redacted by the USI] <[Personal Information redacted by the USI]>
Sent: Thu Aug 26 16:18:32 2010
Subject: Re: Cystectomy information

Jeanette [Redacted]
I do want the info but sounds bizarre that it would have this impact on the system. Wait until I have a discussion with Adele Graham from PHA when she returns from leave next week. She sometimes has clever ways and means.

Many thanks.
Diane

----- Original Message -----

From: Donnelly, Jeanette <[Personal Information redacted by the USI]>
To: Corrigan, Diane <[Personal Information redacted by the USI]>
Sent: Thu Aug 26 16:04:43 2010
Subject: RE: Cystectomy information

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Diane

Just enquiring how necessary it is to have the previous 5 years info - as isn't as clear cut as I thought - BSO need to add the additional 5 yrs information into the data warehouse to build over the weekend so it would be there for Monday - this is therefore doubling the amount of data that is available to all users in NI - which will significantly slow the system for all users for a week. Just wanted to be sure before I log the request.

Thanks
Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [Personal Information redacted by the USI]
Fax: [Redacted]

Email: Personal Information redacted by the USI
 Web: www.hscboard.hscni.net

-----Original Message-----

From: Corrigan, Diane [mailto:Personal Information redacted by the USI]
 Sent: 26 August 2010 10:34
 To: Donnelly, Jeanette
 Subject: RE: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

I'm going ahead to write to the Trust on the basis of what we already have - but ideally within 2 weeks?
 Diane

-----Original Message-----

From: Donnelly, Jeanette [mailto:Personal Information redacted by the USI]
 Sent: 26 August 2010 10:00
 To: Corrigan, Diane
 Subject: RE: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

If we require info for previous years we need to request it from BSO, I will contact Michelle Bell in BSO (Previously DIS) she will be able to point me in the right direction - is there a timescale you require this by?

Regards

Jeanette

Jeanette Donnelly
 Southern Office Information Team
 Health & Social Care Board
 Tower Hill, Armagh
 BT61 9DR
 Tel: Personal Information redacted by the USI
 Fax: Personal Information redacted by the USI
 Email: Personal Information redacted by the USI
 Web: www.hscboard.hscni.net

-----Original Message-----

From: Corrigan, Diane [mailto:Personal Information redacted by the USI]
 Sent: 26 August 2010 09:54
 To: Donnelly, Jeanette
 Subject: Re: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Jeanette

When we discussed this originally you mentioned that you only had access to 5 years data. However coded info has been collected further back than that. Do you know how we could go about getting the previous 5 years data in the same format? Does that require a formal info request to DHSS/Info Branch?
Diane

----- Original Message -----

From: Donnelly, Jeanette <[REDACTED]>
To: Corrigan, Diane <[REDACTED]>
Sent: Mon Aug 23 15:08:39 2010
Subject: RE: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Diane

See attached again - I have put each year onto a separate worksheet - for ease of reading as some of the years are quite small. Double checked the duplicates and where pts had diagnosis of cystitis and nothing. If you have any queries do not hesitate to contact me.

Regards
Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]
Web: www.hscboard.hscni.net

-----Original Message-----

From: Corrigan, Diane [mailto:[REDACTED]]
Sent: 20 August 2010 17:47
To: Donnelly, Jeanette
Subject: Re: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Thanks Jeanette.
I'll be in the office mid-morning. See you then.

Diane

----- Original Message -----

From: Donnelly, Jeanette <[REDACTED]>
To: Corrigan, Diane <[REDACTED]>
Sent: Fri Aug 20 17:10:53 2010
Subject: RE: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Diane

I have been looking at the CAH data - and don't see any duplicates - however I was trying to run this different ways to see if I could extract/highlight duplicates, in the original query/info I have given you I included Primary and Secondary Operation codes and wonder should I just have included Primary Operation as looking at the information this way for CAH only is extracting about 2-3 patients more per year, including the Secondary Operation code may have restricted it too much - maybe I could come up and speak to you on Monday at some stage regarding this.

I have attached this info for you to have a look at and see what you think. Hope this doesn't cause any disruptions for you.

Regards

Jeanette

Jeanette Donnelly
Southern Office Information Team
Health & Social Care Board
Tower Hill, Armagh
BT61 9DR
Tel: [Personal Information redacted by the USI]
Fax: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]
Web: www.hscboard.hscni.net

-----Original Message-----

From: Corrigan, Diane [mailto:[Personal Information redacted by the USI]]
Sent: 20 August 2010 14:34
To: Donnelly, Jeanette
Subject: Cystectomy information

"This e-mail is covered by the disclaimer found at the end of the message."

Jeanette

I was wondering if there is any possibility that the higher proportion of cases with a diagnosis of cystitis at CAH is because of poor coding (ie patients who had the operation in the past admitted with an infection (though since they no longer have a bladder technically it should not be termed 'cystitis').

