understand your point

- I have swopped your ward round on a Tuesday for the occasional patient who needs admitted the day before. You have a total of 4 hours for in-patient ward round per week.

- I note the comment re administration time and following reassessment of the admin time allocated to your colleagues I have reduced your allocation to 4.25 hours per week which is now similar to your colleagues.

- SPA time as I have stated at our meeting is a core of 1.5 SPAs. Any requests for increased SPA will be considered in the future on provision of further detail including Audit Tool, benefits and measureable outcomes.

If you are not able to agree to this job plan by 1/9/11 I am happy to request facilitation.

Eamon

From: [redacted] Aidan O'Brien's email address
Sent: 24 August 2011 11:05
To: Mackle, Eamon
Subject: Re: O'Brien Aidan DRAFT job plan Jun 2011

Eamon,

I do not accept the revised Job Plan proposal of 10 August 2011 for following reasons:

* I find it unacceptable the proposal to travel to Banbridge on the morning of the fifth Monday of the month, to conduct a clinic, lasting four hours, without credit in a Job Plan. If it cannot be accredited, I would prefer that it would not be included in a Job Plan.
* I believe that it was both important and reasonable to have time allocated to addressing patient management issues arising in Thorndale Unit. Last Friday, I spent one hour doing so. That included contacting the GP of a patient whose serum PSA had increased from 8 ng/ml to 803 ng/ml in less that one year. I had proposed the inclusion of a nominal time allocation of 30 minutes per week (on Tuesdays 1.00 to 1.30 pm). I believe that Urology ICATS cannot function safely without consultant urologists providing advisory input, and I believe time allocated to that function should be included in Job Plans.
* I believe that it remains a necessity to allocate time to conduct a ward round on Tuesday evening. Irrespective of practices in other specialties, I would anticipate that we will continue to have some patients undergoing surgery, and who will not have been admitted electively on the day of surgery. In any case, all patients admitted electively will have given prior consent. Even if that prior consent is in written form, I believe that it would be better practice to review the patient following admission, and that it would be inappropriate to defer that review to the morning of surgery. Moreover, this round is not solely for the purpose of obtaining written consent from patients undergoing surgery the following day, but for all inpatients.
* The time allocated to administration remains inadequate. I note a recent expectation that the results of all investigations (presumably of outpatients) be read by consultants as soon as the results are available. How much administrative time will this consume? How much time will be allocated in Job Plan?

* Lastly, I would propose to increase SPA time by one PA per month to conduct audit in urological oncology. I have included this in Professional Development in appraisal for coming year, and as stated previously, I believe that audit must begin in order to satisfy MDT peer review. It will not begin with current SPA allocation.

Aidan

-----Original Message-----
From: Mackle, Eamon [Personal Information redacted by USI]
To: [Aidan O'Brien's email address]
Sent: Wed, 10 Aug 2011 12:54
Subject: RE: O'Brien Aidan DRAFT job plan Jun 2011

Aidan

I have written comments in red below and am attaching a revised job plan. If you

are in agreement will you let either myself or Martina know and we can get the document printed for signature

Eamon

From: [Aidan O'Brien's email address] >
]
Sent: 22 July 2011 10:38
To: Mackle, Eamon
Subject: Re: O'Brien Aidan DRAFT job plan Jun 2011

Eamon,

Thank you for amended job plan proposal. I appreciate the attention that has been given to previously submitted comments. I am left with a few issues to be clarified or resolved:

1. Going to Banbridge on Fifth Monday of month. I am confused as to how one

calculates recognition of that, both with regard to travelling time and clinic time. I have not been allocated any travelling or clinic time in the proposal. Is it difficult to do so for Fifth 'Anything' in the month? Would it be better or easier not to do clinic on Fifth Monday? I talked to HR and to date it has been taken as swings and roundabouts.

2. I go to Thorndale Clinic on Tuesdays between Day Surgery and Outpatients

Clinic, to address any issues there. These are to decide management of patients who have attended Nurse Led Clinics. So it would be impractical to do Ward Round

between 1pm and 1.30 pm. In fact, it would be good to have that half hour built

Aimee Crilly

From: Trouton, Heather [redacted]
Sent: 18 July 2013 16:32
To: Glackin, Anthony; O'Brien, Aidan; Pahuja, Ajay; Young, Michael
Cc: Corrigan, Martina; Leeman, Lesley; Burns, Deborah; McCorry, Monica; Dignam, Paulette; Glenny, Sharon; Clayton, Wendy; Hanvey, Leanne; Troughton, Elizabeth; Cowan, Anne; Robinson, Katherine; Carroll, Anita
Subject: Todays meeting

Dear All

Thank you Aidan and Tony for seeing us today at very short notice. Michael I appreciate you had [redacted] and Ajay that you were on annual leave but Aidan and Tony have said that they will fill you in on discussions had.

I thought it might be good to take a moment to summarise the few actions that were agreed and discussed this afternoon as , as Aidan quite rightly states we often agree actions but often never get to implement due to many competing demands on our time.

1. It was agreed that we need to book our patients as far as possible in chronological order among the team of 5 consultants. To make that happen Martina / Sharon will provide an up to date waiting list for a monthly meeting where patients will be actually scheduled to lists by the team of consultants to ensure that the long waiting patients are continually been listed in chronological order. The first meeting of this will take place tomorrow afternoon at 3.30 pm. (of course slots will be left for red flag and clinically urgent patients)

2. It was agreed that all vasectomy referrals will now be triaged to the vasectomy service led by Paul Hughes in DHH. For the 16 vasectomy patients currently listed, these will be transferred to Paul's service with immediate effect.

3. The current triage process was discussed with its dangers of patients being delayed in triage due to current workloads. Tony has suggested we develop a similar system to that used in Wolverhampton and Guys hospital which we will take forward with our IT and Booking centre colleagues.

4. It was also suggested that , with good training we could develop and implement a pre triage system where clear referrals where triaged by a non consultant and only those more ambiguous would go daily to the consultant on call. This would really improve our turnaround time for triage and release consultant time. We plan to explore this further.

5. I shared the correspondence from Mr Compton from the Regional commissioning Board re underperformance on both Urology Outpatients and day cases and we know that this is largely due to the capacity gap in ICATS and our lack of junior doctors . To that end as advised I am preparing a paper which clearly sets out our current service constraints which I will share with you. As discussed we agreed that we need to come up with a short, medium and long term strategy as to how we are going to deliver the whole service inclusive of ICATS to deliver the volumes required. All ideas are required even those that may appear quite radical , at least for discussion. I know Debbie has been trying to get such a meeting set up to discuss the Urology Service.

6. The use of the emergency theatre was also brought up as an issue and I have undertaken to address this with Ronan and Charlie.

Thanks again and feel further face to face meetings on such operational issues would be very valuable.

Heather

From: Trouton, Heather [redacted]
Sent: 08 October 2013 16:58
To: O'Brien, Aidan
Cc: Corrigan, Martina
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Aidan

Can you please see below list of patients that remain with you un triaged some from June / July.

Can I please ask that you return these referrals triaged by Friday of this week at the absolute latest.

I do appreciate all the pressures within the Urology service and I do appreciate all your work but this serious delay in triage cannot be ignored.

Can you please confirm .

Thanks
Heather

From: Glenny, Sharon
Sent: 08 October 2013 15:12
To: Corrigan, Martina
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Hi Martina

Can we discuss below? Is there anything I can do here to help??

Sharon

From: Browne, Leanne
Sent: 08 October 2013 13:50
To: Glenny, Sharon
Cc: Robinson, Katherine; Rankin, Christine
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

Sharon,

Update of untriaged Urology referrals.

