How to Guide

Introduction of a
Colorectal Telephone Assessment Service
for the triage and assessment of Colorectal Referrals

Written by Harriet Watson – September 2012
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Business case template available on request
How to set up a Colorectal Telephone Assessment Clinic – Flow Chart

Time scales

**Month One**
- Send out GP introductory letter
- Decide on the local service need considering how a Colorectal Telephone Assessment Service would fit into the local referral pathways. Team discussion / involvement is vital.
- Gauge the local PCT & GP’s responses to setting up the service. Visit as many local GP surgeries and present at as many GP locality meetings as possible.
- Ensure an appropriate local tariff is agreed

**Month Two**
- Decide on who gives out patient information letter (i.e. GP to give out or send out with appointment letter from Trust)
- Decide on an appropriate Clinician / Consultant to run & oversee the Service.
- Commence in-house training for Clinical Nurse Specialists that may hold the clinics

**Month Three**
- Make preparations with the local Choose & Book team about setting up the clinics electronically on the system
- Engage and work with the Endoscopy Booking Team about setting up a streamline booking system that allows direct electronic booking of endoscopic investigations

**NB:** Negotiating an appropriate local tariff is crucial. Non face to face work is part of the non-mandatory tariff which can be used as a starting point for local negotiation. The locally agreed tariff may depend on who is running the clinic e.g. a Nurse Consultant or Doctor
Prepare to go live – set a date and aim towards this date informing GP’s and all stakeholders

Finalise the setting up of the Telephone Clinics on Choose & Book ensuring an interface with the local PAS system (20 mins slots per patient - 10 pts per clinic)

Consider a pilot run / a test clinic(s) to ensure all systems work

Decide how many clinics are needed per week according to demand and size of local population and local referral patterns to keep clinic waits at 2 weeks

Set up a database from the outset to record and audit outcomes and assess effectiveness of service

YOU NEED: TELEPHONE, COMPUTER, CLINICIAN = GO LIVE!

Continual audit of patient & GP satisfaction and clinical outcomes is crucial – feedback to GP’s
To All GP’s:

The Colorectal Team at ***** NHS TRUST are developing a new service, which involves a redesign of the way Colorectal Referrals from GP’s are managed. The ‘Colorectal Telephone Assessment Service’ is being implemented in an attempt to modernise and streamline the referral system for patients with colorectal symptoms.

As you will all be aware up until now when a GP refers a patient to the Colorectal Team they are given an outpatient appointment and further tests are arranged from that review if deemed necessary / appropriate. We feel that patients and GPs are given a better service with the ‘Colorectal Telephone Assessment Service’. The Colorectal Team will triage the patient’s referral on the basis of the information about signs and symptoms sent to us by the GP and arrangements will then be made for them to be seen / assessed / investigated in the most appropriate setting (eg endoscopy, x-ray, out-patient clinic).

This new service will enable patients to be seen in the most appropriate place in a more timely fashion, creating time to be spent with them once a diagnosis has been made. At the moment our clinics struggle to give patients an appointment within 13 weeks but we anticipate that within several months we will be able to offer patients a first contact with the hospital within four weeks and may be eventually two weeks. The new service will also help us to meet the 2008 Department of Health target that all patients should be treated within 18 weeks of referral by their GP.

Please find enclosed a summary of where we are now and what it is we would like to achieve. We are aware that we have certain agendas to bear in mind when developing this service e.g. Choose & Book and would appreciate discussing these with you.

We aim to get started with the initiative after a consultation period, which is now taking place, and we are visiting as many GP’s as possible for feedback. If we have been unable to meet with you please feel free to contact us (details below) to discuss further.

We hope to have done all the groundwork and be ready to get going by **********.

The Colorectal Team
Colorectal Referral Pathway - ‘Colorectal Telephone Assessment Service’ Summary

Current Practice

- Referral options:
  - Rectal bleed clinic (NB: This is available on choose and book)
  - OPD with rigid sigmoidoscopy
  - Fast track or not
  - Telephone or e mail advice
- Problems with this:
  - Initial OPA 20 mins but may simply identify need for further investigation
  - Rigid sigmoidoscopy (without bowel preparation) limited value
  - Long follow up waits following tests
    - Follow up not necessarily required
    - Clinics busy, 10 minute appointment, patients pressurised by busy waiting room, and those with normal investigations need a longer appointment for education and counselling

