

## **Programme 17: Genitourinary system problems (excluding infertility)**

**This is work in progress, your views and input are welcomed.**

### **What are the big health issues for North Yorkshire and the City of York in this programme?**

This is the domain of the gynaecologist, urologist, renal physician, GUM clinic and incontinence specialist nurse, alongside the general practitioner. It covers nephritis, acute and chronic renal failure, urinary stones, cystitis, prostate disease, diseases of the testes and ovaries, pelvic inflammatory disease, endometriosis, fibroids, uterine prolapse, menstrual disorders and sexually transmitted infections. Cancers and tumours are covered in programme 2. Pregnancy and fertility are covered in programme 18.

### **Programme purpose:**

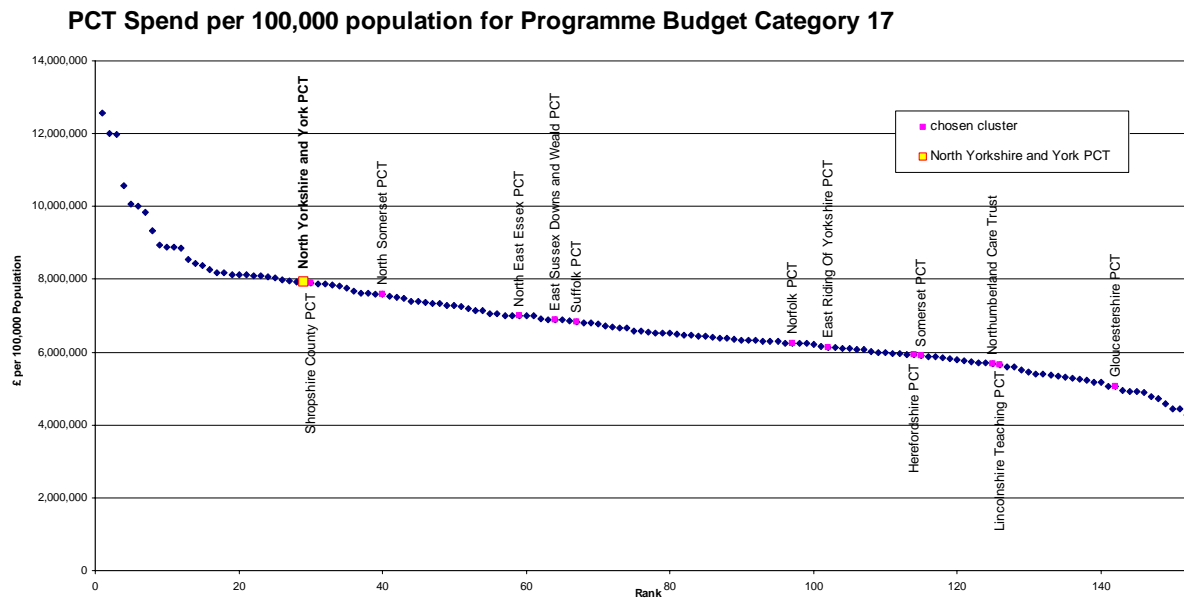
To reduce the avoidable burden of genitourinary system problems in North Yorkshire and the City of York by a combination of prevention, early detection (including screening), rapid access to treatment, enhanced quality and length of life, and a well-managed terminal phase and death at the place of the patient's choosing that specifically includes:

- Ensuring timely access to services for Sexually Transmitted Infections
- Ensuring equitable access to Chlamydia Screening across the PCT's 15-24 year old population, and achieving target uptake rates
- Effective and efficient support for patients with end-stage renal failure undergoing dialysis and promotion of organ donation to increase the availability of kidneys for grafting.

What was the NYYPCT estimated programme budget for genitourinary system problems in 2006/07, as spend per 100,000 unified weighted population, and how did that compare with our peers and with the English average?

NYYPCT	£7,915,000
Cluster average	£6,348,000
Yorkshire and the Humber SHA average	£6,887,000
England average	£6,896,000

The chart below shows how the spend in NYYPCT compared with every other PCT in England and highlights those PCTs in the same cluster.



