Colorectal Telephone Assessment Clinic
Service evaluation and patient experience

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Telephone Nursing

- NHS direct/111 service
- Chronic disease management
- Primary care triage
- Cancer follow up clinics

Rare as first appointment in secondary/tertiary care.

2 papers looking at BCSP:
Rodger J & Steele RJC. (2008)
Stoop et al. (2012)

Salisbury C et al. (2013) - physiotherapy
Shanley et al. (2007) - genetics
A nurse led colorectal telephone assessment clinic (TAC) compatible with the electronic referral system was introduced in 2008 to improve the care pathway for urgent and routine referrals to the colorectal team.

Harriet Watson
Colorectal telephone assessment pathway: setting up a nurse-led service
Gastrointestinal Nursing Vol 12 no 8 October 2014

Key aims:-
• Streamline services
• Increase capacity
• Free up Consultant time to see more complex patients or operate
• Provide a filter for patient selection and safety for endoscopy investigation
Service Evaluation

Comparative data analysis 2007/8 and 2013/14

• DNA rate reduced from 5.3% (07/08) to 3.1%. (13/14)

\[ \chi^2 = 6.825, \ P = 0.009 \] and equates to an additional 26 appointments attended for a clinic capacity of 1200 per year.

<table>
<thead>
<tr>
<th>Waiting times for clinic appointments</th>
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<tr>
<td>Total number patients</td>
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<tr>
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<tr>
<td>2007/8</td>
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<tr>
<td>2013/14</td>
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Mann-Whitney U=291304 P < 0.0001 two-tailed. Hodges-Lehmann ∆ 20 days

91% of patients referred to the TAC were assessed within 3 weeks compared to 34% in 2007/8. The difference in the range of waiting times is considerable with the longest in the TAC group being 61 days compared to 220 days in 2007/8.
## Care pathway of patients 2014/15 n=1107

The total number of individual patients was **1107** after removing those who DNA, referred to OPD and duplicates from follow up TAC.

<table>
<thead>
<tr>
<th>Managed to discharge by CNS</th>
<th>916 (83%) – includes those requiring polyp surveillance or regular screening for family history of CRC 73% of the total 1252 appointments.</th>
</tr>
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<tbody>
<tr>
<td>Referred to MDT with colorectal cancer</td>
<td>23 (2%)</td>
</tr>
<tr>
<td>Referred to other speciality service</td>
<td>96 (9%)</td>
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<tr>
<td></td>
<td>43 – Pelvic Floor 32 – Gastroenterology 8 - Genetics 3 – Urology 2 – Haematology 3 - Respiratory 2 – Gynaecology 2 – Upper GI 1 - Rheumatology</td>
</tr>
<tr>
<td>Colorectal Consultant review</td>
<td>72 (6%) – OPA following investigations</td>
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Patient Experience

Patient feedback has been very positive.

2 methods used with different samples:

• Friends and Family test with 2 options:
  - Text message
  - Dial in answer machine.

  Response rate 70% n=222

• General Practice Assessment Questionnaire GPAQ-R. Postal survey.

  Response rate 67% n=80
## Friends and Family Test Scores

How likely are you to recommend our assessment clinic to friends & family if they needed similar care or treatment?

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<tbody>
<tr>
<td>Number of responses</td>
<td>169</td>
<td>39</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Response %</td>
<td>76%</td>
<td>18%</td>
<td>1%</td>
<td>0.5%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Total number of responses n=222 Overall response rate of 70%

**Friends and Family test score = 73**
GPAQ-R

More detailed survey about individual elements of the consultation including listening skills, explanation of condition and treatment and patient involvement in decision making.

Key outcomes:

• The responses to the first eight questions which relate to the clinical aspects of the consultation were all positive (satisfactory, good or very good).
• 98% would be happy to use the service again.
• 96% would recommend to a friend or family member if needed thus supporting the findings from the FFT.

