

Straight to test lower GI endoscopy: the Whittington Experience

Straight to test colonoscopy group



Background

- From August 2011 to July 2012 57% (24/43) of patients with colorectal cancer referred via the 2 week wait took longer than 31 days to receive a treatment plan
- 2/40 (5%) breached the 62 day referral to treatment target.

Why is this important?

- If less than 85% of fast track referrals receive treatment within 62 days of referral across all cancers each month, 2% of total cancer revenue per month is deducted

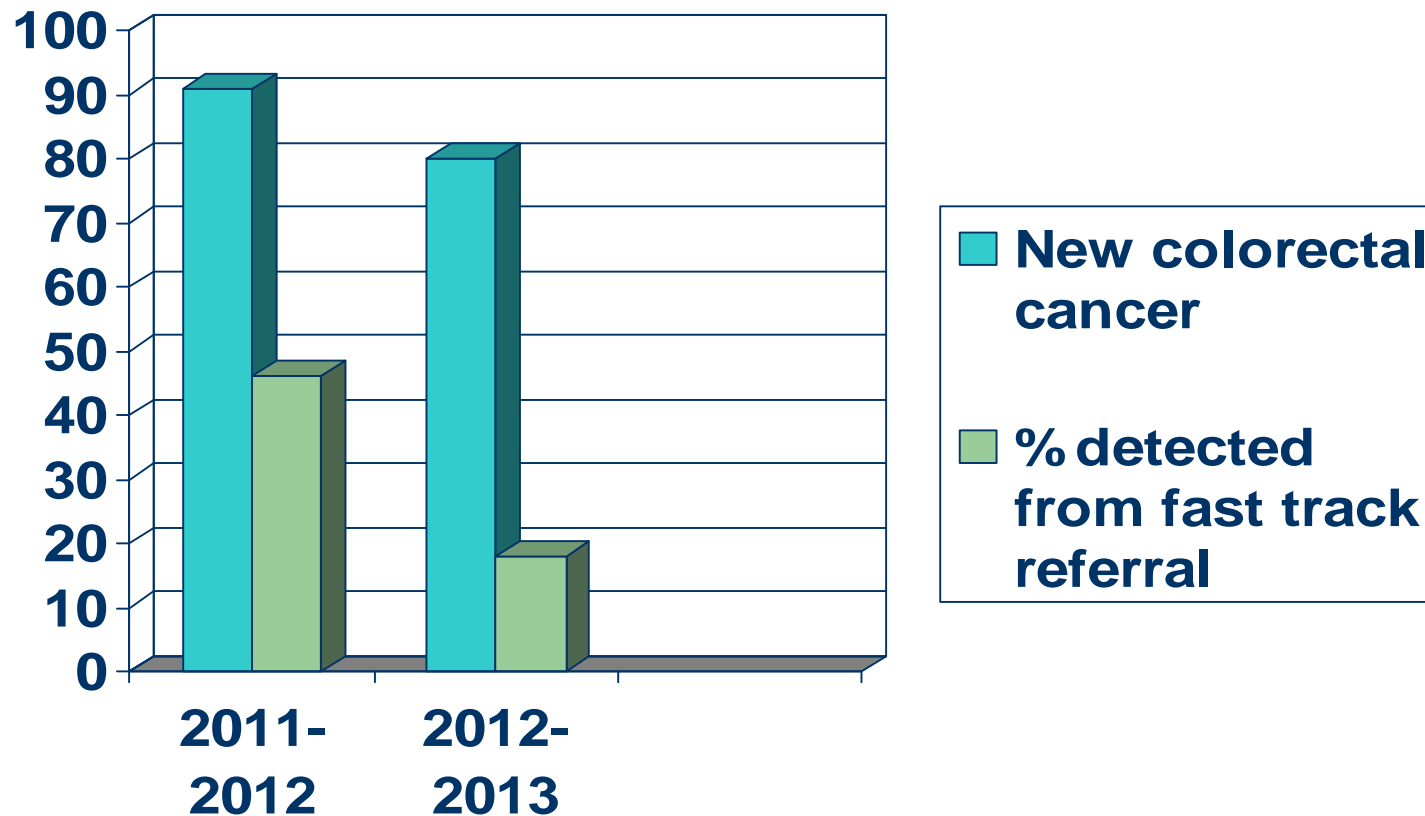
Aim

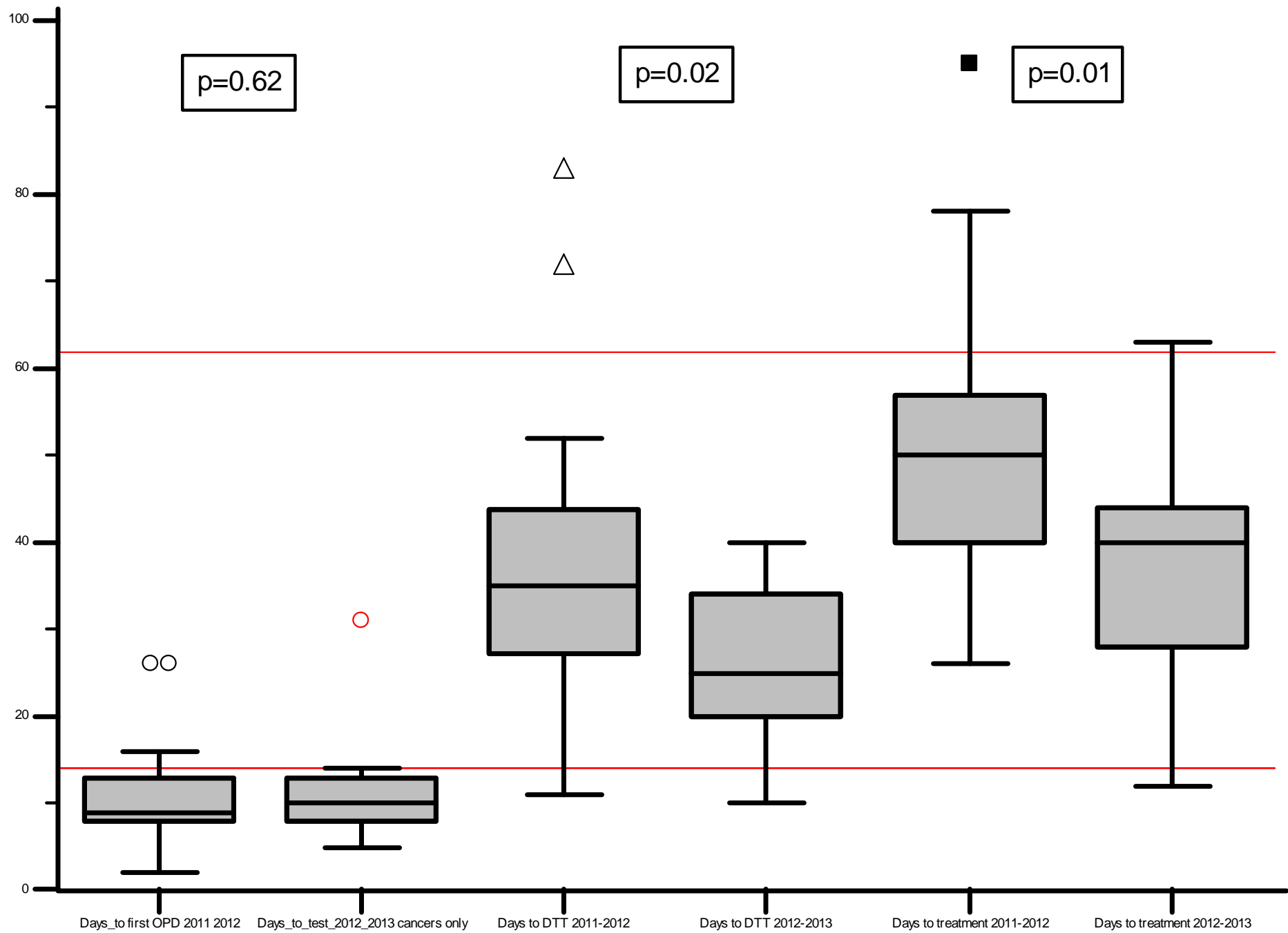
- The aim of the straight to test service was to reduce time to treatment and minimise unnecessary outpatient appointments.