Is there any way that you are able to check patient numbers or date of birth just to confirm there are no duplicates in the CAH subset?

Diane

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**Public Health
Agency**

*South Office
Tower Hill
ARMAGH
Co Armagh
BT61 9DR*

Dr P Loughran
Medical Director
Southern Trust HQs
College of Nursing
68 Lurgan Road
PORTADOWN
BT63 5QQ

Tel :

Personal Information redacted by the USI

Fax :

Web Site : www.publichealth.hscni.net

CONFIDENTIAL

1 September 2010

Dear Dr Loughran

In the context of the Urology Review implementation process, I was present at a recent meeting with Trust staff to discuss progress. I had already noted from the written submission that there appeared to be a high proportion of elective urology episodes at CAH which did not have an operative procedure. This is being explored further, but in a brief discussion with the Clinical Director for Surgery it appeared that the practice of some urologists of admitting patients for intravenous fluids and antibiotics as a treatment for chronic urinary tract infections has not ceased. If I understood the position correctly, some patients may now be receiving this treatment via central lines. I would be very concerned if this was the case. I forwarded to Mr Mackle the email correspondence to your secretary which set out my opinion on this practice back in January. I had assumed steps were being taken to bring this to an end.

Following the recent meeting I re-read the external expert reports relating to the use of IV therapies at CAH (Appendices of the draft document I was asked to comment on last January). There was one sentence which read "Whether these patients have been well served by the major bladder surgery they have undergone is difficult to say as the records do not include the original letters leading up to the surgery." In the context of my unease at the ongoing use of a treatment at CAH which had not been supported

by external experts, I informed Mr Mackle that I intended to seek NI-wide information on the numbers of cystectomies and ileal conduit procedures carried out by Unit and consultant across NI. I was seeking assurance that the use of operative intervention in patients with chronic cystitis at CAH was in keeping with that in other units.

I enclose data from 2005/06 to 2009/10 from all hospitals in NI, including CAH. The search criteria selected elective admissions of patients who had either cystectomy or ileal conduit formation recorded as the primary procedure code. The primary diagnosis is shown alongside. The information has been checked to exclude duplicate patients. These data have to be interpreted with caution as they are dependent on coding quality and the total numbers are very small. I have considered the possibility that patients who had had these procedures done in the past and who were admitted for another purpose might have been recorded incorrectly as having the procedures a second time, thus inflating the total numbers, but the check for duplicate cases would have been expected to minimise this possibility. If this is primarily a coding error then this would indicate a need to review coding practice in the Trust.

From this information it appears that cystectomy and conduit creation is done in the great majority of cases in NI for malignant disease. There appear to be small numbers done for other reasons, though in some cases the diagnostic coding is too vague to be sure what the true underlying diagnosis might have been, e.g. when recorded as 'peritonitis, faecal incontinence, mycobacterial infection or attention to openings of urinary tract'. The role of the regional centre seems to have become more prominent over the five year period, with cessation of cystectomy work at Altnagelvin and the Mater Hospitals. The specialist role in treating patients with spinal problems/neuropathic bladders is reflected in the BCH data.

There is no clear pattern throughout the five-year period in relation to cystectomies done for cystitis, though perhaps the first two years of that period would indicate higher proportions than expected at CAH. In 2005/06 and 2006/07 the cystectomy and/or ileal conduit creation operations recorded across NI were 32 and 41 respectively. The numbers done for reasons other than malignant disease (as per the ICD coding) were 9 and 7 respectively. Four of the 9 done in 2005/06 were for cystitis, of

whom 3 of the four had their operation at CAH. In 2006/07 three of the seven non-malignant patients operated on in NI were coded as having a primary diagnosis of cystitis, all three of whom had their operation at CAH.

From 2007 onwards the number of procedures done for non-malignant indications at CAH fell to 2, 2 and 4. In that group of 8 cases, one was for UTI unspecified and one for mycobacterial infection but none specifically for cystitis.

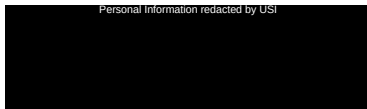
I have asked for information for the five years preceding 2005 and will forward that to you when it becomes available. In the meantime, I would be grateful if the Trust would review this information with a view to checking its accuracy, i.e. that the coding of these cases is correct. Your information department may wish to re-run the data but if they wish to cross-check this version by casenote number the latter can be made available.

Until the data have been verified it may be premature to take any further steps, however depending on the outcome the Trust might wish to consider whether it would be appropriate to seek additional advice from the GB experts who provided the earlier reports.