[redacted] (op reg: 29.07.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

[redacted] – (op reg: 07.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

[redacted] – (op reg: 05.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI - (op reg: 21.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI - (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI - (op reg 6.8.13 – Mr O'Brien to triage – email to Monica 10.9.13 – email to Andrea 18.9.13)

Personal Information redacted by USI - (OP REG 4.7.13 – Mr O'Brien to triage – email to Monica 10.9.13 & 28.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 4.7.13 – Mr O'Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 3.7.13 – Mr O'Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (op reg 1.7.13 – Mr O'Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (Op reg 4.7.13 – Mr O'Brien to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 4.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 1.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (op reg 2.7.13 – AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 3.7.13 - AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 29.6.13 - AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 2.7.13 AOB to triage – email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 3.7.13 – AOB to triage - email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 2.7.13 – AOB to triage email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI (op reg 28.6.13 – AOB to triage - email to Monica 24.7.13, 29.8.13 & 10.9.13 – email to Andrea 2.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (op reg 5.8.13 – AOB to triage – email to Monica 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by USI - (OP REG 22.7.13 – AOB to triage – email to Monica 13.8.13, 29.8.13, 10.9.13 – email to Andrea 15.8.13 & Linda 15.8.13, email to Sharon 18.9.13)

Personal Information redacted by USI - (OP REG 5.8.13 – JHL to triage – email to Noleen 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by USI - (OP REG 5.8.13 – JHL to triage - email to Noleen 10.9.13, email to Andrea 18.9.13, email to Sharon 25.9.13)

Personal Information redacted by USI - (OP REG 3.8.13 – Haematology to Urology referral – NO REFERRAL RECEIVED, email to Andrea 25.9.13)

Personal Information redacted by USI (OP REG 16.8.13 – MY to triage , email to Paulette 18.9.13, email to Andrea 25.9.13)

Sharon can we have these returned as soon as possible.

Thanks

Leanne

From: Coleman, Alana
Sent: 08 October 2013 12:25
To: Browne, Leanne
Subject: FW: OUTSTANDING TRIAGE - UROLOGY

From: Coleman, Alana
Sent: 25 September 2013 17:38
To: Glenny, Sharon
Cc: Browne, Leanne; Robinson, Katherine
Subject: OUTSTANDING TRIAGE - UROLOGY

Hi Sharon,

Current outstanding triage:

Personal Information redacted by USI (op reg: 27.06.13 – Originally sent to Mr Young who then referred onto Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham emailed 18.09.13)attended BPU1 7.10.13

Personal Information redacted by USI (op reg: 15.07.13 – Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)has appointment 15.10.13 CU2

Personal Information redacted by USI (op reg: 29.07.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI – (op reg: 07.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI – (op reg: 05.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI - (op reg: 21.08.13 - Mr O'Brien to Triage – Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI – (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Personal Information redacted by USI - (op reg: 05.08.13 – Mr Jathar to Triage - Secretary last emailed 10.09.13 – Andrea Cunningham email 18.09.13)

Kind Regards
Alana Coleman
Registration and Booking Clerk
Central Booking Centre
Ramone Building
CAH

Tel : Personal Information redacted by USI
Email: Personal Information redacted by USI

Corrigan, Martina

From: Corrigan, Martina [Personal Information redacted by the USI]
Sent: 26 November 2013 08:02
To: Robinson, Katherine; Glenny, Sharon
Cc: Trouton, Heather
Subject: FW: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Dear both

Please see below – Katherine can you advise if you receive these?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: [Personal Information redacted by the USI] (Direct Dial)
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: O'Brien, Aidan
Sent: 26 November 2013 02:08
To: Corrigan, Martina
Subject: RE: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE

Martina,
I really am so sorry that I have fallen so behind in triaging.
However, whilst on leave, I have arranged all outstanding letters of referral in chronological order, so that I can passed them to CAO via Monica in that order, beginning tomorrow.
I know that I have fallen behind particularly badly (except for red flag referrals which are up to date) and I do appreciate that this causes many staff inconvenience and frustration, and that all have been patient with me!
I can assure you that I will catch up, but am determined to do so in a chronologically ordered fashion,

Aidan

From: Corrigan, Martina
Sent: 24 November 2013 17:28
To: O'Brien, Aidan
Cc: McCorry, Monica; Robinson, Katherine; Glenny, Sharon
Subject: **URGENT NEEDING A RESPONSE**** MISSING TRIAGE
Importance: High

Dear Aidan,

Please advise, this is holding up picking patients for all clinics as these letters have not been triaged and I know that this will need to be escalated early this week if not resolved.

I would be grateful for your action/update

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: Personal Information redacted by the USI (Direct Dial)
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Robinson, Katherine
Sent: 21 November 2013 14:31
To: Corrigan, Martina
Subject: FW: MISSING TRIAGE

Mrs Katherine Robinson
Booking & Contact Centre Manager
Southern Trust Referral & Booking Centre
Ramone Building
Craigavon Area Hospital

t: Personal Information redacted by the USI
e: Personal Information redacted by the USI

From: Browne, Leanne
Sent: 21 November 2013 14:12
To: McCorry, Monica
Cc: Cunningham, Andrea; Robinson, Katherine
Subject: MISSING TRIAGE

Monica

Here is list of missing triage as requested.

Personal Information redacted by the USI

URO	AOB	ROUTINE	03/09/2
URO	GURO	ROUTINE	23/08/2
URO	GURO	ROUTINE	27/08/2
URO	GURO	ROUTINE	28/08/2
URO	GURO	ROUTINE	28/08/2
URO	GURO	ROUTINE	29/08/2
URO	GURO	ROUTINE	29/08/2
URO	GURO	ROUTINE	29/08/2
URO	GURO	ROUTINE	29/08/2
URO	GURO	ROUTINE	29/08/2
URO	GURO	ROUTINE	29/08/2

Personal Information redacted by the USI	URO	GURO	ROUTINE	29/08/2	
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	URO	GURO	ROUTINE	29/08/2	
	URO	GURO	ROUTINE	29/08/2	
	URO	GURO	ROUTINE	29/08/2	
	URO	AOB	ROUTINE	03/09/2	

Personal Information redacted by the USI	URO	GURO	ROUTINE	04/09/2013	64
	URO	AOB	ROUTINE	09/09/2013	59
	URO	AOB	URGENT	10/09/2013	58
	URO	AOB	ROUTINE	10/09/2013	58
	URO	AOB	ROUTINE	10/09/2013	58
	URO	AOB	ROUTINE	11/09/2013	57
	URO	GURO	ROUTINE	27/08/2013	72
	URO	GURO	ROUTINE	28/08/2013	71
	URO	GURO	ROUTINE	29/08/2013	70

Personal Information redacted by the USI	URO	GURO	ROUTINE	03/09/2013	65	MY TC MONI

Urology

Personal Information redacted by the USI

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Spec Code	Cons Code	Priority	Referral Date Only	Days From Ref Date	No
[redacted]								URO	AOB	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	16/09/2013	52	EM
[redacted]								URO	GURO	URGENT	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	URGENT	13/09/2013	55	EM
[redacted]								URO	GURO	URGENT	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	13/09/2013	55	EM
[redacted]								URO	GURO	ROUTINE	16/09/2013	52	EM
[redacted]								URO	GURO	ROUTINE	16/09/2013	52	EM
[redacted]								URO	GURO	ROUTINE	16/09/2013	52	EM
[redacted]								URO	GURO	ROUTINE	16/09/2013	52	EM
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[redacted]								URO	GURO	ROUTINE	18/09/2013	50	EM

Personal Information redacted by the USI	URO	GURO	ROUTINE	19/09/2013	49
	URO	GURO	URGENT	19/09/2013	49
	URO	AOB	ROUTINE	20/09/2013	48

