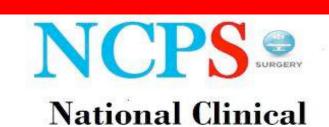


Feidhmeannacht na Seirbhíse Sláinte Health Service Executive







Programme in Surgery

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Introduction

The HSE Outpatient Services Performance Improvement Programme

(OSPIP) in collaboration with the and National Clinical Programme in

Surgery (NCPS) and Primary Care and other targeted stakeholders

Methodology

Agree clinical priority criteria and timelines for

'Development of an Integrated Referral Pathway for

Male Lower Urinary Tract Symptoms (LUTS): A

Multidisciplinary Approach Spanning Primary

& Secondary Care'

LUTS conditions with OSPIP working group, as part

of the broader Urology referral pathway



e Referral

developed June 2017









Review Dec

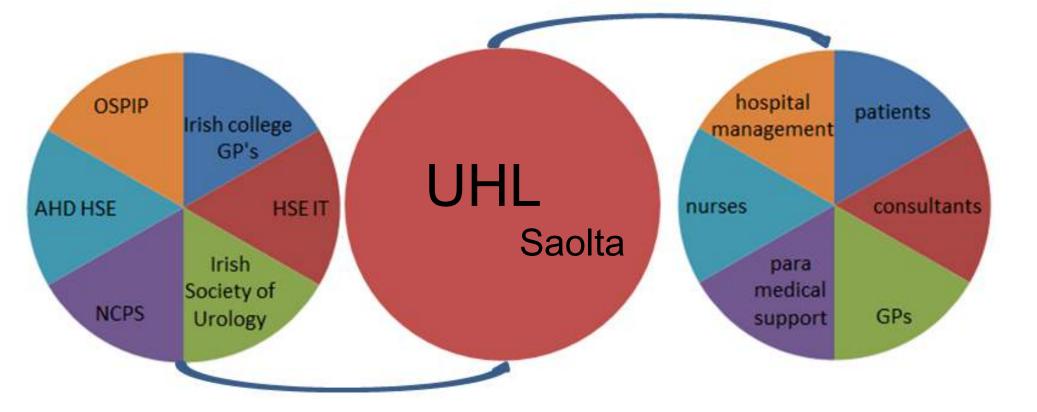
2017

are working to develop a full suite of integrated referral pathways that

- will provide appropriate services to patients in the right location, at
- the right time. Urology has been chosen as the pilot specialty within

which the broader process will be tested and trialled.

Targeted Stakeholders



Throughout the years 2013 – 2016 there has been an increase in

referrals to urology in the region of 30% (BIU). This is likely to

- increase in future years if significant changes are not made to the
- manner in which we deliver care. Demand is increasing naturally due

to an ageing population and this is compounded by a shortage of

- Agree alternative access routes for LUTS patients
- Work up algorithms to enable GPs to direct the

patient electronically into specialist care, and work

with OCIO to develop an e-Referral system

- Establish a 'demonstration project' in a chosen site
- Move to sustainability and national transferability