Following the Urology Review decision, as of March 2010 radical pelvic urology surgery for malignant disease should no longer be being done in SHSCT. This would include cystectomy. Trust staff discussed the process for cancer cases recently at a meeting chaired by Beth Malloy from PMSI Directorate of the HSCB. The rationale for this policy decision, which is in line with IOG guidance, was to concentrate the relatively small number of such cases in the hands of a small number of surgeons who could maintain specialist skills. No specific reference was made in the Urology Review to radical pelvic surgery for non-malignant disease. It was perhaps assumed to be implicit that the even smaller volume of this type of work would also be centralised. I would be grateful for an assurance that the urology team at CAH is now referring on all patients being considered for radical pelvic surgery regardless of the underlying diagnosis.

Lastly, I would be grateful for a report from the Trust detailing what steps are being taken to manage the ongoing risks associated with delivering IV therapies to the original cohort of patients. As a first step, it would be helpful to have an assurance that none are receiving this treatment via a central line. It would also be helpful to have a position statement detailing how many patients are still on this form of treatment and the expected timeframe for this to cease.

Yours sincerely

Personal Information redacted by USI


Dr D Corrigan
Consultant in PHM

Enc

cc Dr G Rankin, Director of Acute Services, SHSCT
Mr E Mackle, Clinical Director of Surgical Services

**Diane Corrigan**

From: Diane Corrigan
Sent: 03 September 2010 12:17
To: Cullen, Caroline
Cc: Donnelly, Lyn; McNally, Margaret
Subject: RE: Radical pelvic surgery at CAH

Caroline - this may sound like arguing about angels on pin heads - but it appears the clinicians are now differentiating between radical pelvic surgery for 'cancer' (which unfortunately was the chapter heading under which the Urology Review recommendation sits) as opposed to 'non-cancer' cases. Although Beth is clear that she has never differentiated between the two, technically unless someone was absolutely explicit at the 1st April meeting about it covering non-cancer cases as well, then this is a loophole that was not firmly closed. Although I and Beth have written separate letters this week which now make the HSCB/PHA position clear maybe we are weak in arguing that they should have implemented this for ALL radical pelvic surgery from 1st April. Common sense would have dictated that this should have happened - but that appears to be in short supply.

If you have any recollection on the non-cancer case issue being mentioned it would be helpful to know.

Diane

-----Original Message-----

Personal Information redacted by the USI

From: Cullen, Caroline [mailto:]
Sent: 03 September 2010 11:15
To: Corrigan, Diane
Cc: Donnelly, Lyn; McNally, Margaret
Subject: RE: Radical pelvic surgery at CAH

"This e-mail is covered by the disclaimer found at the end of the message."

Hi Diane

Yes it was stated very clearly at both the meeting which Mark Fordham attended and at the most recent meeting (26 July) in CAH when we were all squeezed into the small room.

As a matter of fact what happened at the Mark Fordham meeting was that the Trust disclosed that they had performed radical pelvic surgery in April. The Trust was asked to forward details of the circumstances and the matter was investigated through Heather Trouton and Gillian Rankin - I have copies of the various emails and responses between Beth and the Trust (see attached).

Let me know if I can be of any further help

Talk soon

Regards

Caroline Cullen
Senior Contracts Manager
Contracts Department
Tower Hill
ARMAGH
BT61 9DR

Personal Information redacted by the USI

Direct Line:

Personal Information redacted by the USI

-----Original Message-----

From: Corrigan, Diane [mailto:
Sent: 01 September 2010 21:30
To: Cullen, Caroline
Subject: Fw: Radical pelvic surgery at CAH

"This e-mail is covered by the disclaimer found at the end of the message."

Caroline

You were at the meeting mentioned below by Beth where Mark Fordham discussed these issues. Sometimes people's recollections of what was said differs. Do you think it was as clearly stated as Beth has said? I spoke to Eamon today and if he had got that message clearly he wouldn't have gone over it again with me I think.

Were there any minutes of the meeting?
Diane

----- Original Message -----

From: Beth Malloy <
To: Corrigan, Diane <
Cc: Little, Janet <
Sent: Wed Sep 01 18:19:28 2010
Subject: Re: Radical pelvic surgery at CAH

"This email is covered by the disclaimer found at the end of the message."

Diane

I agree with this point

I have been explicit at all times it is all radical pelvic surgery and have not differentiated cancer or other elective. Mark Fordham also reiterated this to the Trust when we meet with them re the review (I think date was 1 April). We discussed at this meeting the lack of MDM and links into Belfast and Mark was clear they needed to refer the patient as they would refer other patients to Belfast and delay due to lack of MDM was not an option. Eamon, Gillian and others from the Trust including 2 of Cons were at this meeting (Aiden was not at the meeting but we met with him and Michael later the same day.)

