Case study: NHS Ayrshire and Arran

Telephone follow-up for COPD patients completing the rehab programme
The challenge

Historically patients completing Pulmonary Rehabilitation programmes were asked to attend a review appointment at three months and six months after completing the rehab programme. Around 40% of these appointments were wasted due to patients failing to attend.

What we did

The Respiratory Specialist Physiotherapist tested out an alternative approach to follow up by offering the option of telephone follow-up post-Pulmonary Rehab.

Initially this was tested with one patient who felt this would help her stay motivated and it would be good to have the chance to talk over any problems she was experiencing and get further advice. The patient also recognised that this would save her having to rely on her family to bring her to hospital for an appointment. The patient was given a date for the telephone call but not a time, resulting in her being out when the first call was made and still unavailable after three further tries. The patient was finally contacted on the 5th time of calling and the call lasted for three minutes.

This follow-up option was then offered to twelve more patients who had completed pulmonary rehabilitation. Two patients did not feel the need for any kind of follow-up, ten of them opted for telephone follow-up, (4 in 4 weeks and 6 in 2-3 months). These patients were given a date and specific time for the follow up call to happen. The average time for each call was ten minutes which the clinician felt was ample time to follow up action plans and problem solving and give any advice and support required.

Four of the patients felt they did not require further follow up, however, were advised to call the clinician at any time they needed. The other six patients had a further telephone follow up before being discharged.

Patient feedback

All patients found telephone follow up much more convenient for them, cutting out in some cases more than an hour’s travel time and cost of petrol/public transport and family member/carer’s time.

Patients did not feel disadvantaged by the loss of face to face contact, but positively commented on the benefits of continuing to have support and the option of communicating any problems/worries with the clinician whilst in the comfort of their own home.

Impact on services

If these follow-ups had all been clinic appointments they would have been allocated 30 minutes per patient:

− 10 patients would historically have had two 30 minute clinic consultations equalling 600 mins in total.

However, with telephone follow-up:

− 10 patients received 10 mins telephone consultation totalling 100 minutes
− 6 patients received further 10 mins telephone consultation totalling 60 minutes

Therefore, 10 patients using telephone rather than face-to-face follow up equates to a reduction in use of clinician time of over two thirds ie 440 minutes.

As a result of testing out this alternative follow-up option, it is now offered to all patients with a saving of 20 minutes per patient to the clinician and also the benefits to patients as outlined above.

Our Learning

− Most patients (10 out of 12) when offered telephone follow-up in place of a face-to-face appointment chose this, whilst a minority (2) patients chose no further follow-up. This implies that telephone follow-up is not only an acceptable alternative to a face-to-face appointment, but is actually preferred by patients.
- Telephone follow-up needs to take place at an agreed time on an agreed day, in the same way as a face-to-face appointment.

- Patient feedback is that telephone follow-up provides all the support they would otherwise receive at a face-to-face appointment, but is more convenient.

- Telephone follow-up represents a substantial reduction in use of clinician time (over two thirds) compared to face-to-face appointments.