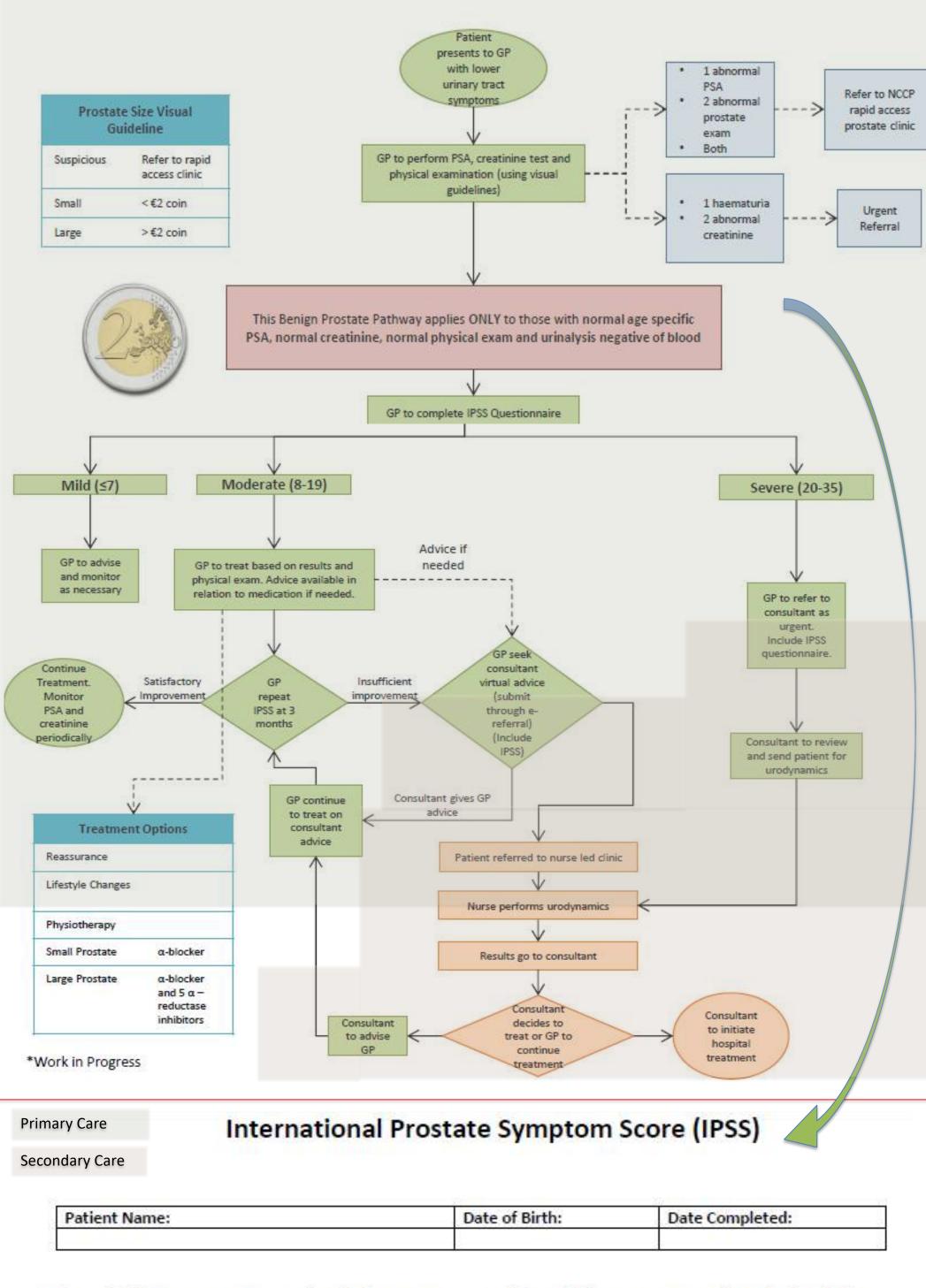
taking on board learning from demonstration site.

Urology Male Lower Urinary Tract Symptoms (LUTS) Benign Prostate Sub Pathway

- The LUTS/Benign Prostate referral pathway ONLY applies to those with normal age specific PSA, normal creatinine, normal physical exam and urinalysis negative of blood.
- Using the IPSS (International Prostate Symptom Score) questionnaire the patient is sent on one of three pathways; mild, moderate or severe. As outlined below, if a patient is on the moderate pathway the GP has the option to seek advice from a urology consultant without referring the patient to an acute setting.
- The request for advice is sent as an e-referral for advice through healthlink
- The consultant will then review the patient and advise as necessary.

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Feidhmeannacht na Seirbhise Sláim Health Service Executive



requiring acute management and/or advice and

Pilot

commence

June 2017

support

Inception

Aug 2016

- An integrated model of shared care between
 - primary and secondary care
- Decreased waiting times for LUTS patients for outpatient services
- Increased quality and safety due to introduction
 - of electronic referral and electronic triage and

progressing of patient's care

• GP and acute hospital networking and shared

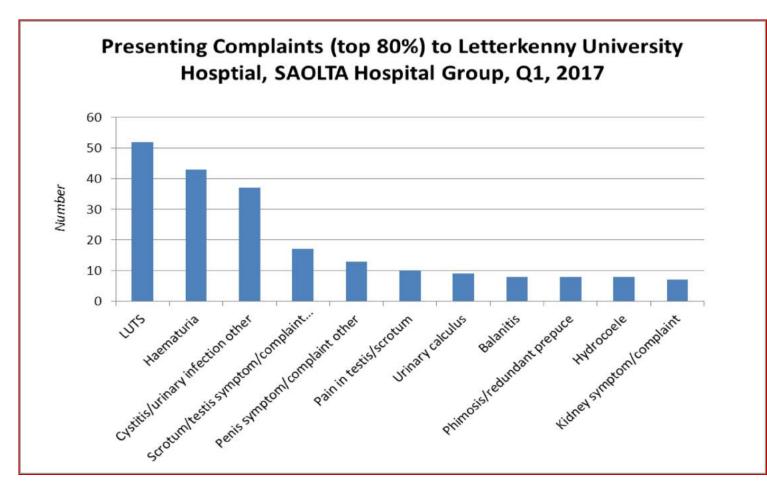
care model

National Urology outpatient waiting list, April 21st, 2017 (Source: NTPF)

8,000 —

experienced Urology Consultants.

