



Assessment and Strategic Options Report – LUTS Management Service

Background

Increasing numbers of men, in an aging population, are suffering from Lower Urinary Tract Symptoms (LUTS), often associated with Benign Prostatic Hyperplasia (BPH). Many GPs are cautious with managing patients in the community and tend to “play safe” by referring them to a consultant in secondary care. They are concerned with the proper interpretation of age related PSA (Prostate-specific antigen), a substance produced by the prostate that may be found in an increased amount in the blood of men who have prostate cancer, benign prostatic hyperplasia, or infection or inflammation of the prostate. They worry about the effects of drugs on blood tests. But this puts a lot of pressure on the workload of the consultant urologist. Urological nurse specialists can support consultants and GPs in the management of LUTS patients but there are not enough to meet the demand and they take a lot of training and resources to develop.

The Innovation

A decision support system (an expert system), associated with a patient database, has been developed by Mr Mike Henley, a consultant urologist at Derby Hospitals NHS Foundation Trust, to manage LUTS patients. Used by a GP or nurse, it can be used to manage patients in the community.

Using a combination of clinical decision support software, specialist equipment and trained nurses the innovation delivers care in GP surgery’s that is normally only available at the hospital. The GP identifies suitable patients. The service confirms the diagnosis, makes recommendations for treatment, further investigation and follow up of the patient. The GP retains ultimate control.

The ageing population poses challenges in managing of long term conditions. In particular, the implications for affected patients, commissioners, secondary care providers in terms of travelling, waiting times, access to care, provision of medical staff and healthcare resources.

The Benefits

- Provision of care closer to home.
- Increasing patient convenience. Reducing patient costs. Reduction in health inequalities.
- Providing clear outcome measures.
- Ameliorating the reduction in doctors’ hours. Increase time available in hospitals for training.
- Increasing incidence due to ageing population. Efficiency in managing long term conditions.
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