I spoke to Heather in Southern Trust last Friday and reiterated this point and said it was for all radical pelvic surgery. My e-mail on Friday confirmed this point. The Cons are saying to her this is not possible because they don't have oncologist link for the MDM. I said this was not acceptable and they needed to make arrangements to refer outside this in the interim. The Trust are stating this will be resolved by October. I said that the Board would not support this delay and would the Board had been clear of the actions the Trust were required to take. It is another example of difficulties getting the Cons to change. This is also highlighted by their lack of workload as compared to BAUS suggested levels.

I also raised this issue at the Belfast Trust meeting and made it clear they needed to accommodate/treat these patients within an agreed timeframes. They are stating they need the resources etc. I highlighted that they would

need to explain to the Board what would need to transfer out to allow them to do these cases and it was not acceptable to leave the patients to wait. The Review was clear that this was to be from March 2010.

Thanks

Beth

Sent by Blackberry
Beth Malloy
Performance Management and Service Improvement Directorate
Health and Social Care Board

Personal Information redacted
by the USI

----- Original Message -----

From: Corrigan, Diane
To: Beth Malloy
Cc: Little, Janet
Sent: Wed Sep 01 18:06:47 2010
Subject: Radical pelvic surgery at CAH

"This e-mail is covered by the disclaimer found at the end of the message."

Beth

For information.

I spoke to Eamon Mackle this evening. I had sent a detailed letter today to the Trust's Medical Director covering issues related to IV treatment of urinary tract infection and cystectomy rates. In that I had asked for an assurance that there were no further radical pelvic surgery cases being undertaken within the Trust.

Interestingly he too had picked up on the issue we discussed last week that the Urology Review recommendation only related to cancer cases. As a result SHSCT urologists appear to believe that they have not received an instruction to cease radical pelvic surgery for non cancer cases. I said that if that was the case it had been unintentional and we agreed that good practice would have suggested that once the cancer caseload (already small) was removed, then it would not be appropriate to continue to do an even smaller number of complex cases on a DGH site even if their diagnosis was not cancer-related..

The explanation given by the urologists as to why they had not referred on all complex cancer cases since March 2010 appears to be that they believe that the central MDT is not fully functioning and/or they haven't been informed that BCH is ready to receive their referrals. I said that I did not accept that argument. The March 2010 deadline was an explicit recommendation in a review approved by the Minister and it was expected that SHSCT clinicians would be able to demonstrate that they had attempted to refer on such patients to BCH colleagues. If the latter then start to refuse the cases because of capacity constraints that is a different problem, but it would not be

acceptable to make assumptions that the centre could not accept the work as a rationale for continuing to do it at CAH. Do you agree with the line I have taken on this?

The urologists have been invited to meet with the senior management team on Monday to clarify these issues.

Diane

Dr D Corrigan BA MPH FFPH

Consultant in Public Health Medicine

Public Health Agency

Tower Hill

Armagh

BT61 9DR

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GMC no. 2758116

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Diane Corrigan

From: Beth Malloy <[Redacted]>
Sent: 23 July 2010 13:17
To: Trouton, Heather
Cc: Rankin, Gillian; Corrigan, Diane; Cullen, Caroline; David McCormick
Subject: RE: Urology radical pelvic surgery patient

"This email is covered by the disclaimer found at the end of the message."

Heather

Thanks very much for this brief update. I am assuming you are confirming this only affects one patient and no other radical pelvic patients were treated in addition to this?

As you appreciate the review was clear that radical pelvic surgery should only be done in one centre from 1 April 2010.

I would need to know the details for the patient, what was the diagnostic pathway in Southern Trust, when the patient was referred to Belfast, what means was used, date of ITT, and who this was referred to, or was it discussed at the MDM, who from Belfast confirmed they were not able to perform the operation and what reasons given, with the proposed date, when was the final treatment date. This should be readily available from CaPPS

I am assuming now that the Trust is now linking into the local section of the Belfast MDM. Please confirm from what date.

Regards

Beth

Mrs Beth Malloy
 Assistant Director Scheduled Services
 Performance Management and Service Improvement Directorate Health and Social Care Board

[Redacted]
 by the USI

-----Original Message-----

From: Trouton, Heather [mailto:[Redacted]]
Sent: 23 July 2010 09:44
To: Beth Malloy
Cc: Rankin, Gillian
Subject: RE: Urology radical pelvic surgery patient

Beth

I have contacted Martina re this patient (she is currently on annual leave). She has advised that she had replied some time ago to say that this issue had been resolved. The patient referred to was scheduled and operated on by Mr Young in Craigavon because Belfast at that time could not accommodate and it had been agreed that Mr young could go ahead in this case.

I hope that this resolves the issue.

Best regards

Heather

Heather Trouton

Acting Assistant Director of Acute Services Telephone ext [redacted] Mobile [redacted] -----Original Message-----

From: Beth Malloy [mailto:[redacted]]

Sent: 21 July 2010 17:43

To: Clayton, Wendy; Trouton, Heather; Rankin, Gillian

Cc: Porter, Alison

Subject: Re: Urology radical pelvic surgery patient

"This email is covered by the disclaimer found at the end of the message."