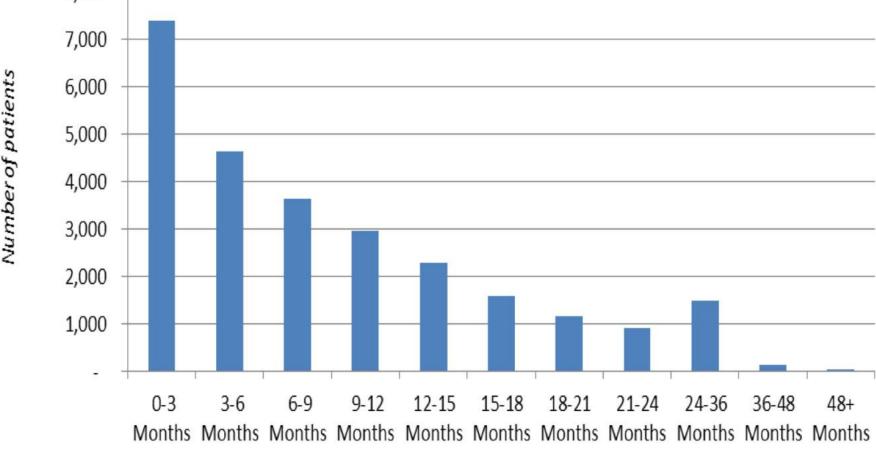
- Data extracted from Letterkenny University Hospital in the Saolta
- Hospital Group show that lower urinary tract symptoms (LUTS)
- comprise the single largest group of presenting complaints.
- Traditionally these patients wait long periods of time to be seen in a
- hospital outpatient setting, with appropriate guidance, many of these
- patients can be effectively managed in primary care.



Integrated LUTS Referral Pathway Aims

The new pathway will introduce an electronically-enabled process to

Please indicate your symptoms by circling a response and then fill in your score at the end of each line.



Outcomes & Impact

• This new pathway will be the first integrated model of

care delivered by OSPIP and its stakeholders. This will

improve quality and safety, wait times and patient

experience.

• Routine patients will be seen expeditiously while, at the

same time, granting quicker access for urgent patients.

assist GPs to:- Prioritise LUTS patients who require urgent access to

specialist urology care using the International Prostate Symptom

Score (IPSS), the IPSS will:-

- 1. Identify patients suitable for management in Primary Care
- 2. Provide support to GPs seeking additional advice concerning
 - patients whom they choose to manage medically utilising :-

i) Consultant advice to GP, ii) Specialist nurse-led

diagnostics, iii) virtual clinics & prioritisation process

3. To improve access times for patients with non-urgent conditions

to outpatient services

During the past month or so how often have you	Not at all	Less than 1 time in 5 times	2 3 2 4 4 5 5 5 5 6 6	About 1/2 the time	More than 1/2 the time	Almost	
1. Had a sensation of not emptying your bladder completely after urinating?	0	1	2	3	4	5	
2. Had to urinate again less than two hours after you have urinated?	0	1	2	3	4	5	
3. How often have you stopped and started, several times when you urinated?	0	1	2	3	4	5	
4. Found it difficult to postpone urination?	0	1	2	3	4	5	
5. Had a weak urinary stream?	0	1	2	3	4	5	1
6. Had to push or stain to urinate?	0	1	2	3	4	5	
	None	1 time	2 times	3 times	4 times	5 times or more	5
7. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	0	1	2	3	4	5	
1-7 = Mild 8-19 = Mode	rate	20-3	5 = Seve	re	Tota	I IPSS Sc	ore
Quality of Life Due to Urinary Symptoms	elighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfi ed	Unhappy	Terrible
B. If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

The demonstration project learnings will allow this

pathway to be rolled out nationally, to bring a

standardised approach to the management of LUTS

nationally.

• This is the first of several Urology condition pathways.

Future planned pathways are for:-.

- Haematuria

- Scrotal pain

- Incontinence