

## **PRIORITY BRIEFING**

The purpose of this briefing paper is to aid Stakeholders in prioritising topics to be taken further by PenCLAHRC as the basis for a specific evaluation or implementation research project. This paper was compiled in 2-3 days.

### **In some situations, are telephone consultations a safe and effective method of providing routine follow-up in secondary care?**

**Question ID:** 30 and 31

**Question type:** Intervention

**Question:** (i) Are telephone follow-up consultations safe and effective in the management of thyroid disease? And (ii) Does a nurse-led telephone follow-up clinic in gynaecology reduce unnecessary out-patient appointments?

**Population:** (i) Adults with thyroid conditions in the hospital general thyroid and endocrine clinics and (ii) All patients following conservative or surgical treatments for benign gynaecological conditions.

**Intervention:** (i) Formal telephone consultation clinic at which symptoms and blood results are discussed and advice given on adjustment of medications and (ii) Nurse-led telephone follow-up using patient reported outcome measures, goal setting and achievement, satisfaction, complications and requests for an out-patient follow-up.

**Control:** Traditional out-patient follow-up appointments.

**Outcome:** Reduction in the number of unnecessary follow-ups, improved patient satisfaction and more rapid follow-up, referral back to primary care for successful treatment to be continued, improved cost effectiveness.

### **The Health Problem:**

There is often a lack of capacity to see follow-up patients within a specified time frame due to pressures of clinical resources. As a result, many patients waiting for routine follow-up have their appointments delayed. In some cases a formal face-to-face follow-up appointment may not be necessary. In addition, telephone consultation may be considered preferable by patients as it involves less waiting time and less travel. In clinical areas caring for those with long term conditions, such as thyroid disease or asthma, or following routine surgery, telephone follow-up may be a cost effective method of service delivery.

### **Guidelines:**

The South West Strategic Health Authority Strategic Framework for Improving Healthcare in the South West 2008/9 to 2010/11 states that many follow-up outpatient appointments are unnecessary. Best practice is described as having a 'no wait' culture where all stages of patient care are delivered in a timeframe suitable for the clinical, emotional and social needs of the patient rather than at the convenience of the system or organization.

The White Paper, Our health, Our Care, Our Say: a new direction for community services (January 2006) suggests that at least 50% of outpatient appointments could take place outside hospital.

### **NHS Priority:**

#### **Regional**

##### **SW SHA Priorities framework 2008-11**

One of the SW SHA priorities for improving health in the South West is to improve the speed and convenience of access to diagnosis and treatment. Day surgery should be the standard for planned care with no presumption of automatic follow-up appointments in outpatient clinics.

One of the NHS South West Ambitions is that in planned care, outpatient follow-ups will be reduced to achieve 'best quartile performance' in each specialty by 31 March 2011.

One of the QIPP priorities is to reduce follow-up outpatient attendances and shift to the community setting where appropriate (Improving Health and Healthcare in NHS South West in the future: Briefing for Primary Care Trusts 11 May 2010).

#### **Local**

Reducing waiting times is a priority for all the acute trusts in the Peninsula.

### **Existing Research:**

#### **Published research**

We identified a literature review published in 2003 of the follow-up of people with cancer using nurse-led services and telephone interventions.<sup>5</sup> The papers included in the review were predominantly published in the late 1990's and the results are presented narratively. The paper concludes that telephone contact is increasingly being used as a means to communicate with patients as part of their follow-up care and has consistently been shown to be an appropriate, feasible and effective way of providing support and information. The paper highlights the importance of the knowledge and skills of the staff conducting the telephone call.

We also identified several studies in a variety of clinical settings (prostate cancer<sup>1; 4; 15</sup>, breast cancer<sup>2; 3</sup>, head and neck surgery<sup>6</sup>, office anorectal surgery<sup>7</sup>, lower urinary tract symptoms in women<sup>8</sup>, tonsillectomy and adenoidectomy<sup>9</sup>, chronic bowel disease<sup>10</sup>, respiratory diseases<sup>11; 14</sup>, urological surgery<sup>12</sup>, adults with asthma<sup>13</sup>, nasal septal surgery<sup>16</sup>, and carpal tunnel decompression<sup>18</sup>) in which the use of telephone consultation as a method of service delivery for routine follow-up has been evaluated. In some studies the telephone follow-up was performed by consultants and in others it was a nurse-led service. In most studies, measures of patient satisfaction were greater following telephone consultation than traditional outpatient follow-up, although this was not always

the case.<sup>6</sup> Aspects of the telephone service that patients found helpful were consistent follow-up by the same clinician, convenience and reduced waiting times. Several papers commented on the amount of time needed to perform telephone consultations and the need for good administrative support.