Personal Information redacted by the USI	URO	AOB	ROUTINE	26/09/2013	42
	URO	AOB	ROUTINE	27/09/2013	41
	URO	AOB	URGENT	30/09/2013	38
	URO	GURO	ROUTINE	02/10/2013	36
	URO	AOB	ROUTINE	02/10/2013	36

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URO	GURO	ROUTINE	17/10/2013	21
URO	GURO	URGENT	17/10/2013	21
URO	AOB	URGENT	17/10/2013	21
URO	GURO	URGENT	17/10/2013	21
URO	GURO	ROUTINE	17/10/2013	21
URO	GURO	URGENT	17/10/2013	21

Personal Information redacted by the USI	URO	GURO	ROUTINE	17/10/2013	21
	URO	GURO	ROUTINE	17/10/2013	21
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	URO	GURO	ROUTINE	17/10/2013	21
	URO	GURO	ROUTINE	17/10/2013	21
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	URO	GURO	ROUTINE	17/10/2013	21
	URO	GURO	ROUTINE	17/10/2013	21
	URO	GURO	ROUTINE	17/10/2013	21

Leanne

Leanne Browne
Acting Supervisor
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital
T: Personal Information redacted by the USI
E: Personal Information redacted by the USI

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 24 February 2014 07:45
To: Burns, Deborah; Mackle, Eamon; Young, Michael
Subject: RE: Yesterday

Thanks Debbie,

Michael can we have a chat about how we will manage this operationally with you and the rest of the team?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: [redacted] (Direct Dial)
Mobile: [redacted]
Email: [redacted]

From: Burns, Deborah
Sent: 21 February 2014 19:13
To: Mackle, Eamon; Young, Michael; Corrigan, Martina
Subject: Yesterday

I had a very helpful meeting with Mr O'Brien yesterday (Martina also attended). Mr O'Brien has agreed to not triage new referrals (with exception of those named to himself). He is also to think about if any additional admin support would assist him.

Michael I know this may place an additional burden on the rest of the team but appreciate you accommodating

Thanks for your help with this situation
D

Debbie Burns
Interim Director of Acute Services
SHSCT
Tel [redacted]
Email: [redacted]

Corrigan, Martina

From: Corrigan, Martina [redacted]
Sent: 06 March 2014 18:04
To: Robinson, Katherine
Cc: Carroll, Anita; Trouton, Heather; Burns, Deborah
Subject: Mr O'Brien triage

Katherine

Debbie and I met with Mr O'Brien and he has agreed that apart from his own named referrals, that on the weeks that he is oncall he will be no longer triaging general urology letters.

Mr Young has asked that during the week of Mr O'Brien's oncall, can the general urology letters that Mr O'Brien would have triaged please be left with him for triaging.

I note that the next weekday that Mr O'Brien is oncall for March is actually 31 March, so this will not happen until then.

Any issues can you please highlight to me in the first instance.

Many thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: O'Brien, Aidan [Personal Information redacted by the USI]
Sent: 16 March 2014 17:03
To: Kothandaraman Suresh; Corrigan, Martina
Cc: [Aidan O'Brien's email address]; [Michael Young's email address]; Glackin, Anthony; Young, Michael; Suresh, Ram; Tony Glackin [Anthony Glackin's email address]
Subject: RE: Triage of Red Flags

Dear All,

I would like to avail of this opportunity to share my views regarding the triage of Red Flag referrals.
In doing so, I entirely appreciate that I can justifiably be criticised for tardiness in triage of referrals which are not Red Flag.

- I am surprised that there has been a problem with delay in triage of Red Flags. Even I, the greatest sinner in triage, have not, to the knowledge, delayed triage of Red Flag referrals. I have returned Red Flag referrals to Office of Cancer Services, at the latest, the day after the referrals have been delivered to me. On occasion, I have delivered the triaged Red Flag referrals to the Office myself. In fact, the last tranche of Red Flag referrals which I triaged about 2 weeks ago, I did so in the Office of Cancer Services before they had even been delivered for triage.
- I am not the only one to note that some referrals, which have not been made as Red Flag, have been delivered to consultants as Red Flags after someone in Central Appointments Office has determined that they be so. This is usually done on recognition of some apparent key words in the letters of referral, such as 'Haematuria'. I think that this is not necessarily a bad thing. In fact, quite the contrary. However, whilst it may be a very good practice to have such referrals brought to our early attention (flagged up), it should not mean that they should remain Red Flags. However, I kind of have a reluctance to downgrade Red Flags, unless that it is untenable that they be so.
- I do believe that some Red Flag referrals cannot, and should not, be triaged in 30 seconds while someone waits to have it handed back. When that happens, they are triaged to inappropriate destinations. Let me give you an example. A patient was referred recently for assessment of persistent, intermittent, visible haematuria. Only because I noted that he came from [Personal Information redacted by the USI] I decided to check it out. On doing so, including talking to patient by telephone, I learned that he has been [Personal Information redacted by the USI] and is entirely dependent on ambulance transport. I therefore arranged for him to have CT Urography done in South West Acute Hospital. This was reassuringly normal. However, shock and horror, I retained the letter of referral until I had the report available, and so that I could determine the next, most appropriate move. I have arranged for him to come to CAH by ambulance for flexible cystoscopy to complete investigate. I have done all of this without 'seeing' the patient to date, though I have had two very pleasant conversations with him by telephone. No doubt, quick turnaround would have ticked the box, delivered him to Haematuria Clinic, which he would not have been able to attend.
- Lastly, I so welcome Kothandaraman's understated view that we should perhaps reduce our clinical commitments, particularly when being on call, to provide time to triage! Of course, we have paid lip service to so doing for years. I can think of several other, even more important, obligations can are expected to be done on a wing or a prayer, or not done at all. I feel insistent that we have time to triage and to do so in a manner which is optimal for all patients. I believe that this should have been done long ago. If we do not succeed in doing so, on the appointment of two more consultants, then we never will. They need to register the virtual clinic is a chimera. Just do it, have the cases registered (such as 2 consultations, by telephone, in the case above) and tell however needs to know, such as Commissioners, this is how we do it,

Sin é,

Aidan.
From: Kothandaraman Suresh [Ram Suresh's email address]
Sent: 13 March 2014 21:42
To: Corrigan, Martina
Cc: [Aidan O'Brien's email address]; [Michael Young's email address]; Glackin, Anthony; Young, Michael; O'Brien, Aidan; Suresh, Ram; Tony Glackin [Anthony Glackin's email address]
Subject: Re: Triage of Red Flags

Dear all,
I do go to the office every day, particularly while on call, esp to triage the referrals. But, I have been able to do this only after 5or6 p.m, ie after finishing my clinical commitments. I think, we may have to cut down our clinical activities during the on call week, so that we can clear the desk in a timely fashion and will be able to assess the emergency admissions.

Eager to see your views.
Regards
Ram

Sent from my iPad

Sent from my iPad

On 13 Mar 2014, at 18:33, "Corrigan, Martina" [Personal Information redacted by the USI] wrote:
Dear all

As you are aware I am currently looking at ways to shorten the time for the red flag patients getting to their first appointment and one of the delays in the system is the time it takes to get red flags letters triaged.

We previously had a system that on the week that you were on call that a member of the red flag team will come to you on a daily basis and wait while you triage the letters, this will mean that there should be no delay in this first part of the pathway.

If you were in agreement with this I could give the red-flag team your daily availability whilst you are oncall and this would hopefully shorten the first part of the process.

Happy to discuss but I do think that this would be a good way forward and if in agreement I would really like to implement this as soon as possible?