Comment: Our investment in this programme looks high compared with our peers, so we should investigate further to see if this is actually the case, and whether we can redeploy those funds to better effect or leave them where they are.

**How did that programme budget break down between our providers (total sums)?**

NHS Hospital Trusts	£42,456,000
YHFT	£16,470,000
HDFT	£5,942,000
STHT	£9,267,000
SNEYT	£4,149,000
General Practitioner medicines prescribing	£5,220,000
PCT provider services	£3,012,000
Non NHS Providers	£134,000
Other NHS providers	£1,692,000
Other	£1,599,000

**How did that estimate break down into sub-programmes, and what was the NYYPCT ranking against the other 152 PCTs in England?**

*(Source: new data return to DH, 2006/07)*

	£ per 100,000 weighted population	Rank out of 152 PCTs (1 is highest)
Total Genitourinary system	7,976,052	25
<b>Genital tract problems</b>	<b>1,879,962</b>	<b>70</b>
<b>Renal problems</b>	<b>2,138,795</b>	<b>61</b>
<b>Sexually transmitted diseases</b>	<b>420,935</b>	<b>59</b>
<b>Other</b>	<b>3,536,360</b>	<b>10</b>

Comment: the very large “other” category shows how little we understand about the detail in this large programme of expenditure. We have similarly little detail on routinely published outcomes.

## What are the age-related issues in this programme?

The national programme budget project does not as yet collect data by age in each programme (the difficulty being capturing GP prescribing data by age). The table below looks at the impact on hospital admissions for different age groups. Note that these age groups are in multiples of five years, but are not all the same size. They are the categories used to weight the allocation of resources to PCTs. Since we receive resources in these groupings it is appropriate to consider the health impacts at these ages, and plan ahead as the age structure of the population changes over the next ten years (see “the big picture” section).

Ages of admissions within this programme, NYYPCT residents, 2006/07

Programme	Age group (years)							Total
	0-4	5-14	15-44	45-64	65-74	75-84	85+	
Genito Urinary	385	392	4066	4849	2761	2515	1066	<b>16034</b>
<b>ALL</b>	<b>12306</b>	<b>6027</b>	<b>48029</b>	<b>44253</b>	<b>28075</b>	<b>26841</b>	<b>12087</b>	<b>177618</b>

This is another programme with a mix of medical and surgical conditions, and a certain number of chronic conditions such as renal failure. It is dominated by adults of working age.

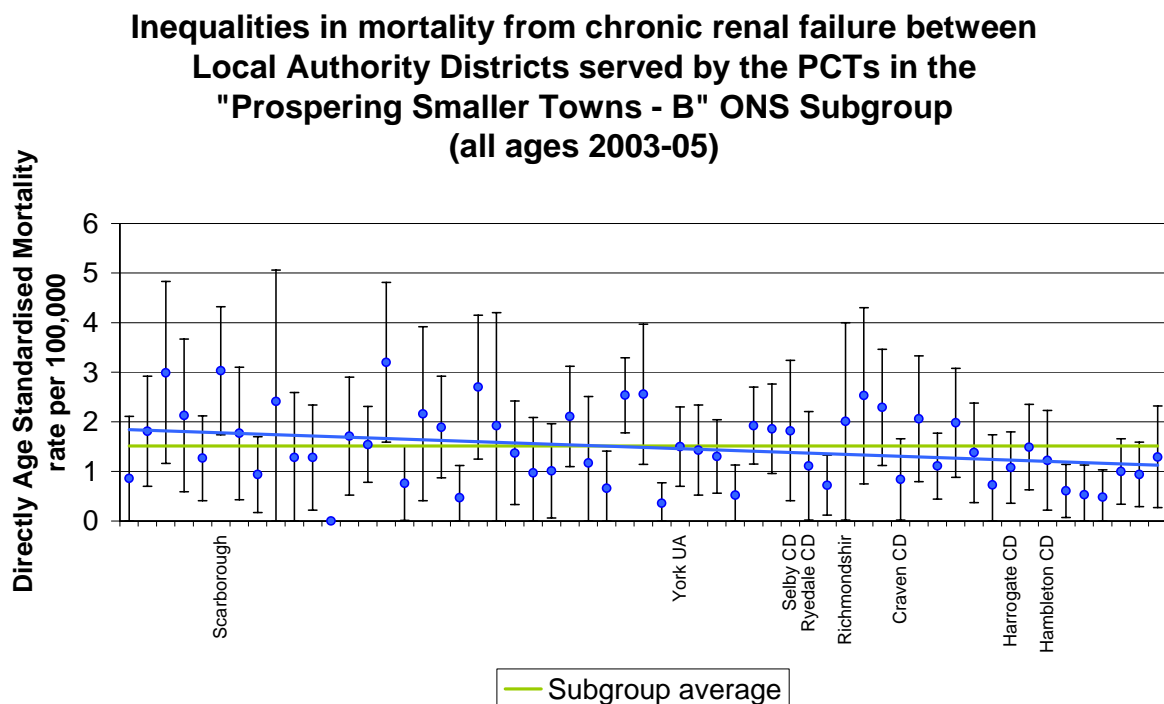
## How does the genitourinary system problems programme outcome in North Yorkshire and the City of York compare with PCTs around England?