Referral pathway challenges

- 18 week referral to treatment pathway
- Long follow up wait times for 10 minute appointment
- Pressure for less hospital based follow up
- Variable uptake of fast track – 60% REFERRALS MEET CRITERIA
- Most patients found to have Colorectal Cancer have not been fast tracked – cancer yield from fast track (2ww) referrals is between 7-10%

Proposed solution – COLORECTAL TELEPHONE ASSESMENT PATHWAY

- Patients referred to a straight to test service (telephone clinic on choose and book)
- Patients triaged according to a protocol to be seen in most appropriate setting
  - Straight to flexi sig in endoscopy, possibly with CT colonography same day if appropriate
  - Straight to CT
  - Straight to colonoscopy
  - See in OPD, flexi sig facilities available at same appointment if required
  - Pelvic floor service
  - Peripheral clinics

- Advantages
  - Easy referral mechanism, decreases variability from fast track rates
  - Less cancellation of routine OPD appointments to accommodate fast tracks in peaks of demand
  - Cut out unnecessary appointments (i.e. unnecessary wait times)
  - Ability to respond to peaks and troughs in demand (NB: RBC under subscribed on choose and book)
  - Streamlined investigation pathway
  - Decrease time to first treatment
  - Ability to decrease unnecessary follow ups with one stop clinics
  - Spend more time on patients with normal investigations requiring counselling

What can GP’s do now?

Please give us feedback as to what you want from us, where you feel we could better provide the service you need.

Contact: Enter contact details of the lead clinician in charge of the initiative and their secretary
NEW COLORECTAL TELEPHONE ASSESSMENT SERVICE

A CHANGE TO THE WAY COLORECTAL REFERRALS ARE MANAGED

To All GP’s:

You will hopefully have received recent information from us about the new referral process that we are introducing which involves a redesign of the way Colorectal Referrals from GP’s are managed. The ‘Colorectal Telephone Assessment Service’ is being implemented in an attempt to modernise and streamline the referral system for patients with colorectal symptoms.

Following our initial letter sent out in ...(6 months prior).... we were invited to lots of GP surgeries and discussed with many of you what it is you and your patients want from this service. This consultation process has resulted in the following and we plan to go live on ********.

- As of ******** Choose & Book for ******** NHS TRUST will have 2 simple options for all Colorectal referrals. Either the Rectal Bleed Clinic OR The Colorectal Telephone Assessment Clinic.

- The Rectal Bleed Clinic will be the same as it has always been, a stop one direct access service based in Endoscopy run by our Colorectal Nurse Consultant. The patients in this clinic are bowel prepped at home with Bisacodyl tablets over 2 days prior to their appointment. When they attend for their appointment they are clerked and then receive a full colorectal assessment including abdominal, rectal, flexible sigmoidoscopy and proctoscopy examinations. Most of these patients have their bleeding assessed and treated there and then and are discharged back to the GP. If a patient is found to have cancer they are fast tracked into the cancer pathway straight from this clinic. Some patients with other pathology may be offered follow up if deemed necessary.

- The Colorectal Telephone Assessment Clinic will involve a telephone assessment by a member of the Colorectal Team. The patients will be asked questions about their symptoms and assessed for suitability for bowel prep and risk factors. They will then be triaged over the telephone for the most appropriate investigation (or OPA). They will then be sent an appointment for that test within 4 weeks. We hope to eventually get this down to 2 weeks. The patient is likely to be sent for either:

  - Flexible Sigmoidoscopy
  - Colonoscopy
  - CT colonography
  - CT scan or Ultra sound
  - MRI scan
  - Outpatient appointment (eg frail / elderly / complex issues / GP preference)
• GP’s can use either of these services for patients with colorectal symptoms.

• To access the **Rectal Bleed Clinic** option on Choose & Book GP’s will need to:
  - Enter the Specialty called - Diagnostic Endoscopy
  - Then select clinic type - Flexible Sigmoidoscopy
  - Then click on - Rectal Bleed Clinic / Flexible Sigmoidoscopy

• To access the **Colorectal Telephone Assessment Clinic** option on Choose and Book GP’s will need to:
  - Enter the Specialty called - Hepato-gastroenterology (Surg and Med)
  - Then enter - Lower GI
  - Then click on - Colorectal Telephone Assessment Clinic

Please note as of ****** when we go live there will no longer be any other clinics available on Choose and Book. This of course includes peripheral clinics. If you feel strongly that you would like your patient seen at one of these clinics rather than sent straight to test please let us know in your referral letter and we will arrange this. Following our telephone assessment some patients will require an out-patient appointment first prior to any tests and in such cases we will arrange this.