Many thanks in advance

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: [Personal Information redacted by the USI] (Direct Dial)
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: Corrigan, Martina [redacted]
Sent: 28 March 2014 16:50
To: O'Brien, Aidan
Subject: FW: outstanding triage

Importance: High

Dear Aidan

I am so sorry to be asking about the below again. but this has been escalated to Heather and Anita by the booking centre and will be sent through to Debbie if I don't have a response back for Monday.

I know that you are extremely busy and appreciate the hours you are currently working at the moment but is there anything I can do to assist with this?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Telephone: [redacted] Direct Dial)
Mobile: [redacted]
Email: [redacted]

From: Rankin, Christine
Sent: 28 March 2014 13:38
To: Glenny, Sharon
Cc: Browne, Leanne; Robinson, Katherine
Subject: FW: outstanding triage
Importance: High

Sharon

Please see below list of triage still outstanding a week after escalation to secretaries and a week later to Andrea.

Would you chase please?

Ta
C

Christine Rankin
ACTING BOOKING MANAGER
SOUTHERN TRUST BOOKING CENTRE
Southern Health & Social Care Trust
Ramone Building
Craigavon Area Hospital
68 Lurgan Road
Portadown
BT63 5QQ

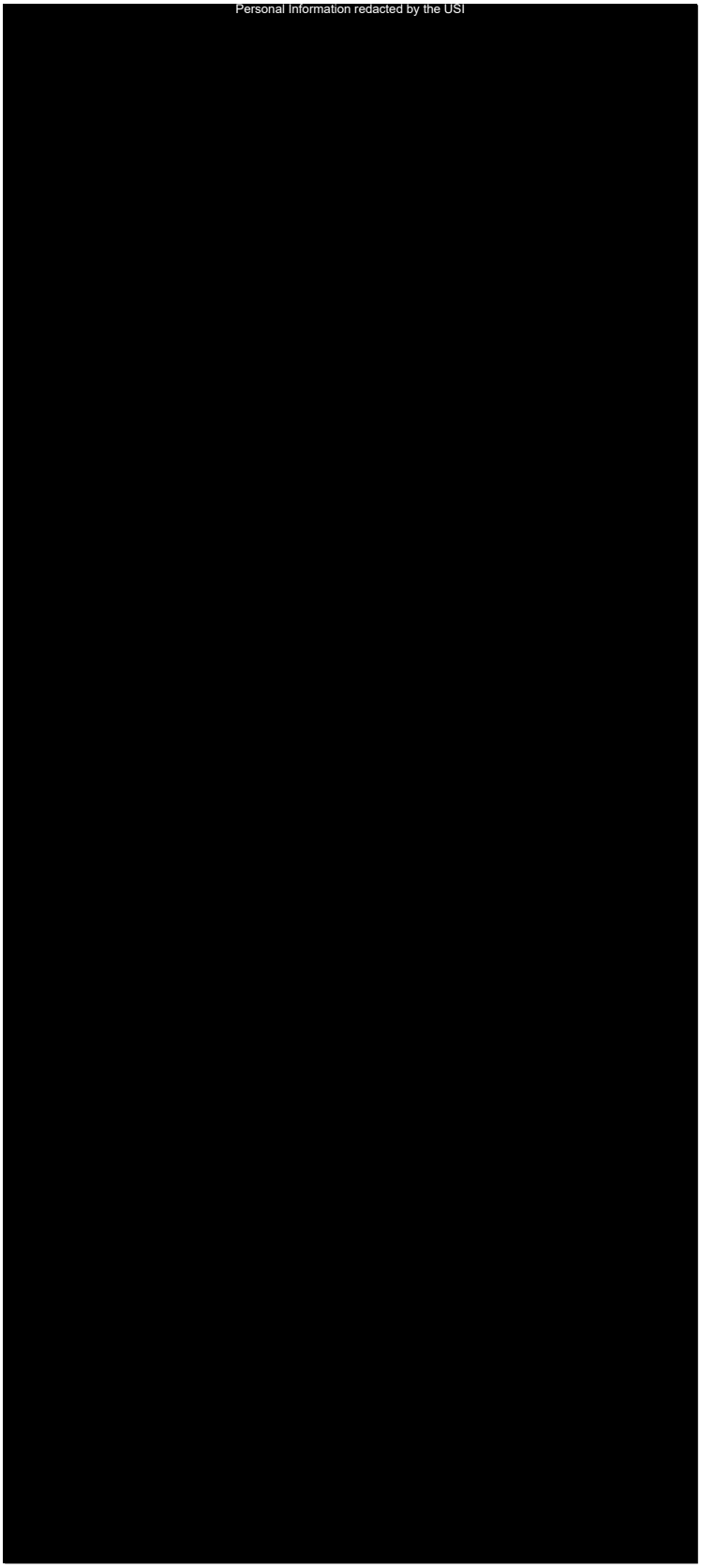
t: [redacted]
e: [redacted]

From: Coleman, Alana
Sent: 28 March 2014 13:13
To: Rankin, Christine

Cc: Browne, Leanne
Subject: outstanding triage

Hi Christine,

Below is a list of current outstanding triage that has been sent to secretaries and Andrea for action. Can you please escalate this.



Thanks
Alana

Buckley, LauraC

From: Browne, Leanne
Sent: 15 April 2014 16:11
To: Carroll, Anita
Cc: Rankin, Christine; Robinson, Katherine
Subject: Missing Triage

Hi Anita

Here is an updated list of Urology Missing Triage.
Emails have been sent to Consultant secretaries, Andrea Cunningham, Sharon Glenny and Martina.

Martina has given permission for the longest waiters to be booked regardless of triage, we are in the process of doing this.

Personal Information redacted by the USI

CAH	[redacted]	URO	AOB	ROUTINE		17/12/2013
CAH		URO	AOB	ROUTINE		19/12/2013
CAH		URO	GURO	ROUTINE		14/01/201
CAH		URO	GURO	URGENT		15/01/201
CAH		URO	GURO	ROUTINE		15/01/201
CAH		URO	AOB	ROUTINE		17/01/201
CAH		URO	AOB	ROUTINE		21/01/201
CAH		URO	AOB	ROUTINE	GPR	23/01/201
CAH		URO	GURO	ROUTINE		30/01/2014
CAH		URO	GURO	ROUTINE		30/01/2014
CAH		URO	GURO	ROUTINE	GPR	07/02/2014
CAH		URO	GURO	ROUTINE	GPR	07/02/2014
CAH		URO	GURO	ROUTINE	GPR	07/02/2014

CAH	Personal Information redacted by the USI	URO	GURO	ROUTINE	GPU	10/02/2014
CAH		URO	GURO	ROUTINE	GPR	07/02/2014
CAH		URO	GURO	ROUTINE	GPU	07/02/2014
CAH		URO	GURO	ROUTINE	GPR	11/02/2014

CAH	Personal Information redacted by the USI	URO	GURO	ROUTINE	GI
CAH		URO	AOB	ROUTINE	GI
CAH		URO	GURO	URGENT	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	URGENT	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	ROUTINE	GI
CAH		URO	GURO	URGENT	GI

CAH	Personal Information redacted by the USI		URO	GURO	ROUTINE	GPR	13/02/2014
CAH			URO	GURO	URGENT	GPU	13/02/2014

	Personal Information redacted by the USI					
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/20
CAH		URO	GURO	ROUTINE	GPR	13/02/20
CAH		URO	GURO	ROUTINE	GPR	13/02/20
CAH		URO	GURO	URGENT	GPU	13/02/20
CAH		URO	GURO	ROUTINE	GPR	13/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	URGENT	GPU	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	URGENT	GPU	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	AE	17/02/20
AH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	ROUTINE	GPR	17/02/20
CAH		URO	GURO	URGENT	GPU	17/02/20

CAH	Personal Information redacted by the USI		URO	GURO	ROUTINE	GPR	18/02/2

Thank you

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital
Ext Personal Information redacted by USI

From: Corrigan, Martina [redacted]
Sent: 18 April 2014 11:48
To: O'Brien, Aidan
Cc: McCorry, Monica
Subject: URGENT FOR RESPONSE: Missing Triage
Attachments: Urology - 10.04.14.xlsx

Dear Aidan

Please see attached and below – just to advise that this has been escalated to Anita Carroll and Heather Trouton and I have been advised that this will also be escalated to Debbie, can you please arrange for these letters to be triaged and returned to the booking centre.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: Browne, Leanne
Sent: 18 April 2014 11:42
To: Corrigan, Martina
Cc: Rankin, Christine; Robinson, Katherine
Subject: Missing Triage

Hi Martina

Attached is the updated file for Urology Missing Triage.

