Improving New To Follow-Up Ratios in a District General Hospital Gastroenterology Service

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Introduction:
This service evaluation assessed the current new (N) to follow-up (FU) ratio for patients attending the gastroenterology outpatient department (GOPD) at Princess Alexandra Hospital (PAH) to determine whether we now meet our Clinical Commissioning Groups (CCG) contract N:FU ratio of 1:1.24 and British Society of Gastroenterology (BSG) commissioning recommendation advice to have “efficient use of OPD services with low FU:N ratios e.g. 1:1 for patients excluding those with chronic disease (inflammatory bowel disease (IBD) and chronic liver disease (CLD))”.

Methods:
Data was collected for consecutive patients seen in GOPD from April 2016 for 3 months. Data collected included diagnosis (or symptom where a diagnosis not yet made), whether they were N or FU and the clinic outcome (discharged or FU). The N:FU ratio was calculated and compared with CCG and BSG targets.

Results:
Total number of patients seen by doctors was 1,347 (593 N, 754 FU). The N:FU ratio was 1:1.27. If the IBD and CLD patients were excluded (as per BSG) our N:FU ratio was 1:1.00. Commonest symptoms/diagnoses for N and FU patients are shown in Figures 1 and 2. Of N patients 26% were discharged and 61% had FU. For FU, 30% were discharged and 57% had FU. Others did not attend their appointment, or no outcome was specified.

Conclusions:
There has been a significant improvement in N:FU ratio (1:1.27) since the last audit in 2004 (1:2.52). CCG targets (1:1.24) were almost met and excluding IBD and CLD from N and FU figures the BSG target of 1:1 was met.

We aim to implement other GOPD changes in order to achieve CCG targets and further improve patient flow. Options being appraised include a liver Clinical Nurse Specialist (to provide a similar service to IBD), virtual IBD clinics, better use of direct-to-test pathways, nurse-led protocol-driven clinics (e.g. anaemia) and virtual review clinics.