Straight to test lower GI endoscopy: the Whittington Experience
Colorectal Surgery Department, Whittington Hospital, London

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

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.

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.