

635 Can Virtual Clinics Streamline Urology Referrals from Primary to Secondary Care?

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Introduction: The COVID-19 pandemic caused the UK to enter lock-down from 23rd March to 8th May 2020, necessitating Urology clinics to be conducted virtually. Our study aimed to assess whether new Urology referrals could be triaged and have an outcome arranged virtually before being seen by a specialist in clinic, thereby reducing referral to investigation wait-times.

Method: Retrospective data was collected from 23rd March to 8th May 2020 of new patient referrals consulted virtually in Urology outpatient clinics. Referrals were grouped into categories of presentation and outcome.

Results: 642 new patients were consulted virtually during the study period. 181 (28.1%) had further imaging requested; of these, the presentations with the greatest proportion of patients with this outcome were those referred with imaging findings (50%), UTI/cystitis (43.1%) and scrotal symptoms (34.3%). 116 patients (18.1%) were added to the waiting list for procedures; 85 were for flexible cystoscopy, for which the commonest indications were UTI/cystitis (36; 55.4%) and haematuria (15; 55.5%).

Conclusions: Certain urological presentations can be triaged straight to investigation by when directly referred from Primary Care, thus reducing referral to investigation wait-time and increasing outpatient protocol efficiency.