STRAIGHT TO TEST COLONOSCOPY - A VIABLE MEANS OF SHORTENING TIME TO A DEFINITIVE DIAGNOSIS

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NHS Atlas of Variation: Diagnostics services

Rate of colonoscopy procedures and flexisigmoidoscopy procedures per 10,000 population, by PCT, 2011/12

Indicator Geography
- Primary Care Trusts
- Primary Care Trusts (2006)
- CCGs
- NHS Area Teams
- Hospitals

Indicators
- CT scan
- Non obstetric ultrasound
- PET CT
- DEXA scan
- EVAR procedures
- Proportion AAA as EVAR
- Colonoscopy & FlexiSig
- Ratio Colonoscopy to Flexisig
- CT Colonoscopy
- Barium Enema
- Gastroscopy
- Gastroscopy under 55yrs
- Capsule endoscopy
- Endoscopic ultrasound
- Paediatric endoscopy
- Audiology assessments
- Sleep Studies
- COPD with record of FEV
- Urodynamic tests
- Echocardiography tests

Metadata
- Lowest value
- Lowest value
- Highest value
- No data

Area name | Value
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Ashton, Leigh and Wigan | 285.61
Barking and Dagenham | 229.03
Barnet | 211.83
Barnsley | 296.53
Bassetlaw | 246.12
Bath and North East | 224.08
Bedfordshire | 220.02
Berkshire East | 221.02
Berkshire West | 142.19
Bexley Care Trust | 230.58
Birmingham East and South | 175.97
Blackburn with Darwen | 219.86
Blackpool | 184.87
Bolton Teaching | 260.48
Bournemouth and Poole | 242.66
Bradford and Alredale | 259.66

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Aim

To introduce a novel pathway for patients with colorectal symptoms that is patient centred and rationalises the patient journey
What used to happen

GP referral

Consultant triage

Out-patients

8 weeks

Lower GI investigation

Out-patients

6 weeks

3 months
What will now happen

GP referral

Nurse telephone assessment

3 days

Lower GI investigation

2-4 weeks

? Out-patient review
How does it work?

• Nurse assessment and triage

• Given as a ‘choose and book’ appointment

• List of questions, including symptoms and any anticipated problems with bowel prep. Simple algorithm to follow

• Able to book in for an appointment
How does it work?

• Lower GI Investigation
  • Assessed by a consultant/senior health care professional
  • Decision made by them as to whether further input is required
  • Database/audit ongoing
So what’s the algorithm?

Anorectal

- Flexible sigmoidoscopy
  - e.g. sensation of a lump/ piles/ fissure/ prolapse
  - Bright red rectal bleeding <40 yrs

Diarrhoea

- Colonoscopy
  - Dark/ altered blood
  - Bright red rectal bleeding >40

Previous polyps/ FHx CRC

- Colonoscopy
Results 1

- Referrals: 197 equal numbers of 2WW vs 18WW
- Mean Age: 59.6 yrs equal gender split
- Colon: 81% (159) OPA 3% (5)
- Gast+Colon: 9% (17)
- Flexi: 6% (11)
Results 2

• Mean total wait for 18WW: 32 days (67% reduction)
• Mean total wait for 2WW: 13.6 days (51% reduction)
Results 3
Endoscopic findings:

5% (10 Cancers – 6 on 2WW and 4 on 18WW)
6% (11) IBD
18% (36) patients with polyps
72% (141) with haemorrhoids/diverticular disease/ normal
Results 4

- 47% discharged back to GP
- 3% DNA rate (unit average 7%)
Results 5

• Estimated savings to commissioners
  £36,375
Survey Monkey

Patient Satisfaction

87% said they were very satisfied with the service

“Excellent service, I was phoned the day after I went to my GP”

“I thought it was an excellent time saving service”
Conclusion

• Successful implementation of pathway
• Reduced waits, financial savings
• Excellent patient feedback
What’s next?

• Roll out across sector (and beyond)
• Evaluate pathway
• Charity collaboration
Interested?

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