I refer to my earlier e-mails please could the information requested be submitted to me by Friday 23 July at 12 noon.

Regards

Beth

Sent by Blackberry

Beth Malloy

Performance Management and Service Improvement Directorate Health and Social Care Board

[redacted]

----- Original Message -----

From: Beth Malloy

To: 'Clayton, Wendy' <[redacted]>; Trouton, Heather

<[redacted]>; 'Rankin, Gillian'

<[redacted]>

Cc: Porter, Alison <[redacted]>

Sent: Tue Jun 29 12:50:10 2010

Subject: RE: Urology radical pelvic surgery patient

Dear all

I am assuming that since I have not received any information for this patient pathway the matter is resolved.

If not please send me this information as a matter of urgency so that I can discuss this with Belfast.

Regards

Beth

Mrs Beth Malloy

Assistant Director Scheduled Services

Performance Management and Service Improvement Directorate Health and Social Care Board

[redacted]

-----Original Message-----

From: Clayton, Wendy [mailto:[redacted]]

Sent: 14 June 2010 12:48

To: Trouton, Heather

Cc: Porter, Alison; Beth Malloy

Subject: FW: Urology radical pelvic surgery patient

Heather

Can you forward the name of this patient so I can pull out the cancer pathway for Beth?

Thanks

Wendy

Wendy Clayton

Operational Support Lead - Cancer & Clinical Services SHSCT

Tel: [Personal Information redacted by the USI]

Mob: [Personal Information redacted by the USI]

-----Original Message-----

From: Beth Malloy [mailto:[Personal Information redacted by the USI]]

Sent: 14 June 2010 12:37

To: Trouton, Heather; Clayton, Wendy

Cc: Porter, Alison

Subject: RE: Urology radical pelvic surgery patient

"This email is covered by the disclaimer found at the end of the message."

Dear all

Please could I have the details of this urology patient pathway?

I need to discuss with Belfast

Regards

Beth

Mrs Beth Malloy

Assistant Director Scheduled Services

Performance Management and Service Improvement Directorate Health and Social Care Board

[Personal Information redacted by the USI]

-----Original Message-----

From: Beth Malloy

Sent: 08 June 2010 09:25

To: 'heather.trouton' [Personal Information redacted by the USI]

'Wendy.Clayton' [Personal Information redacted by the USI]

Cc: 'Alison.Porter' [Personal Information redacted by the USI]

Subject: Urology radical pelvic surgery patient

Heather

Further to our meeting yesterday re the urology. Please can you advise me of the patient pathway so I can formally discuss with Belfast.

Wendy would it be possible to provide a pathway report to show the pathway prior to discussion at MDM and at what timescales were proposed by Belfast and when these were advised, was this at the MDM?

Thanks

Beth

Sent by Blackberry

Beth Malloy

Performance Management and Service Improvement Directorate Health and Social Care Board

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**Diane Corrigan**

From: Diane Corrigan
Sent: 07 September 2010 17:41
To: pat.cullen Personal Information redacted by the USI
Subject: FW: Confidential: Concern re Urology at CAH
Attachments: urologyletterploughran1sept2010.doc; NI cystectomy andor creation of an ileal conduit as a primary procedure 200506 to 200910.xls

Dear Pat

I tried to contact you by phone to discuss this but keep missing you hence the email.

I have been involved in a clinical governance/clinical performance issue relating to SHSCT. This is not an SAI (as yet) though may become one. I realised last week that I am not sure if I should have also been keeping you informed, given your PHA Quality and Safety role, as to what was happening. I had already shared the data I had found with Carolyn and Janet. In Carolyn's absence on a/l Janet agreed that I should go ahead to write to the Trust (copies enclosed).

I subsequently shared the correspondence with Lyn Donnelly and now she is asking if she should inform Dean. Normally these sorts of issues would not have gone to a Dir of Commissioning until there was clarity on the scale of the problem, but that was maybe because the Dir of P health and/or the Dir of nursing would have been leading on their management as full members of the Board Exec team.

Apologies if you feel I should have informed you earlier. It might be helpful sometime for us all (HSCB and PHA) to have guidance on how we are supposed to handle these things in the new world so all the right people are kept informed while at the same time ensuring we deal with things in a coordinated way.

Happy to discuss.

BW
Diane

From: Diane Corrigan
Sent: 03 September 2010 12:25
To: Donnelly, Lyn
Subject: Confidential: Concern re Urology at CAH

Lyn

I thought that I should make you aware of a concern I have about urology at CAH. I enclose a letter sent to the Trust this week which is hopefully self-explanatory. I have been told that the morning before the letter arrived Dr Loughran, Dr Rankin and Mr Mackle had met to discuss the same issues. They have directed the consultants concerned to attend a meeting with them next Monday evening.