An economic evaluation of hospital versus telephone follow-up after treatment for breast cancer found that although telephone follow-up reduced the burden on busy hospital clinics it did not necessarily lead to cost or salary savings.<sup>2</sup> Conversely a cost-effectiveness analysis of conventional and nurse-led telephone follow-up after nasal septal surgery concluded that nurse-led telephone follow-up has the potential for substantial cost reduction and decreased out patient access times.<sup>17</sup>

### **Ongoing research**

We were unable to locate any ongoing relevant research.

### **Feasibility:**

The Gynaecology Directorate at Derriford Hospital are currently using telephone review in patients following conservative or surgical treatments for benign gynaecological conditions.

This topic may benefit from a series of systematic reviews of i) the effectiveness and safety of using telephone consultation for routine follow-up in secondary care and ii) evaluation of the implementation of telephone consultation initiatives.

### **References:**

1. Anderson, B. "The benefits to nurse-led telephone follow-up for prostate cancer." British Journal of Nursing **19**(17): 1085-90.

Prostate cancer is an important and increasing health problem for urologists, and one which places significant demands on healthcare establishments for improvements in service provision and maintaining quality. Guidelines for diagnosing and managing prostate cancer in the UK are set out by the National Institute for Health and Clinical Excellence (2008). Diagnosis includes a number of elements, of which the Prostatic Specific Antigen (PSA) test is highly significant both in the diagnosis process and in monitoring patients following treatment. Ongoing monitoring of service provision within the outpatients' department highlighted an urgent need for improvements in the care received by prostate cancer patients. There is evidence (Department of Health (DH), 2007) to suggest that in undertaking initiatives aimed at improving service delivery and patient satisfaction, the skills of the multidisciplinary team are paramount (specifically the specialist nurse) in the provision of a nurse-led service. Over time, demands for nurse-led services have increased. In particular, telephone consultations have been shown to provide significant improvements in

service delivery. A nurse-led PSA telephone follow-up clinic was developed and implemented in 2005 to increase efficiency within the uro-oncology outpatient clinic. Between August 2005 and March, 2009, a total of 67 patients were recruited into the clinic, 46 of which are still being followed-up at the time of writing. To evaluate patient satisfaction with this nurse-led initiative, a questionnaire was developed and a telephone interview conducted. Results indicate an overall satisfaction with the telephone follow-up service with 39 (90%) patients stating that they are very satisfied with the service provided.

2. Beaver, K., W. Hollingworth, et al. (2009). "Economic evaluation of a randomized clinical trial of hospital versus telephone follow-up after treatment for breast cancer." British Journal of Surgery **96**(12): 1406-15.

**BACKGROUND:** This was an economic evaluation of hospital versus telephone follow-up by specialist nurses after treatment for breast cancer. **METHODS:** A cost minimization analysis was carried out from a National Health Service (NHS) perspective using data from a trial in which 374 women were randomized to telephone or hospital follow-up. Primary analysis compared NHS resource use for routine follow-up over a mean of 24 months. Secondary analyses included patient and carer travel and productivity costs, and NHS and personal social services costs of care in patients with recurrent breast cancer. **RESULTS:** Patients who had telephone follow-up had approximately 20 per cent more consultations (634 versus 524). The longer duration of telephone consultations and the frequent use of junior medical staff in hospital clinics resulted in higher routine costs for telephone follow-up (mean difference pound 55 (bias-corrected 95 per cent confidence interval (b.c.i.) pound 29 to pound 77)). There were no significant differences in the costs of treating recurrence, but patients who had hospital-based follow-up had significantly higher travel and productivity costs (mean difference pound 47 (95 per cent b.c.i. pound 40 to pound 55)). **CONCLUSION:** Telephone follow-up for breast cancer may reduce the burden on busy hospital clinics but will not necessarily lead to cost or salary savings. Copyright (c) 2009 British Journal of Surgery Society Ltd.

3. Beaver, K., D. Tysver-Robinson, et al. (2009). "Comparing hospital and telephone follow-up after treatment for breast cancer: randomised equivalence trial." BMJ **338**: a3147.

