

## Testicular Torsion

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

### PRIMARY CARE CLINICIAN QUESTIONNAIRE

**CONFIDENTIAL**

#### What is this study about?

The aim of this study is to review the pathway and quality of care in patients (children and young people) admitted to hospital with testicular torsion or pain leading to testicular torsion.

<https://www.ncepod.org.uk/index.html>

#### Inclusions

Patients aged between 2 - 24 years (inclusive) admitted to hospital with a diagnosis of testicular torsion, who underwent one of the included procedures, between the 1st April 2021 - 31st March 2022.

#### Who should complete this questionnaire?

This questionnaire should be completed by the General Practitioner who referred the patient to hospital for the admission relating to testicular pain/torsion.

Please do not include any patient identifiers in the free text boxes.

#### Questions or help

If you have any queries about this study or this questionnaire, please contact: [testiculartorsion@ncepod.org.uk](mailto:testiculartorsion@ncepod.org.uk) or telephone 020 7251 9060.

#### CPD accreditation

Clinicians who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for clinicians to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual clinicians. Consequently, NCEPOD recommends that clinicians who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence as part of the annual appraisal portfolio.

Once your questionnaire has been completed if you would like a certificate which can be used as evidence of involvement in quality improvement, please email [testiculartorsion@ncepod.org.uk](mailto:testiculartorsion@ncepod.org.uk).

#### About NCEPOD

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) reviews healthcare practice by undertaking confidential studies, and makes recommendations to improve the quality of the delivery of care, for healthcare professionals and policymakers to implement. Data to inform the studies are collected from NHS hospitals, Primary Care and Independent sector hospitals across England, Wales, Northern Ireland and the Offshore Islands. NCEPOD are supported by a wide range of bodies and the Steering Group consists of members from the Medical Royal Colleges and Specialist Associations, as well as observers from The Coroners Society of England and Wales, and the Healthcare Quality Improvement Partnership (HQIP).

## IMPACT

Key recommendations from recent NCEPOD reports relevant to primary care include:

- **Hard to Swallow? (2021)** - Document the swallow status of all patients with Parkinson's disease at the point of referral to hospital.
- **Delay in Transit (2020)** - Minimise delays to diagnosis and treatment for acute bowel obstruction. Development of an evidence-based pathway for acute bowel obstruction could facilitate this.
- **Know the Score (2019)** - All patients who have presented to hospitals with an acute pulmonary embolism should be provided with a follow-up plan including the likely cause of the PE, details of the anticoagulant and length of prescription and a patient information leaflet
- **Failure to Function (2018)** - All heart failure patients should have access to a heart failure multidisciplinary team. Core membership of this team should include the primary care team.
- **Chronic neurodisability (2018)** - General Practitioner Networks, Federations, Clusters, Health Boards and Partnerships, should consider developing Clinical Champions for neurodisabled patients to lead and help 'bridge the gap' between specialist neurodisability teams and primary/community care. Leads could be engaged in care from the early teens and function as an essential link with the wider paediatric multidisciplinary teams.
- **Just Say Sepsis (2015)** - To facilitate the transition from primary to secondary care, a standard method of referral should be introduced in primary care for patients who are in need of a hospital admission for, or thought to be at risk of, sepsis. This should include a full set of observations/ vital signs/risks/relevant history (such as previous sepsis) and any early warning scores used.

Further information and recommendations that may be of interest to primary care clinicians can be found: <https://www.ncepod.org.uk/pdf/publications/Common%20themes%20document.pdf>

## A. STRUCTURED COMMENTARY

Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel is relevant. You should be assured that this information is confidential. NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.

## B. PRACTICE DETAILS

1a) What hours does this practice accept emergency calls?

- 24/7                       Normal working hours (e.g., 8am - 6pm) 7 days/week  
 Unknown                       Normal working hours (e.g., 8am - 6pm) Mon-Fri  
 Other (please specify)

1b) Out of hours, which service do you recommend patients phone?

- NHS 111                       Other local practice                       Hospital                       Unknown  
 Other (Please specify)

## C. THE ORGANISATION OF SERVICES FOR PATIENTS WITH SUSPECTED TORSION

### ORGANISATIONAL LEVEL QUESTIONS

#### *Children/Adolescents*

1a) Does this practice have a protocol for the management of testicular pain in children/adolescents?

- Yes  No  Unknown

1b) If YES to 1a, who developed and shared the protocol?

- Practice                       Primary Care Network                       Clinical Commissioning Group  
 Secondary care                       Unknown  
 Other (Please specify)

1c) If YES to 1a, does it state that patients presenting with suspected testicular torsion immediately go to hospital?

- Yes  No  Unknown

1d) If YES to 1a, does it state which service the patient is referred to?

- Emergency department                       Urology                       General surgery                       Paediatric surgery  
 Other (Please specify)   Unknown

1e) If NO to 1c, does it state that patients are seen face to face first before being referred to hospital?

- Yes  No  Unknown

**Adults**

2a) Does this practice have a protocol for the management of testicular pain in adult patients?

Yes  No  Unknown

2b) If YES, who developed and shared the protocol?