Senior colleagues in the PHA are aware of what I have done. I will keep you updated on developments.

Diane

Dr D Corrigan BA MPH FFPH
Consultant in Public Health Medicine
Public Health Agency
Tower Hill
Armagh
BT61 9DR

Personal Information redacted by the USI

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GMC no. 2758116

Diane Corrigan

From: Diane Corrigan
Sent: 08 September 2010 17:57
To: 'Donnelly, Lyn'
Cc: 'Campbell, Mareth'
Subject: RE: Confidential - Urology CAH

Lyn

Just for clarity, the IV therapy **would be expected to be phased out in an orderly fashion** so some of that may still go on, **albeit hopefully coming to an end within a matter of weeks**. My letter to the Trust did ask the Medical Director to **confirm a timescale for that to happen**.

As regards **radical pelvic surgery, the implications of this are well understood by the two senior medical managers** (the Trust's Medical Director and the Clinical Director of Surgery) **and the acting Director of Acute Services** who also happens to be a doctor. I **believe that all three would be aware** that they could have professional questions to answer if they permitted any further radical surgery cases to take place in the light of the correspondence I have sent. I know that they had arranged to meet the urologists on Monday evening the 6th September to discuss the issues I raised. Having said that, as I have yet to receive a written reply to my letter seeking formal confirmation that steps have been taken to ensure no further cases are done I will follow this up asap.

Regards

Diane

-----Original Message-----

Personal Information redacted by the USI

From: Donnelly, Lyn [mailto:]
Sent: 08 September 2010 17:24
To: Corrigan, Diane
Cc: Campbell, Mareth
Subject: Confidential - Urology CAH

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Diane

Spoke to Dean on this issue and he asked me to just keep a file note on it while it develops, so I will retain all your / my e-mail correspondence on this issue and file notes of my conversations with him.

Understandably he has asked that HSCB can be assured that we are content that the SHSCT Management is taking all appropriate steps to ensure processes are now in place to ensure that no unsafe or inappropriate procedures are being carried out by any Urologist in SHSCT, pending the validation of the data on the specific procedures in question, which you are awaiting.

I have advised that you and the PHA are monitoring this situation and that you will advise me in the first instance of any concerns the PHA has once the validation processes is complete and the true nature of the situation is ascertained and also of any action /recommendations / directives which PHA advises should be taken as a consequence of it and the processes agreed with SHSCT to ensure that this is implemented. As appropriate, I will discuss any emerging issues of concern with Dean.

Can we be assured that the Urology surgeons in question are not currently carrying out any of these procedures now?

Thanks

Lyn

Mrs Lyn Donnelly

Commissioning Lead Southern Area

HSCB

Tower Hill

Armagh

BT61 9DR

Tel: Personal Information redacted by the USI

Fax: Personal Information redacted by the USI

Email: Lyn.Donnelly Personal Information redacted by USI

Website: www.hscboard.hscni.net <<http://www.southernifh.com/>>

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Diane Corrigan

From: Diane Corrigan
Sent: 20 September 2010 11:54
To: Little, Janet; Donnelly, Lyn
Subject: FW: CONFIDENTIAL - UROLOGY at CAH
Attachments: Appendix A.doc; Appendix B.doc; Appendix C.doc; 20100916_Ltr_DrCorrigan_PLlw.doc

Categories: Green Category

Dear Janet and Lyn

For your information. Here is the formal response from the Trust to my letter. It states that there is now an active programme to manage the patients still receiving IV therapies and preventing any new patients commencing central line-based treatment. There is also a separate investigation of the cystectomy cases going back 10 years.

There is no further action needed from us at this stage.

Diane

Original Message

Personal Information redacted by the USI

From: White, Laura [mailto:]
Sent: 16 September 2010 15:51
To: Corrigan, Diane
Cc: Rankin, Gillian; McAlinden, Mairead; Stinson, EmmaM; Wright, Elaine
Subject: UROLOGY

Dear Diane

Please find attached letter and attachments A,B & C from Dr Loughran in relation to the above. Please ring me if there is anything else that you wish me to do.

Regards, Paddy

Laura

Ms Laura White

Personal Assistant to

Dr Patrick Loughran

Medical Director

Southern Health & Social Care Trust

FIRBANK HOUSE

Craigavon Area Hospital

68 Lurgan Road

PORTADOWN

BT63 5QQ

Tel: Personal Information redacted by the USI

Fax: Personal Information redacted by the USI

E-mail: laura.white Personal Information redacted by USI

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Southern Health & Social Care Trust IT Department Personal Information redacted by the USI



Medical Directorate

15th September 2010

Ref: PL/AB/lw

Dr Diane Corrigan
Public Health Agency
South Office
Tower Hill
ARMAGH
BT61 9DR

Dear Dr Corrigan

UROLOGY at Craigavon Area Hospital

Thank you for your letter dated 1st September 2010 in relation to the above.

