Benign Urology Triage

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Overview

- History
- How we do it
- Outcomes
- The future

History

- Pre-pandemic we had 1500 ASIs at MYTT
- ESR changes allowed us to review the referrals
- Elective recovery plan: **Improve access to specialist advice**
- We set up the BUTT to clinically review the referrals

We will achieve this by:

D. **Improving access to specialist advice** – providing greater flexibility in how advice from clinicians is accessed by patients, enabling more timely, convenient and appropriate care and avoiding the need for unnecessary appointments.

Responsibilities

- 5 Consultants, 4 sessions/week
- Triage referrals
- Respond to A+G requests
- Request pre-clinic investigations

REFERRAL ADVICE

PSA

Patients under PSA surveillance post MRI +/- prostate biopsy should be re-referred when PSA has reached the limit advised in the MYT letter or if no letter available, when PSA > 0.15x prostate volume.

Paediatrics

Unfortunately, we do not see paediatric patients for this presenting complaint. Please refer to general paediatrics at Mid-Yorkshire Hospitals/Leeds Teaching Hospitals

Unfortunately, we do not see patients of this age for this presenting complaint. Please refer paediatric urology at Leeds Teaching Hospitals

I would reassure patient and parents that the foreskin will almost certainly become retractile by age 16 without surgical intervention. It is likely this patient has a physiological phimosis; (see BAPU guidance – Management of foreskin conditions). Ballooning is of no clinical significance and balanitis can be managed with topical agents. The only indications for circumcision are recurrent urinary tract infections, balanoposthitis or a pathological phimosis. If parents/patients has ongoing issues please consider referral back to our team.

UTI IN WOMEN

I would advise commencing this patient on low dose antibiotic prophylaxis according to the results of her MSUs and for a minimum of 6 months and combining with topical oestrogens in post-menopausal women. Alternatives to antibiotics include Hiprex and D-mannose. I would also advise requesting an USS renal tract with post micturition residual and referral back to our team if the residual is >100ml. Please refer to NICE guidance https://www.nice.org.uk/guidance/ng112 for further information.

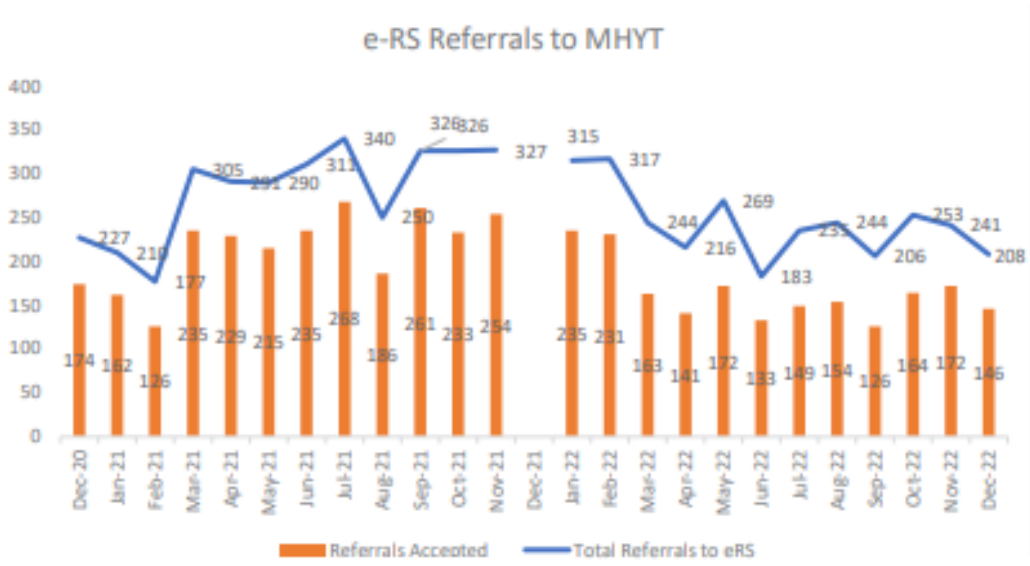
Male LUTS

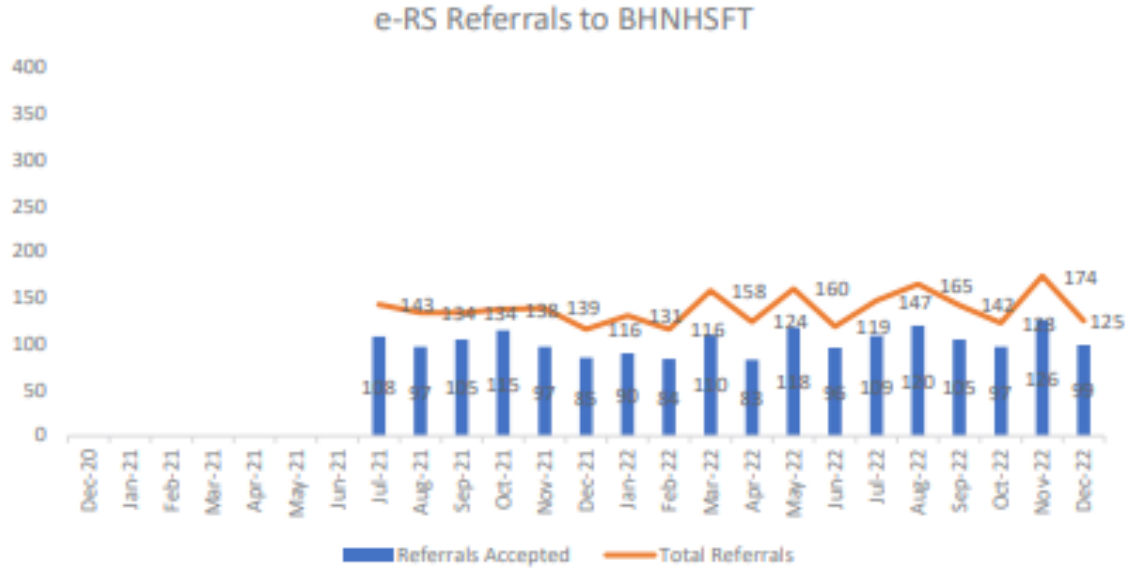
Please review this patient and manage him in accordance with NICE guidance (link below) on the Management of LUTS in Men. He should be managed with lifestyle advice (eg alcohol and caffeine reduction) an alpha blocker (eg Tamsulosin), a 5 alpha reductase inhibitor (eg Finasteride) and possibly an anticholinergic (eg Solifenacin) and/or Mirabegron. If medical management fails and the patient wishes to be considered for a surgical intervention then referral into secondary care is appropriate. https://www.nice.org.uk/guidance/cg97