In order to ensure that patients are assessed and investigated as quickly as possible it is imperative that the GP referral letter is attached to the Choose and Book referral within 24 hours of booking the patient in. Delays in attaching the letter will result in the patient’s assessment being delayed. We are very grateful for your support with this.

There will undoubtedly be a few teething troubles and to start with we will be running with the new system a little by trial and error. However we hope we have done enough ground work to get it right and we thank you for your support. We really feel that this is the best way to manage the referral process for patients with colorectal symptoms: indeed we mostly now wonder what we have been trying to achieve over the years at our classic first OPD consultation because, apart from diagnosing a palpable cancer, all it does is provide the opportunity to order a test. Thus we feel it is time to abolish it (except for the very elderly, and also for the manifestly complex patient). We also hope that our new system will have knock on benefits such as patients receiving their results sooner as we will have a far better coordinated service.

It is really important for the success of this service that patient expectation is managed and that patients know that the first time they attend the hospital it will be for a test rather than a consultation. Please find enclosed a patient information leaflet that we have designed for GP’s to give to patients that are referred to the Colorectal Team at ****** NHS Trust for the ‘Colorectal Telephone Assessment Service

We continue to appreciate your feedback about the new system, negative and positive! If you feel you would like more information please let us know and we would be more than happy to come and visit you in your practice to discuss further.

Kind Regards,

The Colorectal Team

Contact: Enter contact details of the lead clinician in charge of the initiative and their secretary
Colorectal Service

Patient Information Leaflet

COLORECTAL

TELEPHONE ASSESSMENT CLINIC

A guide to what will happen now that your doctor has referred you to the Specialist Colorectal (bowel) Team
If there are words that you don’t understand please look at the back of this leaflet where we have tried to explain them

Have you got bowel symptoms?

Your doctor (GP) believes that you may have a problem with your bowels and has referred you to the hospital to have some test or see a bowel specialist.

We know that bowels are an embarrassing subject and no one likes to discuss them. But the specialist bowel team at the hospital, known as the Colorectal Team are very used to this subject. Try not to feel embarrassed or uncomfortable about discussing your symptoms or asking them questions.

This booklet contains some of the questions you might have about your referral for bowel problems. It will also explain what to expect when you are contacted by us and following this when you attend the hospital for your tests / appointments.

What will happen now?

Your doctor has referred you to the Colorectal Telephone Assessment Clinic.

When your GP booked you in for this appointment you will have been asked to supply a telephone number (mobile or landline). You will then be sent a letter by the Choose & Book team confirming a date and time for a TELEPHONE ASSESSMENT APPOINTMENT. A Colorectal Specialist will call you on the number that you supplied at the specified date and time.
PLEASE ENSURE THAT YOU ARE AVAILABLE AND FREE TO TALK AT THE TIME OF THIS PHONE CALL. YOU DO NOT NEED TO ATTEND THE HOSPITAL FOR THIS TELEPHONE APPOINTMENT.

During this telephone call you will be asked questions about your health, your symptoms and your personal circumstances and advised what test you need to have. You will then be sent an appointment for this test. At present we are unable to give you the date and time of the test at this telephone appointment but we will be able to give you an indication of how long you will have to wait.

**What test am I likely to need?**

Different tests give us different information about you and your bowels. The most common tests that the bowel team use are:

- Flexible Sigmoidoscopy
- Colonoscopy
- CT Colonography
- CT scan
- MRI scan
- Ultra sound scan

Descriptions of these different tests are listed in the glossary at the back of this booklet.

You are likely to be referred straight for one of these tests. In some cases however we may ask you to come in to the out-patient department first to see the specialist. The relevant department, where the tests are carried out, will send you detailed information about the test you need, including the risks and benefits, with your appointment letter.

**What if I choose not to have the tests that are recommended?**

You will have an opportunity to discuss this with the Colorectal Specialist at your telephone assessment appointment. If following this you do not feel you want to proceed with the tests that we recommend you should discuss this with your GP that you referred you to us?

**What happens after I have had my investigation or test?**

There will be 3 possible scenarios that could occur after you have had your test.

1. In some cases we will be able to tell you there and then what we think has been causing your symptoms and offer you treatment straight away or refer you on for treatment.
2.) For some people we may need to refer you on for further tests if we have not found the cause of your symptoms. This could include blood tests or further x-rays, endoscopy tests or scans (see glossary).

3.) If the test you had was carried out in the x-ray department you will be contacted either by telephone or letter by the bowel team about the results and a follow up plan. Please contact us if you have not heard anything within a few weeks of your test.