IV Therapy (IVT)

It is true that this has not ceased. Despite my understanding that this would be ceased under the guidance of a Multi-Disciplinary Team, in early 2010, I now understand that a smaller number of the original cohort continue to receive the therapy.

About 10 patients were identified, 3 of whom had central or long peripheral line for the sole purpose of this treatment. Dr Rankin and Mr Mackle have now identified each patient on IVT. I have been reassured that the 2 surgeons in charge of these patients have accepted the need to cease the therapy and they have agreed to follow the process which is included with this letter and dated 9th September 2010 (Appendix A).

I will be informally provided with a progress report each week and a formal written report on the last Thursday of each month until all IVT has ceased. No further patients can be commenced on this treatment and under no circumstances can central venous access be used for treatment of recurrent urinary tract infections (Appendix B).

Cystectomies

In relation to the cystectomies our Chief Executive convened a meeting on 9th September 2010. At that meeting it was agreed that we would initially look at the last 10 years data in relation to cystectomy or ileal conduit as the primary procedure. Individual charts under those criteria will be reviewed by the Associate Medical Director (AMD) Mr Mackle, to confirm that we are working from an accurate data base.

Cont'd.

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ

Tel: [Redacted]
Personal Information redacted by the USI

/ Fax: [Redacted]

Personal Information redacted by the USI

/ Email: [Redacted]

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Page 2

When the appropriate charts have been identified Mr Mackle will enlist an expert to assist him in deciding exactly what the indication for surgery was.

In order that the surgeons concerned with these patients are fully informed, a remit for this local review was agreed and I have attached it as Appendix C. This remit was shared with the 2 urological surgeons concerned. Advising the surgeons of the review and sharing the terms of Mr Mackle's responsibility is in keeping with good practice. (Maintaining High Professional Standards in the Modern HPSS November 2005).

In response to your e-mail dated 9th September 2010 I can confirm that there are definite arrangements in place to ensure that no further radical pelvic surgery cases are completed at the Trust. I understand that you discussed this with Dr Gillian Rankin on 15th September 2010.

Yours sincerely

Personal Information redacted by USI
[Redacted Signature]

Dr Patrick Loughran
Medical Director

Encs

Southern Trust Headquarters, Craigavon Area Hospital, 68 Lurgan Road, Portadown, BT63 5QQ
Tel: [Redacted] Fax: [Redacted] / Email: [Redacted]
Personal Information redacted by the USI



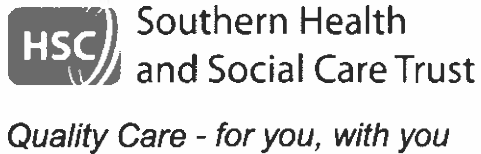
Quality Care - for you, with you

Process to review all cases of people currently and intermittently receiving IV fluids and antibiotics for recurrent UTIs.

Steps required:

- Each patient who is currently on a regular or intermittent regime of IV antibiotics to have a case review, in order to agree a management plan which may require oral antibiotics but not IV antibiotics and not regular admission as an inpatient.
- The case review meeting will be chaired by Ms S Sloan, Clinical Director for Surgery & Elective Care, and minuted by Mrs M Corrigan, Head of Urology. The relevant urologist will present each case and Dr Damani, Consultant Microbiologist, will provide expert advice on appropriate antimicrobial therapy.
- If agreement cannot be reached for a particular patient on oral therapy, a further meeting will be held to involve Mr E Mackle, Associate Medical Director for Surgery and Elective Care, and involving the same team as before.
- Please note that there are unlikely to be circumstances accepted by the Commissioner or the Southern Trust where the use of IV fluids and antibiotics is an evidence based or acceptable treatment for a patient with recurrent UTIs.

9th September 2010



Urology Pathways

Recurrent Urinary Tract Infections

Step 1

Nurse Led Service



Urine cultures- frequency to be determined by Consultant Nurse to obtain and monitor results and liaise with Consultant regarding any change to pathway including frequency of sample.



Oral antibiotic regime prescribed and altered by Consultant Urologist as per culture with input when necessary from Bacteriology

Step 2

If the symptoms cannot be controlled through Step 1, a case discussion is required involving:

- Consultant Urologist
- Consultant Microbiologist
- Specialist Nurse
- Clinical Director for Surgery and Elective Care

Under no circumstances is central venous access to be used for treatment of recurrent UTIs.

9th September 2010

Private & Confidential**Local Review into the incidence of cystectomies**

The Public Health Agency (the Agency) has written to the Medical Director of the Southern Health and Social Care Trust (the Trust) identifying that there is a higher than expected proportion of cystectomies undertaken for cystitis in Craigavon Area Hospital over a five year period.

