Feasibility and acceptability of providing nurse counsellor clinics in primary care

Greta Westwood
Ruth Pickering, Sue Latter,
Paul Little, Karen Temple, Anneke Lucassen
Background

- Service delivery model unable to cope with demand
- Proposal for primary care genetics service

Observations

- Secondary care clinic setting appropriate
- 15% missed appointment rate
- 50% referrals seen by genetic counsellors
- Inappropriate referrals received
- Help for primary care referrals needed
Current service delivery model

Referral receipt

Referral review

Appointment with GC in Secondary care clinic

Clinical geneticist

Ongoing management

Discharge

Ongoing management

Reject referral
Research methods

Factorial design:
74 GP practices (cluster) in 3 Primary Care Trusts (PCTS) randomised to receive:

- Factor 1 – an educational package (intervention), or not (control), and
- Factor 2 - patients to be seen in either a primary (intervention) or a secondary care (control) clinic setting
Is it acceptable to patients to offer a specialist clinical genetics service in primary care?
Aims of pilot study

- Establish and deliver 4 primary care clinics
- Feasibility - attendance rates and waiting times
- Adapt and test satisfaction questionnaire
- Acceptability – patient satisfaction
- Assess patient and the NHS costs
- Number remain in primary care
Ella Gordon Unit clinic
Eastney clinic
Gosport clinic
Fareham clinic
Havant clinic
Development of satisfaction questionnaire

- Based on 12-item shortened questionnaire (Shiloh et al 1990)
- Adapted and added 7 items to reflect appointment with genetic counsellor and not the doctor
- Likart score self rated
- Piloted and validated on 20 patients
Flow of patients through 11 month trial

Referrals from selected practices (n=122)

Not suitable for primary care appt (n=58)
- Seen on ward (5)
- Seen by a doctor (15)
- Advice given by letter (6)
- Seen in other clinics (30)
- Seen at home (1)
- Too ill to attend (1)

Primary care appts sent (n=64)

Cancelled appointments (n=7)
- Wanted secondary care setting (1)
- Wanted a later appointment (3)
- No more appointments wanted (3)

Appointments kept n=45 (70%)
(Seen by genetic nurse counsellors only n=22 49%)

Missed appointments (n=12)
- Missed bus (1)
- Forgot appt - sister died (1)
- Did not receive appt (2)
- Wanted secondary care setting (1)
- Did not want appointment (2)
- Appt arrived too late (1)
- Questionnaire not returned (2)
- Moved away (2)

Questionnaires sent n=45

Questionnaires returned n=34 (76%)
Results: demographics

- 65% female
- 66% adult referrals
- Mean age 39 years
- 34% child referrals
- Mean age 5 years
Patient satisfaction

- 90% quite or very satisfied with clinic appointment
  - affective domain: time and dedication

- 10% dissatisfied with clinic appointment
  - procedural domain (clinic procedures)

- 79% felt appointment had been helpful
Satisfaction scores

- General: 3.44
- Procedural: 3.70

Total score for all cases: 3.70
Total score for non-cancer: 3.44
Total score for cancer: 3.70

Scores for different domains:
- Affective
- Instrumental
- Information
Attendance rate: 80%
Waiting time: 54 days

Attendance rate: 87%
Waiting time: 92 days

Attendance rate: 94%
Waiting time: 79 days

Attendance rate: 53%
Waiting time: 81 days
Patients remaining in primary care

- 22/45 (49%) patients seen by GC without need to be referred to the medical team in secondary care

- These patients therefore remained in primary care and were seen in a clinic close to their home
Travel to clinic

- Walked: 6%
- Cycled: 3%
- Bus: 15%
- Taxi: 3%
- Car service: 3%
- Private car: 70%

Travel time of 23 minutes
4 miles travelled to clinics clinic

Public transport costs: £2.14
Private car costs: £1.91

NHS costs
Conclusions

- Patients valued relationship with GC
- Cancer patients more satisfied than non-cancer patients
- Satisfied with distance to clinic
- ~ 50% patients remained in primary care
- Advanced practice competencies for professional registration
What this study adds

- Feasible to deliver genetic counsellor clinics in primary care
  - Patients attended
  - Satisfied with new service delivery model
  - Waiting times not prolonged

- An assessment tool for this patient group has been developed, delivered and used in practice

- Patient and service costs for providing this new clinical service are low
Results of comparative – work in progress