Useful tips
It is helpful to the specialist for you to think about your symptoms carefully before your telephone assessment. You may find the following guide helpful.

Your symptoms :-
- What has been happening with your bowels?
- How long have the symptoms been going on?
- Are they continuous or do they come and go?
- Is there a pattern? eg., same time of day, before or after meals etc.,

Change in your lifestyle :-
- Have you changed your diet or exercise?
- Have you recently felt stressed?
- Have you been overseas lately?
- Have your friends, family or colleagues had similar problems?
- Are you on any new medication?

Your medical history
- Have you had any bowel or digestive problems in the past?
- Have you had any operations?
- Do you have any cardiac (heart) past medical history?
- Do you take any blood thinning medicines?
- Are you diabetic? If so do you take tablets or insulin?

Family medical history
- Have any of your family members had cancer, especially bowel cancer?
- Have any of your family members had a bowel disorder eg., Crohn’s disease or Colitis?

Your personal circumstances
- Do you live alone?
- How mobile are you / do you need help getting around?
- What support do you have around you?

Finally, remember
Most people with bowel symptoms don’t have cancer but it is important to have your symptoms checked out. The cause is usually something minor like piles or irritable bowel syndrome. If you do have piles these can possibly be treated at this appointment.
If you are unsure or do not understand something you are told PLEASE ASK. We are unable to help you if we do not know your concerns.

Glossary of Terms

Colo- refers to the large bowel (known as the Colon)

Colonoscopy – a thin flexible telescope with a camera on the end that is inserted into the bowel via the back passage and the whole of the large bowel is examined. You will be sent some strong clear out powders to take the day before this test. You are given a sedative injection for this test.

Computerised Axial Tomogram (CT scan) - a special scan where a doughnut shaped x-ray machine takes cross sectional x-ray pictures of you while you lie on a table. You will be given a special dye injection and asked to drink some special contrast fluid when you come in for this test.

CT Colonography – sometimes called virtual colonoscopy. This is a specialised CT scan that uses a CT scanner to produce very detailed pictures of the inside of the colon and rectum following a dye drink or sometimes with strong clear out powders the day before the test.

Flexible Sigmoidoscopy - a thin flexible telescope with a camera on the end that is inserted into the bowel via the back passage and the lower of the large bowel is examined. You will be sent some clear out tablets to take the day before this test.

Magnetic Resonance Imagine or MRI scan - this involves lying in an open ended metal cylinder while detailed x-ray pictures are taken of you.

Proctoscopy – Examination of the back passage (anus and rectum) with a small plastic telescope.

Rectal – refers to the rectum (lowest part of the large bowel nearest the back passage).

Ultra sound scan – a scan that uses sound waves to examine your insides. Similar to the type of scan that pregnant women have.
PROTOCOL FOR THE COLORECTAL TELEPHONE ASSESSMENT SERVICE

FLOW CHART

Colorectal Referral from GP
via Choose & Book

Refer to Colorectal Telephone Assessment Clinic (TAC)

Triage and review of referral by Nurse Consultant / Consultant. Appropriate investigation booked according to symptomology and risk

Direct to Rectal Bleed Clinic

Single visit flexible sigmoidoscopy / RBC appointment

Single visit Flexible sigmoidoscopy & CT colonography

?CT scan or USS if too frail for bowel prep

Single visit Colonoscopy

?Out-patient appointment if deemed unsuitable for

Out-patient appointment if pathology found or

Tests or Discharge
### Protocol for referral to most appropriate colorectal investigation