In order to respond to the Agency and provide assurance to the Trust that the diagnosis, treatment and outcomes for those patients, who have undergone cystectomies, for reasons other than malignant disease, is appropriate and proportionate, the Trust has asked that a preliminary review be undertaken by the Associate Medical Director for Surgery and Elective Care.

The first stage of this process will be a case note review of those patients who have undergone cystectomies for non malignant disease within the last 5-10 years, with independent advice where appropriate. Following the conclusion of this preliminary review the AMD will provide a report to the Interim Director of Acute Services and the Medical Director.

In order to undertake this preliminary review the Associate Medical Director for Surgery and Elective Care will have access to all notes and staff whom he deems appropriate.

September 10

Diane Corrigan

From: Trouton, Heather <[redacted] Personal Information redacted by the USI>
Sent: 17 September 2010 13:53
To: Corrigan, Diane; beth.Malloy <[redacted] Personal Information redacted by the USI>
Cc: sarah.williamson <[redacted] Personal Information redacted by the USI> Rankin, Gillian
Subject: RE: Urology cystectomies

Diane

Thank you for this.

These patients will be referred to BHCST Cancer services , through Sarah this afternoon.

Heather

Heather Trouton
Acting Assistant Director of Acute Services Telephone ext [redacted] Mobile [redacted] Personal Information redacted by the USI

-----Original Message-----

From: Corrigan, Diane [mailto:[redacted] Personal Information redacted by the USI]
Sent: 17 September 2010 13:38
To: Trouton, Heather; beth.Malloy <[redacted] Personal Information redacted by the USI>
Cc: sarah.williamson <[redacted] Personal Information redacted by the USI>
Subject: Re: Urology cystectomies

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Heather

The patients need to be referred asap to the BCH service. I would suggest contacting Sarah Williamson the BHSCT cancer services coordinator (that not may be her correct title) by phone and email to ensure that the referrals are channelled swiftly within BHSCT. If there is any delay in accepting them that will be followed up by Beth on her return.

Regards

Diane

----- Original Message -----

From: Trouton, Heather <[redacted] Personal Information redacted by the USI>
To: Beth Malloy <[redacted] Personal Information redacted by the USI>
Cc: Corrigan, Diane <[redacted] Personal Information redacted by the USI>
Sent: Fri Sep 17 11:26:07 2010
Subject: Urology cystectomies

Beth,

We have two patients with our Urology Service who require a cystectomy due to malignancy. They will require their surgery as soon as possible.

As agreed during our conversation a few weeks ago , we were hoping that with the commencement of the oncologist that the regional MDM could finally commence in October and this would be the mechanism for transfer of patients requiring radical pelvic surgery to Belfast.

We have just recently been advised that the new oncologist will not now be starting her post until December. We will therefore have to agree an interim process with Belfast as I agree patients should have their surgery there.

I am mindful however of the timeliness of required surgery for the 2 patients now identified and would seek direction as to whether we should treat these 2 patients within the Southern Trust now or refer them to Belfast by written referral.

I know you are on annual leave at present , so I would greatly appreciate a response on your return on Monday.

Thank you and Best regards

Heather

Heather Trouton

Acting Assistant Director of Acute Services

Telephone ext [Personal Information redacted]

Mobile [Personal Information redacted by the USI]

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Diane Corrigan

From: Beth Malloy <[redacted]>
Sent: 21 September 2010 08:11
To: 'emmam.stinson' <[redacted]>
Cc: 'heather.trouton' <[redacted]>; 'janes.murphy' <[redacted]>
Corrigan, Diane
Subject: Re: Urology Implementation

"This email is covered by the disclaimer found at the end of the message."

Dear Gillian

Thank you very much for these questions. I will add to the agenda for the meeting on the 1 October

Regards

Beth

Sent by Blackberry

Beth Malloy

Performance Management and Service Improvement Directorate Health and Social Care Board

[redacted]
Personal Information redacted by the USI

----- Original Message -----

From: Stinson, Emma M <[redacted]>
To: Beth Malloy
Cc: Trouton, Heather <[redacted]>; Murphy, Jane S <janes.murphy@[redacted]>
Sent: Mon Sep 20 21:03:55 2010
Subject: Urology Implementation

Dear Beth

The Trust has been informed that the continuation of cystectomy as a surgical procedure for benign pathology should cease, and patients referred to the Belfast Trust. I am writing to seek clarification on the following points:

- * Are there other radical surgical procedures for benign pathology which should also be referred to the Belfast Trust?
- * Is the mechanism for referral agreed as presumably the MDT is not an appropriate vehicle.

It may be useful to discuss both points at the Implementation Meeting on 1st October.