EVALUATION OF AN ESTABLISHED COMMUNITY GASTROENTEROLOGY CLINIC WITH COMPARISON TO SECONDARY CARE

P enlightenment of chronic gastro-intestinal conditions needs to involve integrated care. We reviewed the outcomes of an established gastroenterology community clinic run for 3 years by two General Practitioners with a specialist interest in gastroenterology (GPwSIs) and a consultant gastroenterologist from the local hospital.

Methods A weekly gastroenterology community clinic in primary care was established to service 35 local General Practices. Data was collected from January-September 2013 using referral letters and an electronic database and compared to the local hospital general gastroenterology clinics.

Results Of 490 patients referred 284 (58%) were triaged to community, 188 (38%) referred onwards to secondary care and 18 (4%) were returned to the referring GP. 37% of appointments were conducted by the consultant.

The proportion of patients that did not attend was lower in the community (10%) than secondary care (22%). 86% were discharged back to their referring GP; 16% after the 1st appointment and 84% after one further follow up appointment. Others were directly referred to relevant secondary care. 80% had further investigations (39% Gastroscopy, 24% Colonoscopy, 22% CT scan, 12% Ultrasound abdomen, 9% flexible sigmoidoscopy, 1% Oesophageal manometry) all performed in the local hospital.

Median wait time from referral to 1st clinic appointment was 28 days in the community (56 days in the local hospital). Intra-clinic wait time in community was an average of 3 min (38 min in secondary care). A community patient satisfaction survey (N=102) revealed that 88% would definitely recommend the clinic to a friend, with high levels of satisfaction. A secondary care satisfaction survey (N=214) showed that although overall satisfaction was similar, there was relative dissatisfaction of waiting times, waiting area and communication.

Conclusion This novel gastroenterology community clinic delivers high quality care closer to patients. It is associated with shorter refe, UKerral waiting times, high discharge rates and excellent patient satisfaction scores. Additional benefits include enhancement of primary/secondary care links, mentoring and teaching of GPwSIs, continuity of care and direct access to onward referral to secondary care for further management across specialties. Further follow up is necessary to evaluate the effect on local healthcare delivery.

REFERENCE

Disclosure of Interest None Declared.