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Investigation</th>
<th>Other</th>
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<tr>
<td>Bright Red Rectal Bleeding (BRRB)</td>
<td>Rectal Bleed Clinic</td>
<td></td>
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<tr>
<td>BRRB + Change in Bowel Habit (CIBH)</td>
<td>Colonoscopy or Flexible Sigmoidoscopy +/- proceed to CT colonography</td>
<td>Proceed to CT colonography will depend on whether or not cause for symptoms is explained by left sided pathology</td>
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<tr>
<td>Dark blood loss with or without CIBH</td>
<td>Colonoscopy</td>
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<tr>
<td>CIBH to loose / more frequent stool</td>
<td>Flexible Sigmoidoscopy +/- proceed to CT colonography</td>
<td></td>
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<tr>
<td>LIF pain with or without CIBH</td>
<td>Flexible Sigmoidoscopy +/- proceed to CT colonography</td>
<td></td>
</tr>
<tr>
<td>RIF pain with or without CIBH</td>
<td>Colonoscopy</td>
<td></td>
</tr>
<tr>
<td>Rectal mass</td>
<td>Flexible sigmoidoscopy</td>
<td></td>
</tr>
<tr>
<td>Rectal prolapse (-BRRB)</td>
<td>Flexible Sigmoidoscopy +/- OPA review</td>
<td>If very frail &amp; elderly ?straight to OPA</td>
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<tr>
<td>Abdominal mass</td>
<td>OPA</td>
<td></td>
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<tr>
<td>Central abdominal pain with or without CIBH</td>
<td>OPA or Colonoscopy (depending on the dominant symptoms)</td>
<td></td>
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<tr>
<td>Functional changes to bowel (i.e. chronic bloating / wind / abdominal pain with change to bowel habit)</td>
<td>Flexible Sigmoidoscopy or OPA</td>
<td></td>
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<tr>
<td>Mucus PR</td>
<td>Flexible Sigmoidoscopy +/- proceed to Colonoscopy if no cause found and symptoms persistent</td>
<td></td>
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<tr>
<td>Constipation (acute)</td>
<td>Flexible sigmoidoscopy</td>
<td></td>
</tr>
<tr>
<td>Constipation (chronic)</td>
<td>Flexible Sigmoidoscopy +/- proceed to Pelvic Floor Dysfunction Clinic</td>
<td></td>
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<tr>
<td>Proven Iron Deficiency anaemia</td>
<td>Colonoscopy</td>
<td>Must be iron deficient ensure MCV and ferritin checked (+/- OGD)</td>
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<tr>
<td>Significant weight loss (no other symptoms)</td>
<td>OPA review or CT scan</td>
<td></td>
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<tr>
<td>Tenesmus</td>
<td>Flexible Sigmoidoscopy</td>
<td></td>
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<tr>
<td>Anal Fissure</td>
<td>OPA review</td>
<td></td>
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<tr>
<td>Painful haemorrhoids (- BRRB)</td>
<td>OPA review</td>
<td></td>
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<tr>
<td>Anal tags (- BRRB)</td>
<td>OPA review</td>
<td></td>
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<tr>
<td>Anal warts (-BRRB)</td>
<td>OPA review</td>
<td></td>
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<tr>
<td>Faecal incontinence</td>
<td>Flexible sigmoidoscopy +/- proceed to Pelvic Floor Dysfunction Clinic</td>
<td></td>
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<tr>
<td>Obstructive defaecation</td>
<td>Flexible sigmoidoscopy +/- proceed to Pelvic Floor Dysfunction Clinic</td>
<td></td>
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<tr>
<td>Previous polyps</td>
<td>Colonoscopy</td>
<td>According to GUT / BSG guidelines if adenoma</td>
</tr>
<tr>
<td>Family history of CA colon</td>
<td>Colonoscopy</td>
<td>According to GUT / BSG guidelines and other risk factors / patient anxiety</td>
</tr>
<tr>
<td>3 x Positive FOB’s</td>
<td>Colonoscopy</td>
<td></td>
</tr>
<tr>
<td>Raised CEA (no bowel symptoms)</td>
<td>OPA review</td>
<td></td>
</tr>
<tr>
<td>Bowel symptoms / weight loss but too frail or unwell for bowel prep</td>
<td>OPA review or CT scan</td>
<td></td>
</tr>
<tr>
<td>Unusual or complex history</td>
<td>OPA review</td>
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If not already provided and where appropriate / relevant request the following from the GP in the clinic letter from the TAC so that the results are available at the time of the planned investigation:

- Bloods for FBC, ferritin, iron studies, inflammatory markers, thyroid function, Coeliac screen,
- Stool for M, C & S
- FOB testing x 3
- Fecal calprotectin

Patients should not be referred straight for a colonoscopy without a minimum of an appointment on the TAC first for assessment.

If there is any doubt over patient’s fitness for bowel prep or they live alone and are frail, elderly or infirm in someway they should not be referred straight for colonoscopy but be seen in OPD first by a Consultant.

Patients that are particularly anxious should be offered an OPA with the Consultant first rather than going straight to a test.

All patients with pelvic floor dysfunction should only be referred to the Clinical Nurse Specialist in PFD for assessment / conservative treatment via a Consultant not straight from TAC.

All the patients processed under the Colorectal Telephone Assessment protocol will be under the care of one the Colorectal Consultants.

It is the responsibility of the nurse / clinician requesting the investigation to action the results of any test requested under this TAC protocol.

