

Background:

The committee will recall that in the meeting on 17th March Simon Playdell shared some positive progress that had been made with developments for securing the future of the LUTS clinic and, crucially, enabling it to reopen to new patients. Specifically, it was stated that once succession planning was confirmed, and institutions committed to support through research groupings then this would be considered sufficient as an interim plan enabling the clinic to reopen to new patients. Mr Playdell also recognised the very serious risk that continued uncertainty regarding the future of the clinic risked jeopardising it by making it impossible for good clinicians to make long term commitments to the clinic.

Following the JHOSC meeting, on 11th April the patient group met with representatives from the Whittington. At this meeting, it was noted that:

1. The Professor's contract has been extended so that he may continue working in clinic, currently with existing NHS patients only.
2. A business proposal including clinical leadership and identifying how the research governance will strengthen the clinical service model was currently underway with the participation of Professor Malone-Lee and other parties internal and external to the Whittington Hospital including UCL, UCLH and the Royal Free. **We were assured that a paper would be presented to the June Trust Board about the LUTS clinic and its progress which would enable the board to vote on whether or not to reopen the clinic to new patients.**
3. Key messages were to be communicated by the hospital to all parties including patients, that good progress was being made and that the Trust is committed to reopening the LUTS clinic.

Current situation:

A week before the June trust board meeting we were contacted and told that **a business plan would not be presented**. Instead a statement would be read¹ by way of update explaining why the plan was not ready to go to the trust board at this stage.

Whilst we are obviously pleased to hear in the statement that succession plans have been confirmed for the clinic, you will understand our dismay that another deadline has passed without a clear plan for its reopening. **The RCP report published last year anticipated reopening of the clinic around 6 months after its publication and several dates we have been promised for reopening the clinic have now come and gone.**

Of greater to concern to us was the fact that although Mr Playdell indicated at the board meeting that there was no reason the clinic shouldn't be open before his leaving in September this year, **the only date mentioned in Mr Pleydell's statement is that of June 2018** when the new consultant will be in place to lead the clinic. Were the clinic to remain closed to new patients for another year we would consider that wholly unacceptable and a serious breach of previous promises made.

We would also note that other than in discussions with the patient group, **no public key messages demonstrating the Trust's commitment to the clinic have been forthcoming from the hospital executive or Trust**, although these were promised at the April meeting. The clinic's current patients have been left in an intolerable position of anxiety and uncertainty, and we anticipate the news of yet another delay will add to that distress.

¹ This statement is on page 2 of this update for your information

Update on the LUTS Clinic following Whittington NHS Trust Board meeting on 7th June

On Monday this week we were made aware that Mr Pleydell is stepping down from his role as Chief Executive from September. Whilst we would like to thank him for the support he has given to the LUTS clinic, **we urgently seek reassurances that the necessary and immediate work towards reopening the LUTS clinic will not be delayed or negatively impacted by this change in leadership of the Trust.**

It is of note that **all this takes place in the context of growing research interest in the increasingly complex nature of urinary tract infections and the inadequacy of current testing**, with significant recent publications in this field and increasing interest in the methods of the clinic, including from the National Institute of Clinical Excellence. Meanwhile the global burden of this disease is rising, with 16.1% increase in age-standardised incidence between 1990 and 2013 and 58,000 years lost to disability (YLD) in 2003 alone. In 1993/4 cost estimates of treating UTIs in the National Health Service were £124 million.

The LUTS clinic is a groundbreaking, front line clinic with unique understanding of long term UTIs and effective treatments to a set of diseases that affect thousands of men, women and children every year. **We would implore the Trust to commit to the clinic, halt any further delays in making it available to new patients and to preserve and protect the future work of this clinic and the research team linked to it without further delay.**

Dr K Middleton

On behalf of the patient group currently at or seeking treatment from the LUTS clinic.

Full statement as read by Mr Simon Playdell at the Whittington Board meeting of 7th June

Lower Urinary Tract Services (LUTs)

Work has been continuing to secure the succession plan for clinical leadership of the LUTs service. Progress has been made with colleagues from UCL and UCLH. The plan will identify how the research governance will strengthen the clinical service model; we are working towards new arrangements being fully in place by June 2018. There are some details to be concluded before the plan can be brought to the Board.

With regard to the safety and governance concerns, a further desk top review against the Royal College of Physicians (RCP) recommendations was completed in May and a report will be sent to the RCP and NHS Improvement. The current inability to establish a functioning multi-disciplinary team is an ongoing challenge that we will work to resolve. This would need to be in place to enable the Trust to reopen to new patients. This is in line with the expectations of local and national commissioners.