**OBJECTIVE:** To compare traditional hospital follow-up with telephone follow-up by specialist nurses after treatment for breast cancer. **DESIGN:** A two centre randomised equivalence trial in which women remained in the study for a mean of 24 months. **SETTING:** Outpatient clinics in two NHS hospital trusts in the north west of England **PARTICIPANTS:** 374 women treated for breast cancer who were at low to moderate risk of recurrence. **INTERVENTIONS:** Participants were randomised to traditional hospital follow-up (consultation, clinical examination, and mammography as per hospital policy) or telephone follow-up by specialist nurses (consultation with structured intervention and mammography

according to hospital policy). MAIN OUTCOME MEASURES: Psychological morbidity (state-trait anxiety inventory, general health questionnaire (GHQ-12)), participants' needs for information, participants' satisfaction, clinical investigations ordered, and time to detection of recurrent disease. RESULTS: The 95% confidence interval for difference in mean state-trait scores adjusted for treatment received (-3.33 to 2.07) was within the predefined equivalence region (-3.5 to 3.5). The women in the telephone group were no more anxious as a result of foregoing clinic examinations and face-to-face consultations and reported higher levels of satisfaction than those attending hospital clinics (intention to treat  $P < 0.001$ ). The numbers of clinical investigations ordered did not differ between groups. Recurrences were few (4.5%), with no differences between groups for time to detection (median 60.5 (range 37-131) days in hospital group v 39.0 (10-152) days in telephone group;  $P = 0.228$ ). CONCLUSIONS: Telephone follow-up was well received by participants, with no physical or psychological disadvantage. It is suitable for women at low to moderate risk of recurrence and those with long travelling distances or mobility problems and decreases the burden on busy hospital clinics. TRIAL REGISTRATION: National Cancer Research Institute 1477.

4. Booker, J., R. A. Cowan, et al. (2000). "Evaluation of a nurse-led telephone clinic in the follow-up of patients with prostate cancer." Clinical Oncology (Royal College of Radiologists) **12**(4): 273.

5. Cox, K. and E. Wilson (2003). "Follow-up for people with cancer: nurse-led services and telephone interventions." Journal of Advanced Nursing **43**(1): 51-61.

BACKGROUND: Questions about the suitability of traditional outpatient follow-up clinics as a way of providing on-going monitoring for patients following serious illness have led to the development of a range of nurse-led services. However, there has been little attempt to draw some of this knowledge together formally and consider the weight of evidence on the necessity and value of nurse-led follow-up. AIM: To provide a review of literature evaluating the impact of nurse led follow-up in cancer care, with particular focus on the use and value of telephone interventions. METHOD: A literature search was conducted of nursing, medical and social science databases and the following keywords: cancer follow-up, nurse-led follow-up, telephone follow-up, telephone-based interventions and telephone survey. The search yielded over 150 papers, of which 37 were relevant to this review. FINDINGS: The literature suggests that nurse-led follow-up for people with cancer meets their needs for psychological support and information. The telephone is identified as a suitable means of providing this kind of service. CONCLUSION: This review demonstrates that nurse-led follow-up services are acceptable, appropriate and effective. Combined with use of the telephone, such services can be an efficient means of maintaining contact with a large client group, providing vital support to vulnerable patients during their move into aftercare and beyond. [References: 43]

6. Eaton, J., B. Rasgon, et al. (2002). "Telephone appointment visits for head and neck surgery follow-up care." Laryngoscope **112**(6): 1060-4.

OBJECTIVES/HYPOTHESIS: To test the hypothesis that patients with a variety of otolaryngologic diagnoses using telephone appointment visits would be equally as satisfied as patients receiving physician office visits, the study compared telephone appointment visits with physician office visits for health maintenance organization patients who needed routine follow-up care in a head and neck surgery clinic. STUDY DESIGN: Randomized, nonblinded cross-sectional study. METHODS: After their initial visit to either of two head and neck surgery clinics, new otolaryngology patients were randomly assigned into treatment and control groups. Patients in the treatment group (n = 73) received follow-up care in the form of telephone appointment visits, and patients in the control group (n = 80) received physician office visits for follow-up care. Study data were collected using telephone interviews and physician tracking forms. RESULTS: Patients receiving telephone appointment visits were significantly less satisfied with their visits than patients receiving physician office visits (chi2 = 25.4, P < .005). Patients who had physician office visits were significantly more likely than were patients in the treatment group to agree "somewhat" or "strongly" that 1) the physician addressed their questions and concerns (chi2 = 24.0, P < .005); 2) the physician provided personal care and attention (chi2 = 29.9, P < .005); and 3) the physician provided high-quality care (chi2 = 34.5, P < .005). CONCLUSIONS: Patients who received telephone appointment visits were statistically significantly less satisfied with all aspects of their follow-up appointment than were patients who had physician office visits. The study findings indicate that telephone appointment visits may not be an ideal type of follow-up visit for all patients. Despite these findings, one third of patients in the treatment group would consider receiving a telephone appointment visit for future routine follow-up care, and 21.9% had no preference, perhaps a factor indicating willingness to receive a telephone appointment for a follow-up visit.

