## **Posters**

## CQ - Clinical Quality - CQ - Clinical Effectiveness

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SETTING UP A GERIATRIC LIAISON SERVICE WITHIN UROLOGY IN A DISTRICT GENERAL HOSPITAL

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Introduction: One might refer to urologists as the 'hidden providers' of geriatric care, ultimately sought out by many geriatric patients. POPS, the Peri-Operative care of Older People's Service started at Guys Hospital in London is often quoted as the gold standard for liaison services. Having set up liaison services in Orthopaedics and General Surgery in

my previous job, an exciting opportunity arose after the first COVID—19 wave when I found my new office directly under the Urology Assessment Unit.

**Method:** A Geriatric Urology liaison service was set up by a Consultant Geriatrician with SpR support. One hour per week was agreed within the department to pilot the service. By May 2021 the service had been running for 8 months. During this period 30 patients had been seen (36 patient visits).

Results: The patient's mean age was 82 years. The advice given included: O Stopping medication (7 cases) O Recommending iron infusions instead of tablets (5 cases) O Adjusting analgesia (4 cases) O Ordering brain imaging (3 cases) Commonly there was the recognition of the need for palliative care in this frail population. There have been complex cases: O A gentleman with a large perinephric bleed. O A young man with seizures and cognitive issues following renal stones. O A patient with post-operative rhabdomyolysis following nephrectomy. Pre-operative assessments have now been started as part of enhanced care: O Two cystectomy patients (one ward/one telephone) O Two TURBT patients (one with low sodium).

**Conclusion:** Staff feedback has been excellent especially linking to the Palliative Care Team. We presented our data at the Urology governance meeting in September 2021 and again received excellent feedback. The urology staff have felt increasingly supported. Data collection has helped build a business case for two Consultant posts in surgical liaison.

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