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• WHY ？

• HOW ？
‘It is clear that any hospital with an accident and emergency department will always be driven by the ebb and flow of emergency work, which can so easily overwhelm even the best laid plans for elective admissions’
Steps involved between referral to treatment for prostate cancer patients
November 1999

1. GP REFERRAL
2. FIRST OPD (9 weeks)
3. FIRST INVESTIGATION (FIRST BIOPSY) (6 weeks)
4. MANAGEMENT PLAN DECISION
   - Watchful waiting
   - Hormones
5. STAGING INVESTIGATIONS (14 WEEKS)
6. Biopsy results OPD
7. RADICAL PROSTATECTOMY
8. BSCO
9. RADIOTherapy
10. TOTAL JOURNEY (41 TO 44 WEEKS)
11. 5 weeks to 2 months
the outpatient urology service was generally considered to be fragmented, wasteful and inconvenient for the patients.

‘the number of queues for a patient referred by a GP was unacceptably high in Liverpool and indeed in many parts of the country’
• **NHS PLAN /NSF** - Cancer plan and modernization agenda (patient pathways, process mapping, hospital reforms, etc)

• **BAUS VISION**

• **Liverpool Vision**

Key supporting documents included
- the NHS Cancer Plan (September 2000),
In its NHS Plan, the government had set challenging targets for reducing waiting times - to a maximum of six months for inpatients and three months for outpatients by 2005.

To support this it envisaged creating a network of “diagnostic and treatment centres”, separating routine surgery from emergency work so they can concentrate on getting waiting times down.

The Secretary of State recognised the planned Broadgreen surgical unit as one of these centres.
“Broadgreen was announced as a Diagnostic and Treatment Centre (DTC) by the Secretary of State in February 2001, and the Trust at that time was an active member of the NHS Modernisation Agency’s DTC programme as a second wave project”
‘The future of British urology’

Mundy

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British Journal of Urology

The Futures Group

Mr Jim Bramble, Mr Richard Brough, Mr Chris Chapple, Mr Fletcher Deane, Mr Andrew Dickinson, Professor John Fitzpatrick, Mr Mark Fordham, Mr Mark Harrison, Mr Mark Emberton, Mr Neville Harrison, Mr Bill Hendry, Mr Adrian Joyce, Mr Roger Kirby, Mr Steve Langley, Mr Phil Matthews, Professor Tony Mundy, Professor David Neal, Mrs Pat Neville, Mrs Suzie Venn, Mr Hugh Whitfield, Mr Gordon Williams
“In summary, the urological workload is set to increase but principally in screening, investigation, counselling and nonsurgical treatment”

This will occur because of the predictable demographic changes, and because more patients will present for investigation and treatment of minor symptoms that previous generations appear to have tolerated without complaint
Future Urology Consultants
- Diagnostic Urologist
- Core (General) Urologist
- Subspecialist Urological Surgeon
From ‘consultant led service’ to ‘consultant delivered’ service.

From ‘consultant urological surgeon’ to ‘generalist’ (diagnostic / core) and ‘specialist’ ‘hub and spoke model’
Two thirds of patients in Merseyside are over 60 and this is increasing.

Projections over the next twenty years predict an increase in the male population of about 8% and a total rise of over 36% in the over 50 group.

Year on year rise in GP referrals
In-patient surgery has fallen

Increasing need for diagnostic and medical management of urological patients.
From an average of 42 weeks to an average of 12 weeks

by:-
- Clear lines of communication
- Identified individuals dealing with potential bottlenecks
- Priority to cases where speed is beneficial
- Anticipated pre booking for staging tests
### National Objectives

1. Modernising the provision of elective health care;
2. Attaining the waiting time targets set out in the NHS Plan;
3. Implementing the service model and access targets (especially for revascularisation) in the National Service Framework (NSF) for Coronary Heart Disease (CHD);

### Local Strategic Objectives

4. Improved service configuration and strategic site utilisation between the Royal Liverpool and Broadgreen (including CTC) sites;
5. The replacement of building stock reaching the end of its useful life;
6. Enhanced functionality within the Broadgreen site.
The concept of a one-stop clinic in purpose-built premises has successfully brought together every aspect of urological diagnosis and outpatient services under one roof. Consultation and diagnosis rooms were designed around a central island, meaning patients stay within the unit while stopping off at various points to give a sample, have an examination, or see a consultant.
Key features of the new service include:

- no waiting list for outpatients;
- new patients are given appointments within 14 days of referral;
- up to 100 patients could be seen each week;
- consultations, ultrasound examination, cystoscopy, flow studies, urodynamics, prostate biopsy, blood/urine testing and catheter service are all available on the same day.
• The vision for the service was to develop efficient, effective and safe outpatient care. The aim was to eliminate delays, minimise queuing and bring all the different aspects of urological diagnosis together in one place
• 70 per cent of patients received a diagnosis on the day
• 50 per cent of patients who received a diagnosis could be reassured and discharged back to the care of their GP.
• follow-up rates and hospital visits were dramatically reduced
• letters explaining the outcome of the visit are generated for patients before they leave the centre;
• the role of clinical nurse specialists has been expanded to help improve the care of patients with long-term diseases;
• opportunities for teaching and research have been improved
68 yr old male was referred to LUTS clinic with increased frequency, nocturia, enuresis.

Seen within 4 weeks by Consultant Urologist
Patient arrives with time and amount chart and IPSS score
O/E – well, distended bladder, rectally benign feeling prostate

1) Urine dip – ++blood
2) Blood tests – FBC and U&E normal
3) FR and residuals – poor flow and residual of 600 mls
4) Ultrasound scan of kidneys and bladder NAD.
4) Flexible cystoscopy – no bladder tumour
5) Seen by specialist nurse and taught ISC pending urodynamics

Arrival – 10.40am  Departure – 3.30pm