

P002

P002 -Telephone Clinics As An Adjunct To Face-to-Face Consultations in Geographically Remote Regions of The West of Scotland.

Dr Oshorenu Aiyegbusi¹, Dr Conal Daly¹, Dr Tara Collidge¹

¹*The Glasgow Renal & Transplant Unit, Queen Elizabeth University Hospital, Glasgow, United Kingdom*

Background

The Vale of Leven (VOL) Hospital provides renal services for remote Highland regions necessitating long travel times for patients. Bad weather is an additional factor in winter. Due to this geographical need, telephone clinics were established by renal and GP clinical and management teams as an adjunct to face-face consultations. Patients attend their GP Practice prior to the consultation for blood pressure, blood and urine testing. Two nephrology consultants contacted patients for review. We evaluated patient and consultant experience, potential cost savings and environmental impact.

Methods

The West of Scotland Electronic Renal Patient Record (SERPR) was used to identify patients reviewed by telephone since its introduction in November 2011 to July 2018. Baseline patient demographics were collected. Total mileage was calculated using travel distance from residence to VOL Hospital. Patients returning for face-to-face consultations were asked to complete an anonymous patient experience questionnaire by the receptionist.

Results

A total of 569 consultations for 181 patients took place between November 2011 to July 2018. 89 (49%) female and 92 (51%) male. Median age was 69 years (range 18-96). 45 consultations were held in 2012 rising to 128 in 2017. Median return journey was 149miles (IQR 81- 177). 26 patient questionnaires were completed. All patients were happy with the service and felt instructions were clear. 96% reported care was equal or better than standard clinics and more convenient. 96% felt able to share information over the telephone. 50% felt more involved in their care. 19% surveyed used hospital transport vs 81% private car. Estimated transport costs of £31,349 have been saved. No problems were encountered with the GP service. Estimated carbon emission (CO₂) from these journeys is 25.5 tonnes (UK CO₂ tonnes per capita in 2014 was 6.5). Consultation time was similar to face-to-face appointments although time was saved checking results.

Conclusions

Telephone consultations work well and are liked by patients, reduce transport costs and have environmental advantages. GP engagement is high for rural patients. Telephone clinics can promote patient empowerment by allowing contemporary results to be discussed in a convenient setting. Due to the advantages demonstrated, this model has the potential to be more widely utilised.

No funding or conflict of interest