Work in progress with DH/NCHOD ([www.nchod.nhs.uk](http://www.nchod.nhs.uk))

## Do the rates of mortality and admission to hospital correlate with deprivation, at Local Authority district and electoral ward level, in North Yorkshire and the City of York?

The following chart looks more closely at the Local Authority Districts that are served by the PCTs in the same ONS cluster as us to see if there are any geographical variations in mortality. The charts show Local authorities ranked from left to right according to deprivation as measured by the Indices of Deprivation 2004.

Note the high mortality rate in Scarborough.



Source: The Information Centre for health and social care . © Crown Copyright.

(NCHOD Workbench - July 2007)

What guidance has NICE published of relevance to and recommended by way of investment in this programme?

### Published Guidance

Publication date	Type of guidance	Topic
<b>Jan-07</b>	Clinical guideline	Heavy menstrual bleeding
<b>Apr-06</b>	Technology appraisal	Renal transplantation (in children and adolescents) - immunosuppressive regimens
<b>Oct-06</b>	Clinical guideline	Urinary incontinence
<b>Aug-07</b>	Clinical guideline	Urinary tract infection in children

### In Progress Guidance

Publication date	Type of guidance	Topic
<b>Sep-08</b>	Clinical guideline	Chronic kidney disease
<b>Oct-08</b>	Technology appraisal	Organ preservation (renal) - machine perfusion & static storage

## Summary of commissioning questions for genitourinary system problems.

- In the light of our higher than average investment in this programme compared with other PCTs and noting the poor outcome in the Scarborough area, should we invest more, less or the same programme budget (marginal analysis)?
- Have we got the balance of activity and investment right at each step from prevention to terminal care, and between the partners?
- What are the most important things to do this year?

### Prevention

- Prevention of renal failure by attention to diabetes and hypertension in general practice.
- Further attention to strategies for sexual health and promotion of barrier methods of contraception

### Diagnosis and Assessment

- Increase investment in Sexual Health Services, including contraceptive and tier two services to maximise appropriate access and deliver 48hr target.
- Ensure equitable access to Chlamydia Screening across the PCT's 15-24 year old population, and achieve target uptake rates.
- Incontinence is an area for skilled assessment and early patient (and carer) education and support.

### Treatment

- Follow NICE guidance where issued
- Chronic kidney disease is a new domain in the GPs' Quality and Outcomes Framework, including use of ACE inhibitor medicines.
- Further develop integrated referral pathways across all sexual health services
- Start producing more outcome data to inform commissioning dialogue and patient choice

### Rehabilitation and Continuing Care

- Support for chronic disabling conditions, especially renal dialysis in all its forms.
- Support for carers

### Terminal Care

- Frank and informed planning for terminal illness, respecting patient choice for place of death whenever possible.