Can you arrange for the referrals to be returned as soon as possible please.

Thanks

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics Referral & Booking Centre Ramone Building
Craigavon Area Hospital Ext [redacted]

Urology

Personal Information redacted by the USI

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Spec Code	Cons Code	Priority	Referral Source	Referral Date Only	Days From Ref Date	Non Clinical Comments	WL Code	WL Cnc Code						
CAH	[redacted]							URO	GURO	ROUTINE		14/01/2014	66	email to monica 3 2 14	email to andrea 14/2/14	email to sharon 27 2 14	EMAIL TO MARTINA 7/3/14	"EMAIL TO MARTINA 280314"	email to martina 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	GURO	URGENT		15/01/2014	65	email to monica 3 2 14	email to andrea 14/2/14	email to sharon 27 2 14	EMAIL TO MARTINA 7/3/14	"EMAIL TO MARTINA 280314"	email to martina 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	GURO	ROUTINE		15/01/2014	65	email to monica 3 2 14	email to andrea 14/2/14	email to sharon 27 2 14	EMAIL TO MARTINA 7/3/14	"EMAIL TO MARTINA 280314"	email to martina 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	AOB	ROUTINE		17/01/2014	83	email to monica 14 2 14	email to andrea 270214	email to sharon 7/3/14	EMAIL TO MARTINA 24 3 14	"EMAIL TO MARTINA 280314"	email to martina 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	AOB	ROUTINE		21/01/2014	79	email to monica 27/2/14	email to andrea 7/3/14	EMAIL TO SHARON 24 3 14	"EMAIL TO MARTINA 280314"	EMAIL TO MARTINA 7/4/14	EMAIL TO ANITA 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	AOB	ROUTINE	GPR	23/01/2014	77	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	"EMAIL TO MARTINA 280314"	EMAIL TO MARTINA 7/4/14	EMAIL TO ANITA 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	AOB	URGENT	OC	24/01/2014	76	EMAIL TO MONICA 280314	EMAIL TO ANDREA 7/4/14	EMAIL TO SHARON 11/4/14	email to martina 18/4/14					
CAH	[redacted]							URO	GURO	ROUTINE		30/01/2014	70	email to monica 27/2/14	email to andrea 7/3/14	EMAIL TO SHARON 24 3 14	"EMAIL TO MARTINA 280314"	EMAIL TO MARTINA 7/4/14	EMAIL TO ANITA 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	GURO	ROUTINE		30/01/2014	70	email to monica 27/2/14	email to andrea 7/3/14	EMAIL TO SHARON 24 3 14	"EMAIL TO MARTINA 280314"	EMAIL TO MARTINA 7/4/14	EMAIL TO ANITA 7/4/14	EMAIL TO ANITA 7/4/14	email to anita 11/4/14	email to anita 18/4/14
CAH	[redacted]							URO	AOB	URGENT	OC	06/02/2014	63	EMAIL TO MONICA 7/4/14	EMAIL TO ANDREA 11/4/14	email to sharon 18/4/14						
CAH	[redacted]							URO	GURO	ROUTINE	GPR	07/02/2014	62	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	07/02/2014	62	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	07/02/2014	62	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPU	10/02/2014	62	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	07/02/2014	62	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPU	07/02/2014	62	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	AOB	URGENT	OTH	11/02/2014	58	EMAIL TO MONICA 070314	CMYSTCR	CMYSTCR	CMYSTCR	CMYSTCR				
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	AOB	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	URGENT	GPU	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	URGENT	GPU	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	11/02/2014	58	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]							URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			

AOB-70703

Personal Information redacted by the USI

CAH	[redacted]	URO	GURO	ROUTINE	GPR	12/02/2014	57	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	13/02/2014	56	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	OC	13/02/2014	56	EMAIL TO MONICA 210314	EMAIL TO ANDREA 280314	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	WL ACTIVE MY (PD TO CONFIRM DISCHARGE)	DISCHARGED				
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	WL ACTIVE AOB (MMCC TO CONFIRM D/C)	DISCHARGED				
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	13/02/2014	56	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	13/02/2014	56	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	AE	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 07 03 14	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	URGENT	GPU	17/02/2014	52	EMAIL TO MONICA 070314	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	GURO	ROUTINE	GPR	18/02/2014	51	EMAIL TO PAULETTE 070314 (sent to my per ajg traige)	email to andrea 210314	EMAIL TO SHARON 280314	EMAIL TO MARTINA 7/4/14	email to anita 11/4/14	email to anita 18/4/14			
CAH	[redacted]	URO	AOB	ROUTINE	OC	20/02/2014	49	EMAIL TO MONICA 210314	EMAIL TO ANDREA 280314	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anita 18/4/14				

CA	URO	AOB	URGENT	GPU	21/02/2014	48	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	AOB	ROUTINE	OC	24/02/2014	45	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	24/02/2014	45	EMAIL TO PAULETTE 210314	EMAIL TO MONICA 24 3 14	EMAIL TO ANDREA 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	OTH	25/02/2014	44	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	AOB	ROUTINE	OTH	26/02/2014	43	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	URGENT	GPU	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	URGENT	GPU	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	URGENT	GPU	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	URGENT	GPU	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	28/02/2014	41	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	01/03/2014	40	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	01/03/2014	40	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	AOB	URGENT	GPU	03/03/2014	38	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	GURO	ROUTINE	GPR	04/03/2014	37	MY TO AOB EMILED MONICA 280314	EMAIL TO ANDREA 7/4/14	EMAIL TO SHARON 11/4/14	email to martina 18/4/14						
CA	URO	GURO	ROUTINE	GPR	28/02/2014	35	EMAIL TO MONICA 210314	EMAIL TO ANDREA 28031	EMAIL TO SHARON 7/4/14	EMAIL TO MARTINA 11/4/14	email to anta 18/4/14					
CA	URO	MY	ROUTINE	OC	11/03/2014	30	EMAIL TO PAULETTE 280314	EMAIL TO ANDREA 7/4/14	EMAIL TO SHARON 11/4/14	email to martina 18/4/14						
CA	URO	AOB	ROUTINE	GPR	13/03/2014	28	EMAIL TO MONICA 7/4/14	EMAIL TO ANDREA 11/4/14	email to sharon 18/4/14							
CA	URO	GURO	URGENT	OC	14/03/2014	27	EMAIL TO PAULETTE 7/4/14	EMAIL TO ANDREA 11/4/14	email to sharon 18/4/14							
CA	URO	AOB	ROUTINE	GPR	14/03/2014	27	EMAIL TO MONICA 7/4/14	EMAIL TO ANDREA 11/4/14	email to sharon 18/4/14							
DH	URO	PH	ROUTINE	OC	07/03/2014	34	SURESH TO PAUL HUGHES VASECTOMY	REVISED TO SURGICAL								
CA	URO	AOB	URGENT	GPU	20/03/2014	21	EMAILED MONICA 100414	email to Andrea 18/4/14								
CA	URO	MY	URGENT	GPR	20/03/2014	21	HAEMATURIA - RF									
CA	URO	MY	ROUTINE	OC	25/03/2014	16	REFERRAL REC IN RBC 08 04 14 - WITH MR YOUING FOR TRIAGE									
CA	URO	GURO	URGENT	GPU	25/03/2014	16	CAJGNU									
CA	URO	AOB	ROUTINE	GPR	26/03/2014	15	EMAILED MONICA 100414	email to Andrea 18/4/14								

