




Liverpool Continenence Service – Addressing Men’s health needs


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Background men’s health

- Men are less likely to have regular doctor for sick and health maintenance visits
- Up to 1/3 of men do not visit the doctor yearly compared to less 10% of women (Sandman et al 2000)
- Men aged 18-29 are least likely to regularly see a doctor
- More men present by age 45 but the marked difference between men and women continues past the age of 65

Topics in Men’ Health, Clinical Communication: Male screening D. Williams (2000)




Lower Urinary Tract Symptoms (LUTS) in Men

Epidemiology

- Around 1/3 of men will develop urinary tract symptoms, of which the principal underlying cause is benign prostatic hyperplasia
- Prevalence increases with age.
- The prevalence of nocturia in older men is about 78%. Older men have a higher incidence of LUTS than older women.
- It is estimated that the lifetime risk of developing microscopic prostate cancer is about 30%, developing clinical disease 10%, and dying from prostate cancer 3%.
- Prostate cancer is the most common cancer amongst men, accounting for 25% of new cancer diagnosis.

<http://www.patient.co.uk/showdoc/40024560/Prostate>




Rationale for Pilot scheme

- 4% (4684) of GP Referrals are to Urology services
- 5% of which are outpatient waiters for Urology appointment
- 47% have been waiting for 8+ weeks for their first appointment
- Delivery of 18 week target



The LUTS service Background

- Project for 6 months
- South Central PBC
- Based at the Elms medical centre
- No cost charges for first 3 months



Access to Assessment

- Referrals accepted for males 16 +
- Operates via choose and book
- Referrals triaged by nurse specialist
- Max waiting time 14 days (55 days for Urology services)
- Total Pathway wait was within 21 Days as 64 days for urology. (choose and book for urology services)
- Correspondence to GP – 7 days maximum

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Performance Measures and Evaluation

<u>Quality</u>	<u>Effectiveness</u>
<ul style="list-style-type: none"> • Patient Questionnaire • GP satisfaction Survey • Liverpool PCT Evaluation Report 	<ul style="list-style-type: none"> • Rate of referral is comparable • Cost efficient

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Progress of LUTS Where are we now?

- Urology Outpatient services fell by 22%
- 68 Referrals
- 35 (51%) 1st Appointment
- 12 (18%) Follow Up
- 13% DNA rate
- 9% of referrals were rejected
- 23% referred for GP management

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Assessment Process

- Patient assessment
- Physical Examination
- Clinical Test
- Interpretation of the results

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Skills of the practitioner

- New approach
- Redefine specialist practitioner role
- Education
- Clinical Examination
- Non-Medical prescribing

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Case study: Referral to Urology OPD

- 15.02.06: Attended surgery
- Symptoms: Urinary symptoms, initial flow very forceful, no incontinence hesitancy or nocturia
- 15.02.06: Actions: Referred for biochemistry and USS
- 28.02.06: biochemistry results received
- 05.05.06: USS scan results received
- 24.05.06: Letter dictated
- 25.05.06: Referral letter typed to Urology
- 21.08.06: First appointment in Urology, medication prescribed DRE – NAD, Flow rate organised, cystoscopy declined by patient. Refer back if medication not satisfactory NO further hospital review arranged.
- 06.09.06: Medication prescribed by GP as OPD request.

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Case study: Management in LUTS

- 11.04.07: Attended surgery
- Symptoms: prostatism, nocturia, PMD, Poor stream.
- Examinations: DRE NAD
- 11.04.07 :Actions LUTS form completed and faxed to continence service
- 24.04.07: First Appointment Seen in LUTS. Recommendation for medication.
- Clinical investigations: IPSS, QOL, frequency volume chart, flow rate, residual volume, urinalysis, PSA
- Outcome: moderate symptoms with risk factors for progression.
- 04.05.07: GP surgery medication commenced and requested GP review.



Embracing Change

- Be receptive to changing practice
- View policy drivers as opportunities
- Identify key people within your organisation
- Don't be fazed by IT- customise systems to meet local service needs and optimise audit