Practice  Primary Care Network  Clinical Commissioning Group

Secondary care  Unknown

Other (Please specify)

2c) If YES to 2a, does it state that patients presenting with suspected testicular torsion immediately go to hospital?

Yes  No  Unknown

2d) If YES to 2a, does it state which service the patient is referred to?

Emergency department  Urology  General surgery  Paediatric surgery

Other (Please specify)   Unknown

2e) If NO to 2c, does it state that patients are seen face to face first before being referred to hospital?

Yes  No  Unknown

**All patients**

3) In the event of a patient not being able to arrange their own transfer to the emergency department, how would it be ensured the patient gets to hospital quickly?

By taxi  By ambulance  Unknown

Other (Please specify)

4) Are call-backs for testicular pain, given clinical priority?

Yes  No  Unknown

5a) Have the practice team undertaken any training on the management of testicular pain?

Yes  No  Unknown

5b) If YES, which staff members does this cover? (Please tick all that apply)

GPs  Practice nurses  Allied Health Professionals

Non-clinical administrative staff (e.g., receptionists)  Unknown

Other (Please specify)

6) Approximately how long does it take to get to the closest local emergency department from this practice by car?

Unknown

7a) Have there been any significant incidents related to testicular torsion in this organisation in the last two years?

Yes  No  Unknown

7b) If YES, please give details:

8a) Does this practice audit outcomes for patients presenting with acute surgical problems in terms of timeliness of referral?

Yes  No  Unknown

8b) If YES, please give details:

## D. THE REFERRAL PROCESS

### PATIENT LEVEL QUESTIONS

1) What was the age of the patient at the time of presentation?   Years  Unknown

2) Ethnicity  White British/White – other  Black/African/Caribbean/Black British  
 Asian/Asian British (Indian, Pakistani, Bangladeshi, Chinese, other Asian)  
 Mixed/Multiple ethnic groups  Other  Unknown

3) What were the presenting symptoms? (Please tick all that apply)

Testicular pain  Abdominal pain  Nausea  Vomiting  
 Other (please specify)   Unknown

4) How did you review the patient? (Please tick all that apply)

In person consultation  Telephone consultation  Video consultation  
 Other (please specify)   Unknown

5a) Date of onset of symptoms:   /   /      Unknown

5b) Time of onset of symptoms:   :    Unknown

5c) Date of first review:   /   /      Unknown

5d) Time of first review:   :    Unknown

5e) Date of referral to the hospital:   /   /      Unknown

5f) Time of referral to the hospital:   :    Unknown

6a) In your opinion, do you think there was a delay in presentation to primary care?  Yes  No  Unknown

6b) If YES, what were these? (Please tick all that apply)

Patient or parent carer waiting and seeing  Called NHS 111 and told to wait and see  
 Initially presented to another healthcare practitioner  
 Other (please specify)   Unknown

6c) If ANOTHER HEALTHCARE PRACTITIONER, was this: (Please tick all that apply)

- GP
  School nurse
  Sexual health practitioner  
 Advanced nurse practitioner
  Paramedic  
 Other (please specify)   Unknown

7a) Was a urine dip performed?  Yes  No  Unknown

7b) Was it positive?  Yes  No  Unknown

7c) What action did you take as a result of this?

8a) What was the primary care diagnosis at the time of referral?

- Suspected testicular torsion
  Sexually transmitted disease  
 Other (please specify)   Unknown

8b) Did you refer directly to the hospital?  Yes  No  Unknown

8c) If YES, where?

- Paediatric Emergency Department
  Adult Emergency Department  
 Surgical Admissions Unit (SAU)
  Paediatric Admissions Unit (PAU)  
 Surgical ward
  Paediatric ward
  Urology ward
  Unknown  
 Other (please specify)



8d) If YES to 8b, did you communicate the concern of testicular torsion to the hospital?  Yes  No  Unknown

8e) Did you advise the patient to travel by personal transport/taxi to hospital?  
 Yes  No  Unknown  NA – own transport not available  
 NA – not suspected testicular torsion

9a) Did you provide clinical information to the hospital?  Yes  No  Unknown

9b) If YES, how was this information provided? (Please tick all that apply)  
 Phone call  Email  Written  Digital referral tool  Unknown  
 Other (please specify)

**E. THE FOLLOW UP PROCESS**

**PATIENT LEVEL QUESTIONS**

1) Did you receive a copy of the discharge summary?  Yes  No  Unknown

**F. ADDITIONAL INFORMATION**

1) Please use this space should you wish to provide further details on any of the answers you have provided (please include the question number)

2) Please use this space to provide any details of how the Covid-19 pandemic has affected current service provision for patients admitted with testicular torsion.

## G. CASE NOTES

If you have any case notes that would be relevant or beneficial to the peer review process, please send these via password protected email to [ncepod@nhs.net](mailto:ncepod@nhs.net). All notes will be made anonymous for patient identifiable information upon receipt.

1) Are you returning case note extracts?

Yes  No

### **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE**

By doing so you have contributed to the dataset that will form the report and recommendations due for release in February 2024

**This study was commissioned by The Healthcare Quality Improvement Partnership (HQIP) as part of the Clinical Outcome Review Programme into Child Health.**