Corrigan, Martina

From: Corrigan, Martina [Personal Information redacted by the USI]
Sent: 20 May 2014 08:54
To: Trouton, Heather
Subject: RE: Missing Triage

Heather

Aidan and Monica are on Annual Leave this week but he normally does this sort of admin when he is off so I will advise next week if this has not been sorted.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [Personal Information redacted by the USI]
Mobile: [Personal Information redacted by the USI]
Email: [Personal Information redacted by the USI]

From: Trouton, Heather
Sent: 19 May 2014 19:12
To: Corrigan, Martina
Subject: RE: Missing Triage

Martina

If you don't get a response by Wednesday can you please advise / escalate?

Thanks
Heather

From: Corrigan, Martina
Sent: 16 May 2014 08:51
To: O'Brien, Aidan
Cc: McCorry, Monica; Trouton, Heather; Robinson, Katherine; Carroll, Anita
Subject: FW: Missing Triage

Aidan,

Can you advise please when these will be triaged?

Thanks

Martina

Martina Corrigan

Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: Personal Information redacted by the USI
Mobile: Personal Information redacted by the USI
Email: Personal Information redacted by the USI

From: Carroll, Anita
Sent: 12 May 2014 17:33
To: Corrigan, Martina; Trouton, Heather
Cc: Browne, Leanne
Subject: Fw: Missing Triage

Martina can you assist A

From: Browne, Leanne
Sent: Monday, May 12, 2014 04:26 PM GMT Standard Time
To: Carroll, Anita
Cc: Robinson, Katherine; Rankin, Christine
Subject: Missing Triage

Hi Anita

Can you arrange for the following referrals to be returned from triage please.

Personal Information redacted by the USI

	URO	AOB	URGENT	OC
E	URO	AOB	URGENT	OC
URO	GURO	ROUTINE	GPR	
URO	GURO	ROUTINE	GPR	
URO	GURO	URGENT	GPU	
URO	GURO	ROUTINE	AE	
URO	GURO	ROUTINE	GPR	
URO	GURO	ROUTINE	GPR	
URO	GURO	URGENT	GPU	
URO	AOB	ROUTINE	OC	
URO	AOB	URGENT	GPU	
URO	AOB	ROUTINE	OC	

Personal Information redacted by the USI

RO	GURO	ROUTINE	GPR
URO	GURO	ROUTINE	GPR
URO	GURO	URGENT	GPU
URO	GURO	ROUTINE	GPR
URO	GURO	ROUTINE	GPR
URO	GURO	URGENT	GPU
URO	GURO	ROUTINE	GPR
URO	GURO	ROUTINE	GPR
URO	GURO	ROUTINE	GPR
URO	GURO	ROUTINE	GPR
URO	AOB	URGENT	GPU
URO	GURO	ROUTINE	GPR
URO	AOB	ROUTINE	GPR
URO	GURO	URGENT	OC
URO	AOB	ROUTINE	GPR
URO	AOB	URGENT	GPU
URO	AOB	ROUTINE	GPR

Many thanks

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital
Ext Personal Information redacted by the USI

Corrigan, Martina

From: Corrigan, Martina <[redacted]>
Sent: 08 June 2014 20:58
To: Trouton, Heather
Cc: Carroll, Anita
Subject: Fw: Urology Missing Triage

Heather

Can we have a chat about this. As I am getting no response from Aidan

Thanks

Martina

Martina Corrigan
Head of ENT, Urology & Outpatients
Mobile [redacted]

From: Browne, Leanne
Sent: Friday, June 06, 2014 01:22 PM
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine; Coleman, Alana
Subject: RE: Urology Missing Triage

Hi Martina

Mr O'Brien is only getting the referrals named to him, Mr Young is getting the unnamed when Mr O'Brien is on rota

Leanne

From: Corrigan, Martina
Sent: 06 June 2014 13:17
To: Browne, Leanne
Cc: Robinson, Katherine; Rankin, Christine
Subject: RE: Urology Missing Triage

Hi Leanne

Can I check is Mr O'Brien still receiving referrals as I thought they were all to go to Mr Young from beginning of February?

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [redacted]
Mobile: [redacted]

Email: martina.corrigan[redacted]

From: Browne, Leanne
Sent: 06 June 2014 12:04
To: Corrigan, Martina
Cc: Robinson, Katherine; Rankin, Christine
Subject: Urology Missing Triage

Hi Martina

This is a copy of this weeks updated Urology Missing Triage – can you have the referrals forwarded as soon as possible please