7. Fallaize, R. C., C. Tinline-Purvis, et al. (2008). "Telephone follow-up following office anorectal surgery." Ann R Coll Surg Engl **90**(6): 464-6.

INTRODUCTION: Patients with minor anorectal conditions are frequently reviewed at an 8-week out-patient appointment (OPA). This study was designed to assess whether telephone follow-up could reduce OPA numbers whilst maintaining patient satisfaction. PATIENTS AND METHODS: Over an 11-month period, 46 patients (23 male) underwent banding of haemorrhoids and 14 were prescribed medical treatment for fissure-in-ano (3 male). All were telephoned at 6 weeks and were offered an 8-week OPA if they had continuing problems. Patients were telephoned at a later date by a member of the hospital's patient panel to assess satisfaction. RESULTS: Overall, 88% were contacted at 6 weeks, 60% at the first attempt; 40% required two or more attempts. Of those who underwent banding, 68% were asymptomatic, 17% requested an OPA for

re-banding and 15% requested an OPA for a different problem. Of fissure patients, 25% were cured; the remainder were prescribed either second-line medical treatment (8%), anorectal physiology (42%) or surgery (25%). All avoided an OPA. Of a potential 60 OPAs, 47 were saved by telephone follow-up. None of 7 non-contactable patients accepted a written offer of an OPA. Overall, 89% of patients were contacted by the patient panel; of these patients, 93% reported a high level of satisfaction. CONCLUSIONS: Telephone follow-up can reduce the number of OPAs following out-patient treatment of minor anorectal conditions whilst maintaining a high level of patient satisfaction. However, it requires considerable consultant time. This process could be developed into either a nurse-led service with booked telephone appointments or a patient-led service to a dedicated hotline.

8. Jeffery, S., S. K. Doumouchtsis, et al. (2007). "Patient satisfaction with nurse-led telephone follow-up in women with lower urinary tract symptoms." Journal of Telemedicine & Telecare **13**(7): 369-73.

We assessed the clinical effectiveness and patient satisfaction with nurse-led telephone follow-up of women with lower urinary tract symptoms. Participants were offered telephone follow-up with a nurse instead of a conventional outpatient appointment. Suitability was decided by the doctor who saw the women at her last visit. The consultation was conducted using the same principles as a routine clinic visit. Patient satisfaction was evaluated by postal questionnaire and they were also sent a standard urinary continence questionnaire, the Kings Health Questionnaire (KHQ), to evaluate their current symptoms. In total, 116 women were included. The mean number of telephone consultations was 2 (range 1-12). The mean overall satisfaction score was 77 (maximum 100, where a higher score indicates greater satisfaction). Only 16 patients (17%) did not prefer telephone follow-up to a clinic visit. Women who had been discharged via the telephone follow-up clinic expressed similar mean satisfaction scores to those whose next visit was a clinic visit (80 and 82, respectively). The KHQ also indicated that the patients had been appropriately discharged or given a further follow-up appointment. Nurse-led telephone follow-up is associated with high satisfaction and has the advantages of consistent follow-up by the same clinician, convenience to the patient and cost-savings.

9. Jones, D. T., M. J. Yoon, et al. (2007). "Effectiveness of postoperative follow-up telephone interviews for patients who underwent adenotonsillectomy: a retrospective study." Archives of Otolaryngology -- Head & Neck Surgery **133**(11): 1091-5.