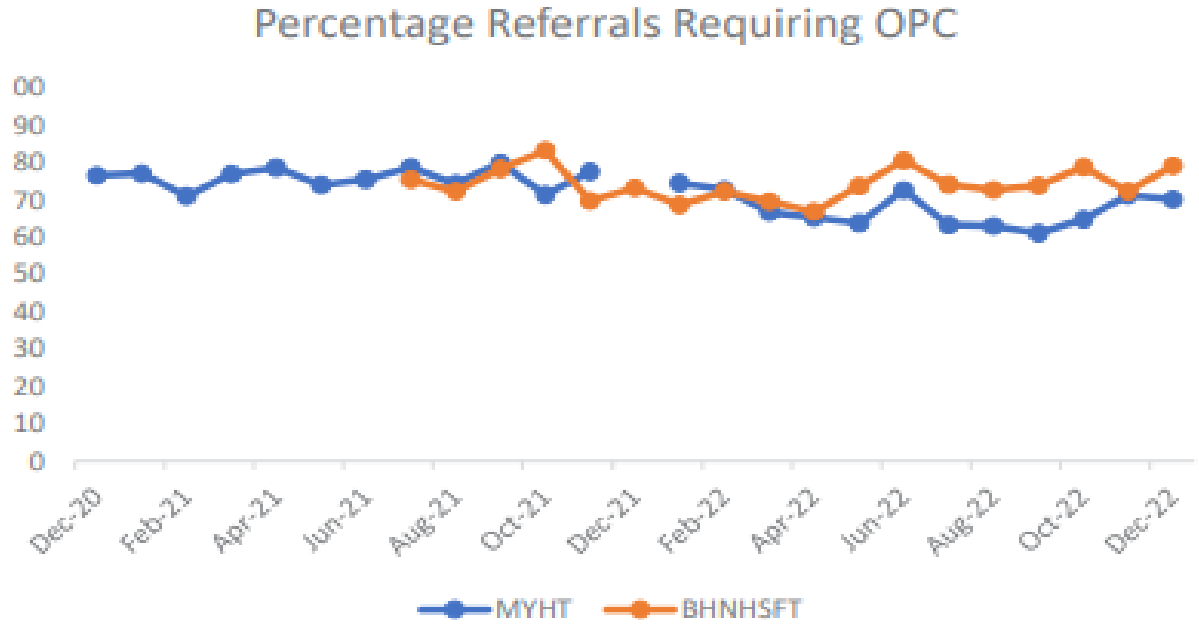
OVERACTIVE BLADDER AND INCONTINENCE IN WOMEN

Please could you reassess this patient in line with NICE guidance on Urinary incontinence and pelvic organ prolapse in women: NICE guideline [NG123] (https://pathways.nice.org.uk/pathways/urinary-incontinence-and-pelvic-organ-prolapse-in-women/managing-overactive-bladder-in-women) and to

	MYTT	BDGH
Primary care referrals	ERS/System one	ERS
Advice and Guidance	System one	ERS
In-pt OPD referrals	ICE	Paper format only (reviewed weekly)
Primary care letters	CITO	Paper format only (reviewed weekly)


e-RS Referrals to MHYT
Referrals Accepted
Total Referrals to eRS


e-RS Referrals to BHNHSFT
Referrals Accepted
Total Referrals


Percentage Referrals Requiring OPC
MYHT
BHNHSFT

Advantages

- Improved time and quality of responses
- 25% reduction in unnecessary appointments
- Colleague education
- Reduced waiting time/improved access
- Emergency patients can be seen immediately
- Pt arrive in the right place with the right information to make a clinical decision
- Equity of OPD access (close to home) to specialists across the UAN

Disadvantages

- Perceived shift of work to primary care

- Two-tiered system

- Expensive

The future

- Incorporate all BDGH referral pathways
- IT support for all pathways
- Middle tier replacement
- AI integration into pathways

RITA – Referral & Intelligent Triage Analytics

RITA aims to use the latest in AI and robotics to automatically triage incoming patient referrals and assign patients to appropriate pathways. We have undertaken a proof of concept with a gastroenterology department in Scotland with promising results.

In the proof of concept, RITA analysed over 24,000 incoming referrals, using natural language processing to identify patterns between referral letter language and triage pathways. RITA displayed a high level of accuracy in triaging patients with suspicion of cancer (versus previous clinical decisions).

The project has now moved into a data gathering phase with information collected on triage outcomes in real time with plans to implement fully in line with regulatory requirements.