# Straight to test lower GI endoscopy: the Whittington Experience

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## Summary

A new nurse triaged straight to endoscopy pathway was introduced and was retrospectively audited in 2012-2013.

### Benefits

- Initial outpatient appointments saved in 80% of patients
- Reduction in 10 days to first treatment for colorectal cancers
- Quicker exclusion of cancer and peace of mind
- Follow-up appointments saved in 67% of those with a normal colonoscopy.

### Limitations

- Higher proportion with benign pathology referred as fast track
- Increased work for the colorectal specialist nurse who ran the service
- Greater demand on endoscopy unit

## Background

- From August 2011 to July 2012 57% (24/43) of patients with suspected colorectal cancer took longer than 31 days to receive a treatment plan
- 2/40 (5%) breached the 62 day referral to treatment target
- If <85% of fast track referrals receive treatment within 62 days, up to 2% of total cancer revenue per month can be withheld

### Aims

- To reduce time to first oncological treatment
- To apply lean methodology to minimise unnecessary outpatient visits

### Methods

- A new telephone triage service led by the colorectal specialist nurse was established, confirming symptoms and assessing fitness for colonoscopy, with higher-risk patients or those with equivocal symptoms defaulting to flexible sigmoidoscopy or clinic appointment.

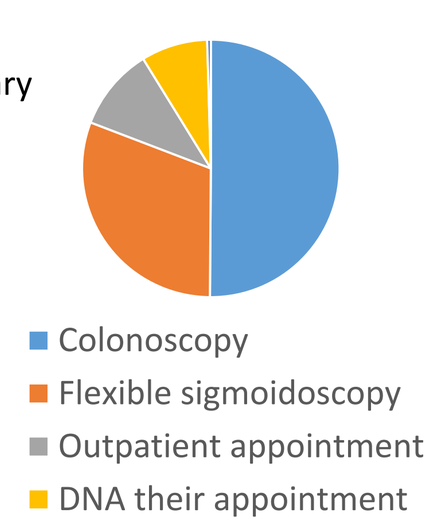
## Results

429 referrals were made to the colorectal specialist nurse who spent 110 hours triaging these patients. Between 2011-2012, 42 patients were diagnosed with colorectal cancer following a two week wait referral, compared with 14 the following year.

Compared to the year before there was:

- no significant difference in time to first hospital visit (p=0.62) for confirmed cancer patients
- a trend towards a quicker time to treatment (p=0.01) in straight to test patients with confirmed cancer (median of 10 days saved)
- A saving of 350 initial assessment appointments and 74 follow-up appointments overall

Figure 1: Primary investigation.



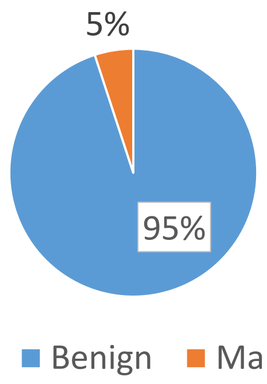




Figure 2: Diagnoses of 358 patients who underwent lower GI endoscopy in 2012-13.

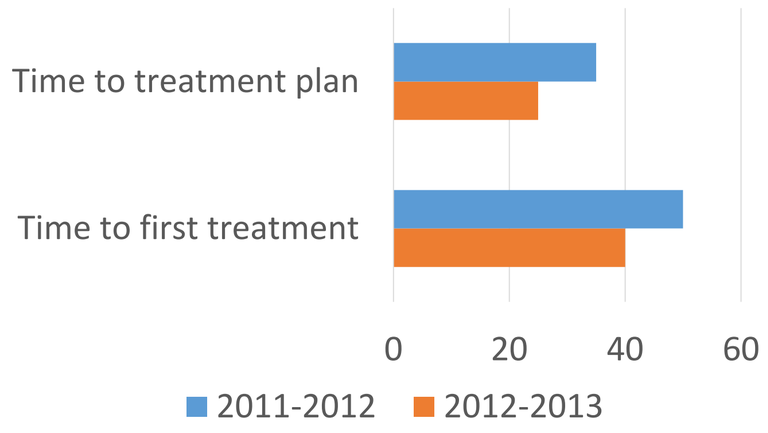



Figure 3: Median days to diagnosis and treatment.

## Discussion

- Straight to lower GI endoscopy was achieved in 80% of fast track referrals
- Cancer was uncommon, reflecting the difficulties of primary care assessment and an ongoing need to verify symptoms pre-endoscopy
- The impact of the service was shifting work away from clinic to the colorectal specialist nurse and the endoscopy department
- 1/3 of new cancer patients still waited over a month for a treatment plan, reflecting staging investigations and MDT discussion.
- One 62 day breach still occurred in one elderly patient undergoing pre-assessment for anterior resection

**The new system was suitable for 80% of patients and resulted in a small reduction in time to treatment. The main benefits were the number of colorectal clinic appointments freed to counsel and treat those with established pathology.**