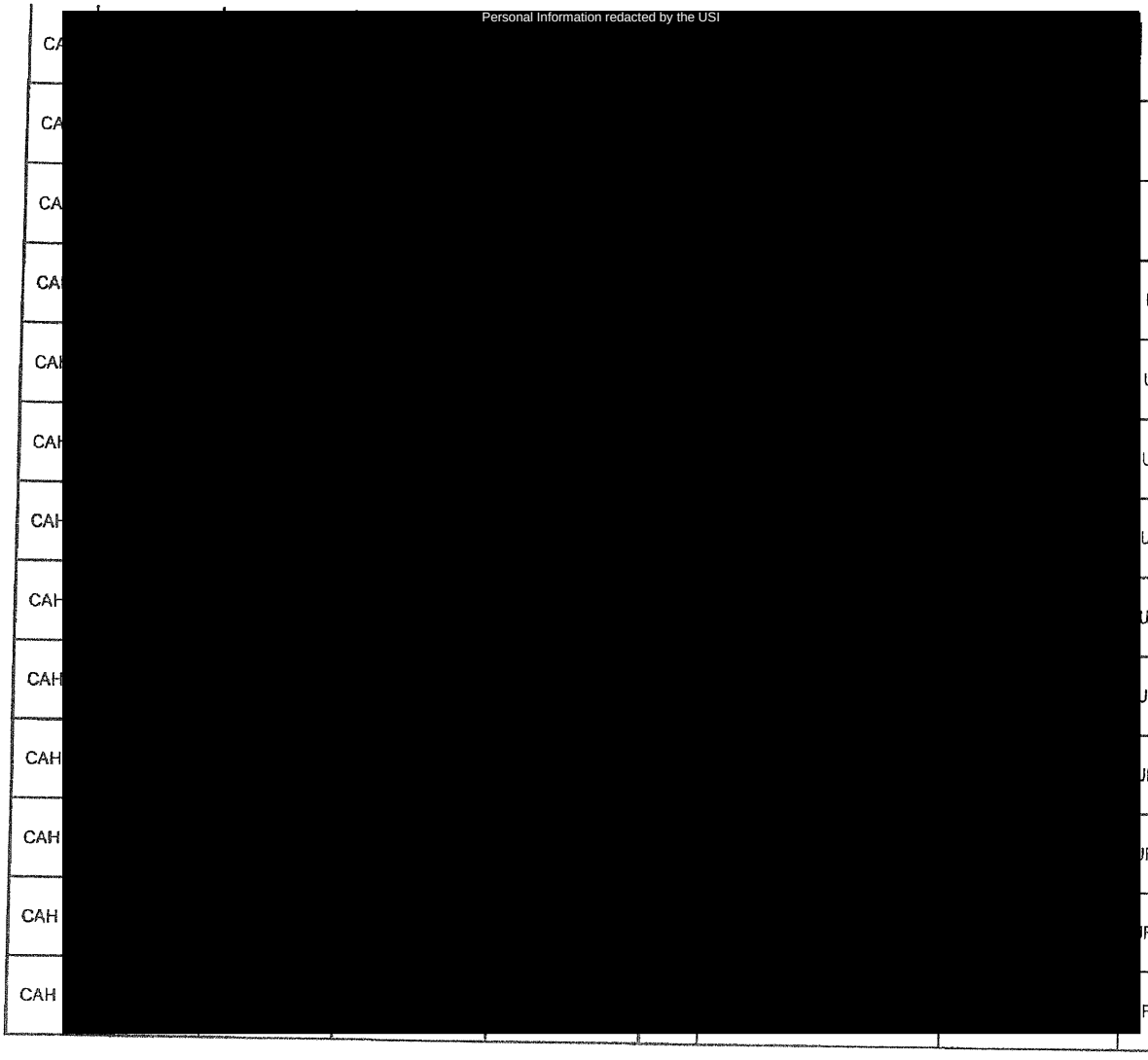
Urology

Hosp	CHI Number	Casenote	Forenames	Surname	Age	Telephone	Telephone Work	Spec Code	Cons Code	Priorit	
CAH	[redacted]							URO	AOB	URG.	
CAH								URO	AOB	URGENT	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	URGENT	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	URGENT	
CAH								URO	AOB	ROUTINE	
CAH								URO	AOB	URGENT	
CAH								URO	AOB	ROUTINE	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	ROUTINE	
CAH								URO	GURO	ROUTINE	

	Personal Information redacted by the USI				
CA	[redacted]	URO	GURO	URGENT	C
CA	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	URGENT	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	AOB	URGENT	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	AOB	ROUTINE	C
CAH	[redacted]	URO	AOB	URGENT	C
CAH	[redacted]	URO	AOB	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	A
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	URO	GURO	URGENT	C
CAH	[redacted]	URO	AOB	ROUTINE	C
CAH	[redacted]	URO	GURO	ROUTINE	C
CAH	[redacted]	RO	AOB	ROUTINE	C
CAH	[redacted]	RO	AOB	ROUTINE	C
CAH	[redacted]	RO	AOB	ROUTINE	C
CAH	[redacted]	RO	AOB	ROUTINE	C

CAH	[redacted]	URO	AOB	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	URGENT	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	GURO	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	URGENT	C
CAH		URO	AOB	ROUTIN	C
CAH		URO	AOB	ROU	C
CAH		URO	MY	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	MY	ROUTINE	C
CAH		URO	AOB	ROUTINE	A
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	MY	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	AOB	ROUTINE	C
CAH		URO	GURO	ROUTINE	C
CAH		URO	GURO	ROUTINE	C
CAH		URO	AOB	ROUTINE	C

Personal Information redacted by the USI



URO	AOB	ROUTINE	
URO	GURO	ROUTINE	
URO	AJG	URGENT	
URO	GURO	ROUTINE	
URO	GURO	URGENT	
URO	AJG	ROUTINE	
URO	MY	URGENT	
URO	AOB	ROUTINE	
URO	GURO	ROUTINE	
URO	AJG	ROUTINE	
URO	GURO	ROUTINE	
RO	AOB	ROUTINE	
RO	KS	ROUTINE	

Thanks

Leanne Browne
Acting Supervisor – Gynae, Urology, Urology ICATS, Orthoptics
Referral & Booking Centre
Ramone Building
Craigavon Area Hospital
Ext Personal Information

From: Corrigan, Martina <[redacted]>
Sent: 11 September 2014 08:36
To: O'Brien, Aidan
Subject: Urology - 04 09 14.xlsx
Attachments: Urology - 04 09 14.xlsx

Good Morning Aidan

I am sorry as I know that you are currently under so much pressure in respect to admin work, but this has been escalated to me regarding outstanding triage and I know that it will be escalated to Heather and Anita Carroll.

Can you give me an update on these so that I can let them know when these may be done.

Thanks

Martina

Martina Corrigan
Head of ENT, Urology and Outpatients
Southern Health and Social Care Trust
Craigavon Area Hospital

Telephone: [redacted]
Mobile: [redacted]
Email: [redacted]

From: Glackin, Anthony [redacted]
Sent: 18 August 2014 09:43
To: Aidan O'Brien; Young, Michael; Corrigan, Martina; [redacted] Haynes, Mark; [redacted] O'Brien, Aidan; [redacted] Suresh, Ram; [redacted]
Subject: RE: 'Capacity'

Dear All,
Just a comment on the "hot clinic".
I never envisaged that we would be seeing all the non GP referrals in this clinic (i.e. all those from A&E). My view is that only those patient who need to be seen within 24- 48h would be seen at the hot clinic. Certainly not 8 patients per hot clinic. The majority of A&E referrals are suitable for the new patient clinic or some other route after triage. The other planned commitments for the on call Consultant would preclude seeing this volume of patients. I believe it is most important that the Consultant participates in the daily ward round and sorts out the acute in patients and is given time each day to do so.

Tony

From: Aidan O'Brien [redacted]
Sent: 17 August 2014 23:08
To: Young, Michael; Corrigan, Martina; [redacted] Glackin, Anthony; Haynes, Mark; [redacted] O'Brien, Aidan; [redacted] Suresh, Ram; [redacted]
Subject: Re: 'Capacity'

Martina et al,

I too take this opportunity to share my condensed reflections regarding the Sullivan challenge.
In doing so, I greatly welcome Michael's email of this afternoon.

Firstly, I believe that we should firstly wholly appreciate the potential significance of our Department / Service being given this opportunity to advise / influence / perhaps even dictate how it could / should be!
I believe that I am correct in asserting that this is the first time since 1992 that this has happened.
Whilst I acknowledge that there were times when development was facilitated, notably by the Trust, equally well I have vivid memories when our advice, requests and pleas were undermined by Clinical Director, Medical Director, Director of Acute Services, Chief Executive, Director of Public Health and Board.
For 22 years, it has been most difficult to impress upon authority the notion that those who provide the service may also be those best equipped to know what is required, and how it should or could be provided.
On this occasion, we have not only been provided with that opportunity, but additionally with the possibility that we have been granted the power to manage demand.
I still personally believe that this is the most important aspect of this new opportunity.

I believe that we have been given a responsibility to design a service which will ensure that urological pathology and morbidity can be managed in future in an effective, safe and efficient manner, achieving outcomes which are better all around than they are today.
I also believe that it is crucial that we appreciate that we are being requested to design such a service which will be provided by both primary and secondary care.
My only criticism of the thought processes that we collectively may have had to date, is that we have been more occupied by the configuration of the service that we in secondary care will provide, rather than the universality of care.

I believe the future design should therefore be based upon three conceptual planks:
• Demand Management, achieved by increasing investigation and management in primary care, thereby reducing referral to secondary care • Advanced Triage rendering the the subsequent processing of assessment and management in secondary care to be maximally predictable • New Clinic: the processing legitimate referrals to secondary care in such a effective, safe and efficient manner that it can be determined whether the patient requires further assessment or management in secondary care, or discharged to primary care for further assessment or management or neither.