OBJECTIVE: To evaluate the effectiveness of follow-up telephone interviews and questionnaires after tonsillectomy and adenoidectomy. DESIGN: Cohort study and retrospective review of the outcomes of patients whose follow-ups were conducted by telephone interview. Patients were contacted 2 to 4 weeks after surgery; responses were recorded on a standardized postoperative

questionnaire. SETTING: Tertiary pediatric hospital. PATIENTS: A total of 2554 consecutive patients who had undergone tonsillectomy, adenoidectomy, or both procedures and completed a follow-up telephone interview during the period of January 8, 2000, to September 23, 2004. MAIN OUTCOME MEASURES: Time to return to normal diet and activities, postoperative complications, pain management, postoperative visits, and caregiver's evaluation of the follow-up telephone survey. RESULTS: A total of 2554 patient outcomes were reviewed. The mean patient age was 5.9 years. Follow-up contact occurred a mean of 24.1 days after surgery. Of the surgical procedures performed, there were 1957 adenotonsillectomies, 235 adenoidectomies, and 362 tonsillectomies. At the time of follow-up, 2.7% of the patients had undergone an additional surgical procedure to treat postoperative bleeding, 96.9% had resumed eating a normal diet, and 96.2% had resumed normal activities. Bleeding from the nose or mouth was reported to have occurred at some point during the recovery period in 12.8%. On a pain scale of 1 to 10, a mean pain peak of 6.7 was reported. For most patients, pain was highest on the second day after surgery. The percentage of patients who had temporary voice change was 62.7%, and 15.4% had a follow-up clinic visit. Regarding caregivers, 99.5% reported being given instructions for postoperative care, and 98.8% reported that they felt well prepared to care for their child at home. There were no adverse events reported from surgical intervention. CONCLUSIONS: Compared with our previous experience with scheduled postsurgical clinic follow-ups, telephone interviews and standardized postoperative questionnaires pose no additional risk to patients. Considerable cost reduction and patient convenience were realized with a reduction of patient visits.

10. Miller, L., S. Caton, et al. (2002). "Telephone clinic improves quality of follow-up care for chronic bowel disease." Nursing Times **98**(31): 36-8.

The unpredictable course of inflammatory bowel disease means that many patients are in remission when they are scheduled to attend a follow-up appointment. They often face long, unnecessary waits in congested outpatient departments when they require only verbal intervention. This article describes a year-long pilot study by a team of nurses and a consultant which involved offering telephone support to IBD patients. The service reduced unnecessary follow-up, provided rapid help during periods of relapse and promoted individualised care.

11. Partridge, M. R. (2004). "An assessment of the feasibility of telephone and email consultation in a chest clinic." Patient Education & Counseling **54**(1): 11-3.

One hundred and sixty-four consecutive patients attending a busy respiratory outpatient service were asked how acceptable was the concept of alternating face to face consultation with consultation by either telephone or email. The patients were then assessed as to their suitability for such non-traditional methods of consultation. Thirty patients (18.3%) were not agreeable to

other forms of consultation and five could not speak English. One hundred and thirty-three (84%) had a suitable daytime telephone number for consultation purposes, but only 34 (21%) had email access, with this being commoner in the younger ages. One hundred and five patients were not thought to be suitable for alternative methods of consultation because of: the severity of their condition, the difficulty of assessing it over the telephone, or because they needed to attend the hospital for investigations. However, even in a clinic where the policy was already to return as many patients as possible to the care of their primary care physicians, and in a clinic where much work was already shared with respiratory nurse specialists, over one-third of patients were thought to be suitable for alternating face to face with telephone consultation. The diagnoses in those cases included asthma, suspected obstructive sleep apnoea, chronic obstructive pulmonary disease (COPD), unexplained cough, and some patients with respiratory malignancy being visited at home by the palliative medicine services. However, for those with asthma and for those awaiting results of investigations especially, use of telephone consultation appears to be an acceptable and convenient way of reducing the pressure upon time available for face to face consultations.

12. Pidd, H., K. J. McGrory, et al. (2000). "Telephone follow-up after urological surgery." Professional Nurse **15**(7): 449-51.

A significant minority of patients will require specialist advice or further treatment after undergoing a TURP. Nurse-led telephone follow-up provides such patients with easy continued access to a specialist centre. When setting up a post-surgical telephone follow-up clinic, issues relating to patient selection, staff availability and administrative support needs must be considered.

13. Pinnock, H., A. Sheikh, et al. (2002). "A randomised controlled trial comparing telephone review with face to face consultations in the management of adult asthmatics in UK primary care." SO: Primary Care Respiratory Journal(2): 68-69. Ab041

14. Roberts, N. J. and M. R. Partridge (2007). "Telephone consultations in secondary care." Respiratory Medicine **101**(8): 1665-9.

