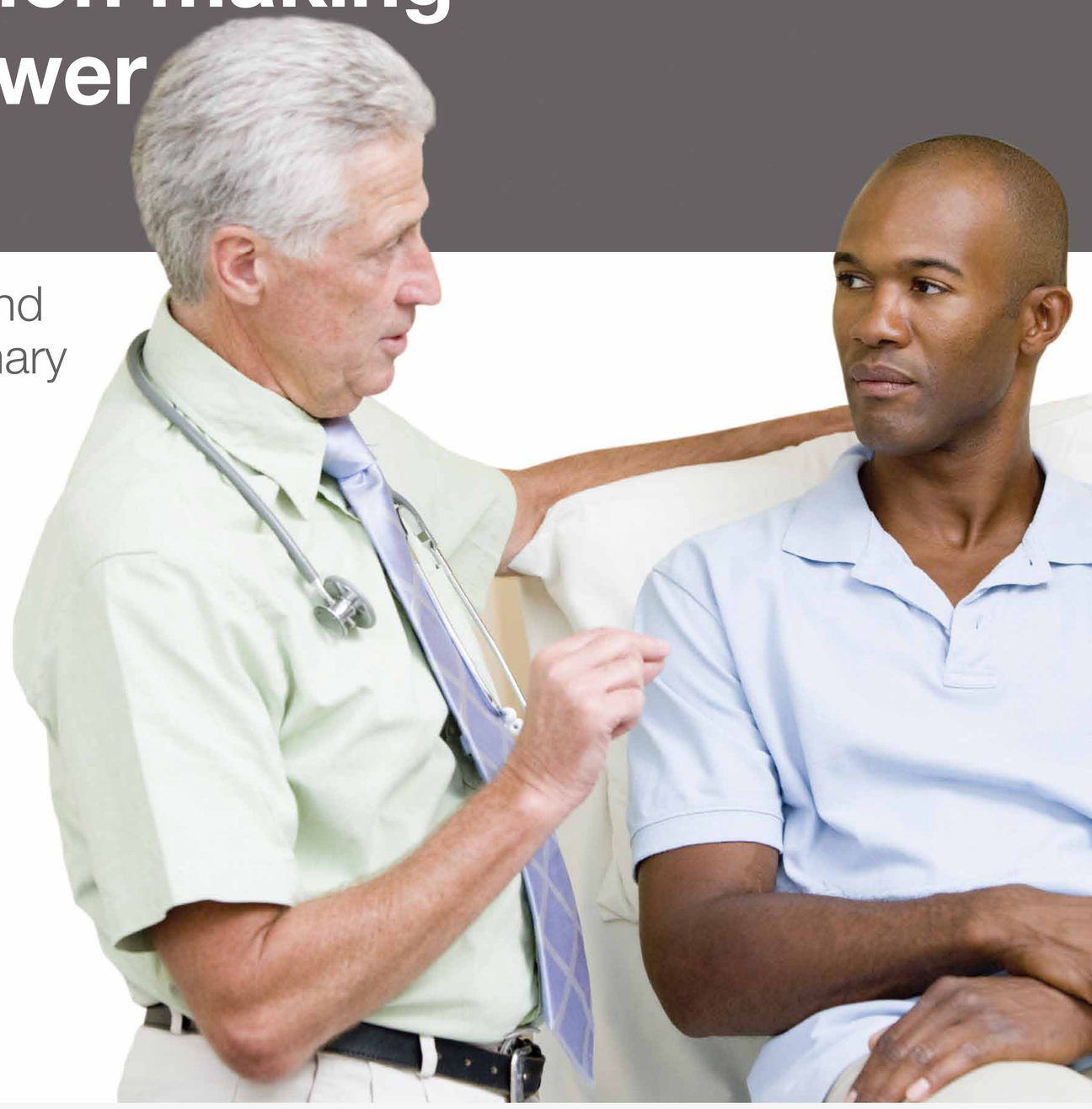
snh South Norfolk Healthcare CIC

Improving shared decision making about care related to lower urinary tract symptoms



GP practices in South Norfolk improved care and the standard of referrals for men with lower urinary tract symptoms (LUTS) by involving patients more in their care, auditing the quality of referrals and reviewing clinical decision making.

"We used NICE guidance to help roll-out a new service model which improved the quality of care for our patients, enhanced clinical understanding of LUTS and enables us to save resources in the health system."

Dr John Sampson, Medical Director, South Norfolk Healthcare CIC

Using NICE guidance to review referrals

A group of GP practices in South Norfolk identified that the quality of care could be improved for patients with LUTS through:

- better quality and advance preparation of referrals
- peer review of clinical decisions
- education and training to update clinicians on LUTs
- enabling patients to be more involved in decisions about their care
- raising public health awareness about prostate problems

Using the NICE guideline on LUTs (CG 97), the group worked with consultant colleagues to set 'quality markers' to review their referral letters. Results revealed gaps in clinical knowledge and a high number of inappropriate referrals to hospital. To tackle this, they organised training and education events to engage and update GPs about LUTS, which they followed up with further reviews of referrals to monitor and reinforce behaviour change.

Analysing the referrals also revealed that patients with LUTs had unmet needs. To address this, the group raised awareness of LUTs and prostrate problems through local councils, public amenities and community groups. To encourage them to be more involved in their care they made use of patient decision aids (PDAs) and shared decision making processes.

Improving the quality and care and making savings

The group surveyed the effectiveness of the PDAs and shared decision making processes with 22 GPs across the area. The results showed an increase in the understanding of the value of shared decision making and PDAs, and in the likelihood of clinicians using them in their discussions with patients.

Reviewing the referrals for LUTS demonstrated an overall increase of 39% for appropriate referrals and a significant improvement in the quality of primary care being delivered. After of a period of using the new service model, the practices carried out a further audit and found an overall reduction in referrals to hospital and improved quality of those that did go to secondary care. This helped the practices achieve financial savings.

The team also found that patients with LUTS were being treated effectively in the community and that involving them in decisions about their care was improving the quality of the care they received.

Using the experience of the LUTS pathway, the team is applying the principles to other clinical areas where similar methods can be applied to change service models and improve the quality of patient care.

Key issues for implementing service change

The results of the evaluation exceeded the group's expectations. They identified a number of key learning points from the process:

- embedding shared decision making and the use of PDAs requires a multi organisational approach across the care pathway
- patient groups can act as valuable champions for service change
- you need constant re-enforcement of key messages and learning to change clinician behaviour
- implementing NICE guidance is more effective when clinicians are given personal feedback about their referrals
- using NICE guidance to set quality markers ensures feedback about their referrals is better received by clinicians
- referrals and referral letters are a valuable source of information to review clinical care and put the case for service change

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