I believe that demand management is the foundation upon which we can build a sustainable service.
I have absolutely no doubt that we should be able to achieve a significant reduction in demand, as manifest in the number of referrals, and I would venture to say that the speculated reduction of 20% is an underestimate.
I asked a retired (and excellent) GP just yesterday why chronic / recurrent urinary infection in females was not investigated and managed adequately in primary care.
His reply was instant and stark: it was because they had not been told to do so by those in authority, such as ourselves.
I have no doubt that we can agree upon how male and female LUTS, male and female infection, male and female abdominal pain suspected of being related to the urinary tract, erectile dysfunction etc., could be investigated and managed in primary care.
In each and all of these clinical presentations, there will be thresholds above which referral is not only justified, but warranted.
We have already agreed on some clinical presentations.
I believe that we can work progressively on others.
When we have done so, we should then dictate to primary care what to do in each scenario.
I believe that we should wholly engage with the IT people to have our dictations disseminated to primary care via their advice pages.
But crucially, I believe that it is imperative that we do not avail of the lack of availability of an electronic referral system to defer or dilute demand management.
For example, we can write to every GP, dictating to them how to investigate and manage each clinical presentation, morbidity or pathology, including the criteria for referral, and how that should be done.
I have no doubt that this can be achieved, and I can see no reason why we can not be fully implementing Demand Management from 01 January 2015 onwards.

I hope that I am correct in my understanding that the basis of the concept of the 'New Clinic' is that such a clinic would enable us to process a legitimate referral in a manner perceived to be the most efficient way of arriving at an effective and safe conclusion with regard to the patient's further requirements.
Whilst I entirely agree that the first face-to-face consultation that we have with the patient should be as definitive as is possible, I do suspect that successful Demand Management may reduce the proportion of such first consultations that will turn out to be the only consultation.
I also strongly believe that we should avoid the temptation of allowing the New Clinic to obviate careful, advanced triage.
I am concerned that the concept of the New Clinic being a one stop clinic will mean that, having established that a referral has legitimately risen above the referral threshold, the next move will be to 'see' that patient at the New Clinic whereupon the clinician will determine what would have been obvious in most cases had proper triage have been conducted, that the patient requires both flexible cystoscopy and urodynamics studies.
If a GP or other referrer has done all that we have dictated to be done, yet it is obvious on triage that this 82 year old patient in a Nursing Home in Enniskillen would next need a Renal CT or MRI done to make consultation worthwhile, then one should be on the telephone to enquire after the logistical feasibilities, requesting the further scans etc.
In fact, I believe that triage probably should involve initial contact with the patient (+/- referrer) by telephone to advise of the next steps.
In other words, if we allow the one-stop concept of the New Clinic the excuse to conduct proper triage, we will have integrated inefficiency into the New Clinic.
Optimal triage will dictate that the patient requires flexible cystoscopy plus consultation rather than the other way about, or urodynamic studies plus consultation rather than the other way around.

I believe that advanced triage will be the essential bridge between successful demand management and the successful, effective, safe and efficient delivery of outpatient consultation and procedural assessment / investigation, such as flexible cystoscopy, biopsies and urodynamic studies.
I also believe that if we are capable of determining pathways for assessment and management in primary care, we should be equally capable of designing pathways for effective, safe and efficient triage, so that the bulk ? all of triage could be conducted by Nurse Specialists, rather than consultants, one of the latter always available whilst urologist of the week to advise.
As a consequence, I believe that, having successfully implemented Demand Management and Advanced Triage, the New Clinic concept will be required for only a minority of referrals.
The rest will be managed in the way urodynamic studies have been managed to date - studies followed by consultation - except that in future the urodynamic studies will not have been preceded by another outpatient consultation conducted nine months previously.
I hope I have made myself clear: demand management and advanced triage will have ensured that all that can be done as an outpatient prior to arrival at our Department will already have been done (such as imaging, IPSS, etc) so that the actual procedural requirements at the New Clinic can be predicted, scheduled and performed, preferably prior to final consultation, which itself may not always require the involvement of a consultant.

I am passionately of the view that we have not yet grasped the potential impact of demand management, advanced triage and then single visit assessment could have on our Department.

I do believe that it could certainly stall and hopefully reverse the migration of consultant time being increasingly consumed in outpatient services, rather than operating, and which has occurred progressively over the past twenty years.
As a single-handed consultant with one registrar 20 years ago, I conducted one clinic per week (later to become two with the addition of Armagh and Banbridge) and had a minimum of 4 inpatient operating sessions, usually 5, and sometimes 6 (depending upon time of year) as well as a flexible cystoscopy session per week.
Now I cannot safely assume that I will have 2 or 2.5 inpatient operating sessions per week, in addition to 0.5 DSU sessions, whilst I am doing 4 clinic sessions per week.
Now we spend more time at the shop front, inviting more people in, and having less time to operate on them in the back room.
I believe that the Health Care Pathway, as Michael has so aptly described it, and as I have outlined above, will free up more consultant time to operate, and which is just as important component of a future sustainable service as is freeing up theatres to operate in.

I believe that the most important point raised by Michael relates to the 'Hot Clinic'.
I have to confess that I despise the term.
Far more importantly, Michael has appreciated that all the activities expected of the Urologist of the Week cannot possibly be carried out in one session each morning, and with a fixed commitment in the afternoon.
I argued against this notion years ago, and I do so again, and for the following reasons.
The first and overriding priority of every clinician of the week is the provision of round-the-clock emergency care.
It is therefore impossible to provide emergency care if you have a fixed commitment elsewhere in the hospital or in any other place.
The second priority is inpatient care.
I disagree that it should be left to the discretion of the Urologist of the Week how to participate in inpatient care.
I disagree that the morning ward round be conducted by the registrar alone.
I believe that all inpatients should be seen by the consultant and registrar conducting a ward round together.
Such practice will be best practice for the training of trainees, as well as reassuring all the other consultants that their patients will have been assessed and managed each day by a consultant.
I also believe that the Urologist of the Week should endeavour to operate on as many people as is possible during their acute inpatient stay, including for example TURP following admission for acute urinary retention etc.
Then there is the Hot Clinic and Advanced Triage, never mind MDM preview for Mark, Tony and me when we are Urologist of the Week.
I could also add that it had previously been estimated that each Cancer Unit would require one consultant session per week to ensure that remote PSA tracking be conducted effectively.
The Hot Clinic could also entail dealing with the many queries that come in each day from patients and GPs.
I believe one of the great merits of Urologist of the Week is to ensure that all of the others are undisturbed in conducting their commitments.
To be available for all emergencies, to attend to all acute presentations (which is really what a Hot Clinic is all about), to provide inpatient care in the detail, to operate, to conduct advanced audit, to address queries, to provide advice.....it is risible that this could be conducted in one session each day!
We have been talking about Urologist of the Week for years.
I do not understand our fear of doing it fully and properly, like as if we are not entitled to do so.
Let's go for it, and make the most of it for our patients.

Lastly, I believe that we should not concern ourselves too much with regard to having all the i's dotted before any presentation to Mairead tomorrow, or even to Dean on 01 September.
Following tomorrow's meeting, we will have one week to bring together a document of consensus regarding the main principles underlining our collective view of how to move forward to a future sustainable service.
All of the work done by all to date, and led by Mark and Martina, will be included.
I have no doubt that every detail of the future sustainable service will not be available for the document to be submitted to Dean, and I will have no inhibition in advising him that much work and sacrifice has been put into the effort to date.
I also believe that some of the detail which will be included he may not like to hear...above all, the future requires a significant increase in operating capacity!

So, I, like Michael, congratulate those who have done the work to date, and at all hours of day and night, and sacrificing annual leave in doing so.
The rest of us are hugely indebted!
With so much work done, I believe we can and should move forward with confidence to meet with Dean in September, and probably again in November, and hopefully forge a relationship of trust and influence in the development of a future sustainable service,

Aidan.