Method

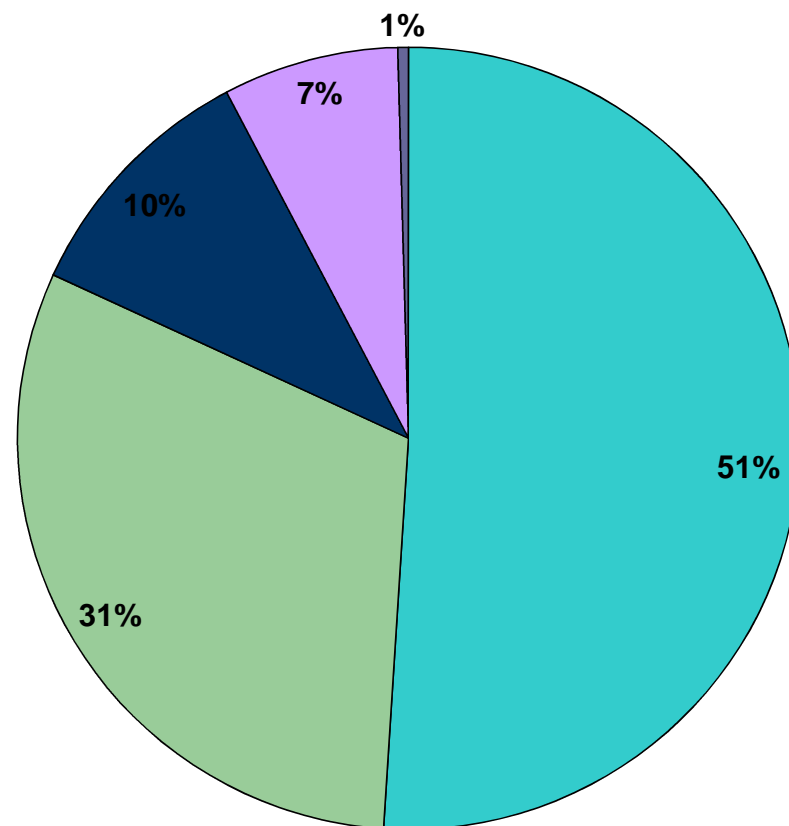
- A new nurse-led telephone triage service established: confirmed symptoms and assessed fitness for colonoscopy, with higher-risk patients defaulting to flexible sigmoidoscopy or clinic.
- Telephone consultations took approximately 15 minutes.
- Results for the first year were retrospectively audited
- Data was checked for normality and appropriate parametric or non-parametric tests applied.
- Statistical significance was taken as $p < 0.01$, as multiple tests were performed.

New colorectal cancers



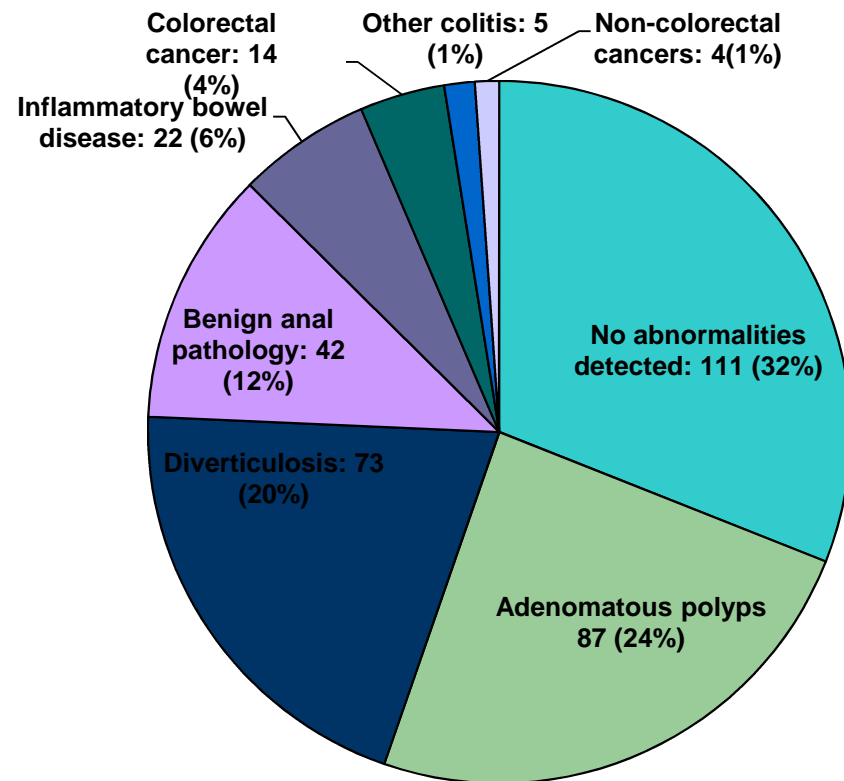


Pathway uptake



- Colonoscopy
- Flexible sigmoidoscopy
- O/P clinic
- DNA'd
- Data missing

Final diagnoses



Summary of results

- The new service was applicable to ~80% of fast track referrals
- The new system still requires verification of symptoms as few referrals actually had cancer
- The impact of the service was shifting work away from colorectal outpatients to the specialist nurse and endoscopy department
- Despite a greater endoscopy workload, target referrals could receive endoscopy just as quickly as be seen in clinic
- 1/3 of cancer patients still waited over a month for treatment plan
- The new system took 10 days off treatment times for the majority of fast track patients, but 62 day breaches still occurred

Conclusion

Benefits of the new service:

- Initial outpatient appointments saved in 4/5 patients
- Reduction in 10 days to first treatment
- Quicker exclusion of cancer
- Follow up appointments saved in 2/3 of those with a normal colonoscopy.

Limitations of the service were:

- Lots of normal / benign pathology referred as fast track
- Increased work for our colorectal specialist nurse
- Radiology investigations, MDT and pre-op optimisation are the current hold ups