Higher score were received for ‘being polite and considerate’ and ‘listening to you’ than national benchmark data.
Qualitative Data

Additional comments were collated from both FFT and GPAQ. Inductive thematic analysis was used and revealed three core themes which underpin the patient experience.
Effective Communication

Sub themes
• Characteristics of the Specialist Nurse
• Information Valued
• Patient involvement
• Barriers to communication

The qualities of the Nurse conducting the consultation were significant for patients as shown by the frequency in which they were described in the transcripts. This included the ability to communicate care and understanding over the telephone. This was important for developing a rapport and creating a situation in which patients felt comfortable to talk.
“the nurse was very understanding and sympathetic, listened carefully. All round very pleasant and easy to talk to”.

“she explained everything to me and asked lots of questions to ascertain the correct course of action”.

“Understood my situation completely and we reached a sensible mutual decision on forward treatment etc.”

“One thing I feel is wrong is if someone is hard of hearing, I do not hear well myself although the person I spoke to was great”.

“I missed my first telephone appointment because your number is withheld”
Emotional Experience

Sub themes
• Anxiety
• Reassurance
• Embarrassment

The analysis revealed the range of emotions experienced by patients. Anxiety, worry and apprehension were noted prior to the consultation and many recall that they were put at ease and reassured following it. Embarrassment was highlighted and some felt that telephone assessment reduced this and was preferable to discussing things face to face.
“I was initially very worried about talking to a stranger, felt silly talking about my bowels.... I felt happy to talk to her. By the end of the conversation I felt reassured and glad I had spoken to her”.

“I did feel a little nervous waiting for the telephone call but my call came on the time allocated and the nurse soon put me at ease”

“It’s not the easiest subject to discuss”. “nice to talk to someone about an embarrassing situation without looking somebody in the eyes”.

“if my doctor had explained to me that I would have had a telephone consultation I might not have put it off for several weeks”.
Service Provision

Sub themes
- Timing
- Convenience
- Positive experience

The timeliness of the consultation, both punctuality and the short waiting time for the appointment or investigations were important to patients.

The telephone assessment system was also felt to be time saving, cost saving and efficient. Patients reported that it was more convenient for them without the need to travel or the stress of parking.
“It was quick, no hanging around. They were prompt on phoning me when they said they would”.

“It was on time, no time travelling or waiting no cost travelling, parking. Assume it’s more efficient, modern way forward I think before need to see Consultant”.

“I think the telephone interview is an effective way of deciding whether people need further investigation and is a lot more convenient than a trip to hospital to establish this”.

“I found the whole experience exemplary and very professional”.

“Excellent service”.
“I was called on time and the specialist nurse was very professional, took a thorough history, and was reassuring. She also told me what to expect next and the related time frames, as well as information about preparing for my appointment. I am very happy with the service I received and a lot less anxious than I was. Thank you”.
Primary Care Feedback

• 61% reported the standard of care provided by telephone assessment clinics was excellent.
• 61% reported that the TAC was better than traditional OPA service.

“A superb service, one of the best run clinics in DCH, very happy with communication from the service as well”

“For most patients telephone triage works well and allows patients to attend for investigation without a prior outpatient appointment”

“I have found the telephone assessment a very timely and efficient service. Very pleased”.
Current Service

• Managed by Colorectal Nurse Consultant
• 4 clinics per week – 32 new patient slots
• 1 clinic completed by Colorectal Cancer CNS
• Flexibility to adjust to demand and cover periods of AL to limit the impact of this on capacity.
• Role of TAC in managing 2 week waits is currently being piloted by DH pending approval for role out nationwide.

References

Bunn F., Byrne G. & Kendall S. (2010) Telephone consultation and triage: effects on health care use and patient satisfaction. *Cochrane Database of Systematic Reviews* Issue 3. Art. No.: CD004180. DOI: 10.1002/14651858.CD004180.pub2. (Citation as instructed)


Link for GPAQ questionnaire - [http://www.phpc.cam.ac.uk/gpaq/](http://www.phpc.cam.ac.uk/gpaq/)