OBJECTIVE: To determine the role of telephone consultations in respiratory medicine. DESIGN: An observational study. SETTING: Respiratory outpatients department in an inner London teaching hospital. PARTICIPANTS: Five-hundred sequential patients attending three different outpatient respiratory clinics. INTERVENTION: Substitution of the next intended consultation with a telephone consultation. OUTCOME MEASURES: Proportion of patients suitable for telephone consultation, their availability when telephoned, length of consultation and patient satisfaction. CONCLUSIONS: Telephone consultations are an effective alternative to traditional consultations in a third of respiratory

patients attending for hospital follow-up. This style of consultation allows the option of not attending the hospital for a consultation and 23.9% had their consultation at their place of work.

15. Shaida, N., C. Jones, et al. (2007). "Patient satisfaction with nurse-led telephone consultation for the follow-up of patients with prostate cancer." Prostate Cancer & Prostatic Diseases **10**(4): 369-73.

Prostate cancer is being diagnosed earlier and in higher numbers than ever before. The nature of the disease means many patients have to be monitored regularly and for a prolonged period leading to increased pressure on urology outpatient resources and inconvenience for the patient. Here we investigate patient satisfaction with a nurse-led telephone-based follow-up clinic and compare it to satisfaction with traditional outpatient consultations. A Consultation Satisfaction Questionnaire (CSQ) evaluating four domains, namely General Satisfaction (GS), Professional Care (PC), Depth of Relationship (DR) and Perceived Time (PT) was used to assess satisfaction in three groups. Group 1 consisted of 299 patients attending the outpatient department before commencing telephone consultations; Group 2 consisted of 163 men attending outpatients after commencement of the telephone consultations; and Group 3 was the telephone group (234 men). We demonstrated no significant difference in GS or PC between Group 1 and Group 3 or Group 2 and Group 3, although DR and PT was significantly lower in the telephone group compared with Group 1. We also found that waiting times were significantly shorter in the telephone group. In conclusion, telephone follow-up appears to be an acceptable alternative to outpatient follow-up in terms of GS and PC and appears to be more convenient for the patient, although these benefits come at the expense of loss of DR and PT with the clinician.

16. Uppal, S., S. Nadig, et al. (2003). "Patient satisfaction with conventional and nurse-led telephone follow-up after nasal septal surgery." International Journal of Clinical Practice **57**(9): 835-9.

The need to bring down costs while maintaining a high standard of care has led to the expansion in the role of nurses in recent years. We present results of an audit of patient satisfaction with conventional and nurse-led telephone follow-up after nasal septal surgery. Our results indicate that patient satisfaction with nurse-led telephone follow-up is significantly higher than conventional follow-up ( $p=0.001$ , two-tailed). More patients in the conventional follow-up group felt that a follow-up appointment with an ENT doctor was essential compared with the patients in the nurse-led telephone follow-up group ( $p<0.001$ , two-tailed). We conclude that nurse-led telephone follow-up avoids unnecessary outpatient appointments, while identifying patients who require further care. It makes more appointment slots available for patients with pressing clinical problems and has the potential to reduce outpatient access times in the NHS.

17. Uppal, S., S. Nadig, et al. (2004). "A cost-effectiveness analysis of conventional and nurse-led telephone follow-up after nasal septal surgery." Ann R Coll Surg Engl **86**(4): 243-6.

**BACKGROUND:** The need to bring down costs while maintaining a high standard of care has led to the expansion in the role of nurses in recent years. **METHODS:** We present results of cost-effectiveness analysis of conventional and nurse-led telephone follow-up after nasal septal surgery. **RESULTS AND CONCLUSIONS:** Our results indicate that the substitution of nurse-led telephone follow-up for conventional out-patient follow-up has the potential for substantial cost reduction and decreased out-patient access times in the NHS.

18. Williams, M., A. Amin, et al. (2008). "Telephone clinic follow-up following carpal tunnel decompression." Journal of Hand Surgery: European Volume **33**(5): 641-4.

This paper investigates the feasibility of a telephone clinic follow-up service for patients undergoing carpal tunnel decompression. Six hundred and thirty patients were recruited over a 2-year period and we assessed their outcome and satisfaction level in the service, using a pre-determined questionnaire 6 weeks following surgery. The telephone clinic was overseen by a surgical care practitioner. We followed up 598 patients (93%) in total, and found 42 patients to be dissatisfied with the service (7%). These patients were referred for outpatient consultation and investigation. Most patients were satisfied with their surgical outcome and found the telephone clinic service to be convenient and effective. Cost analysis calculations estimated a potential saving of pound 45,958 over the 2-year period when compared to standard outpatient consultation. This model has been developed in our trust to follow up patients undergoing similar minor hand surgery.