If the TAC clinic is carried out by a non-Consultant member of the Colorectal Team there must be a designated Consultant for each clinic that takes responsibility for the decisions made. This will be agreed in advance between the relevant Nurse or Trainee / Junior Doctor and Consultant.

All patients assessed on the TAC will have an outcome letter forwarded to their GP.

Agreed by:

Lead Consultant Colorectal Surgeon

Date: ____________________________________________
COLORECTAL TELEPHONE ASSESSMENT CLINIC – DATE…………………………

PTS. NAME AND HOSPITAL NUMBER………………………………………..

- Presenting problem:_____________________________________________________
- Bowels - Loose / frequent / constipation / alternating pattern / same as always
- How long have bowels been like this? - ________________________________
- Rectal bleeding - yes / no If so how often_______________________________
- Fresh or dark blood - Toilet pan / tissue / mixed with stool
- PR mucus – yes / no If so how often_____________________________________
- Abdominal pain - yes / no – where? How long?
- Weight – up / down / stable?
- Appetite – up / down / stable?
- Family history of CA colon / IBD / other bowel diseases?
- Has your GP taken any blood tests from you recently? Yes / No ; date_______
- Any bowel or digestive problems in the past?____________________________
- Have you had any previous bowel investigations? Yes / No
- Any previous abdominal operations?
- Do you have any cardiac past medical history?
- Do you take any anti-coagulants?
- Are you diabetic? If so do you take tablets or insulin?
- Do you live alone?
- How mobile are you / do you need help getting around?
- What support do you have around you?

TAC OUTCOME: _________________________________________________________
Dear <TITLE> <SN>  

TELEPHONE APPOINTMENT NOTIFICATION

We are writing to confirm that your telephone consultation for the Colorectal Telephone Assessment Clinic has been arranged for  
<OP-APPDATE> at <OP-APPTIME>

The Nurse Consultant or a member of the Colorectal Team will telephone you on this number <TELEPHONE> on the date and time stated above. (If there is a blank space where your telephone number should be, or should it be incorrect, please call the Central Appointments Office on the number above and provide us with a contact number.)

Please ensure that you are available and free to talk at the time of this phone call. You do not need to attend the hospital for this telephone appointment.

Whilst we will try very hard to keep to time, your appointment time is approximate and we request that you be available for up to 30 minutes after this time.

Yours sincerely

The Colorectal Team

Colorectal Department

****** Hospital
Letter to patient if unsuitable for Telephone Assessment

Dear ......................

Your GP has referred you to the Colorectal (Bowel) Team at ***** Hospital and you currently have an appointment for the Telephone Assessment Clinic on ....(date of appointment)......

However after reading the referral letter from your GP, the Colorectal Team believe that the best and most appropriate clinic for you to be seen in first is in the out-patient department for a face to face consultation.

We have therefore cancelled your Telephone Assessment appointment and you will hear very soon from the Central Referrals Team about your out-patient appointment.

Kind Regards,

The Colorectal Team
Dear ……………………

Your GP has referred you to the Colorectal (Bowel) Team at ***** Hospital and you currently have an appointment for the Telephone Assessment Clinic on …. (date of appointment) …..

However after reading the referral letter from your GP the Colorectal Team believe that the best and most appropriate clinic for you to be seen in first is the Rectal Bleed Clinic which is held in the Endoscopy Unit at Dorset County Hospital.

We have therefore cancelled your Telephone Assessment appointment and you shall soon hear directly from the Endoscopy Unit about a date to attend the Rectal Bleed Clinic.

Kind Regards,

The Colorectal Team
Colorectal Department

Patient Satisfaction Questionnaire

Colorectal (Bowel) Telephone Assessment Clinics

We are conducting a survey about patient’s experiences of the Colorectal (Bowel) Telephone Assessment Clinics.

You have recently had a telephone appointment with our team and we would be very interested to hear about your experience and whether or not you found the service useful or not.

All information given in this questionnaire will be anonymous and remain confidential.

For questions or assistance please contact………...

Please return to completed questionnaire to ................ by........

Please complete the questions as best as you can using black ink and where relevant write using block capitals.

Please circle you answer

1. When you were told by your GP that you were to receive a telephone assessment as your first contact with the bowel team did you think:
   
   a. Good idea
   b. How will they assess me properly over the telephone I want to see someone face to face
   c. Don’t know
   d. Other_____________________________________________

2. Did your GP explain to you what the Bowel Telephone Assessment appointment involved?

   a. Yes
   b. No
   c. Don’t know
3. Was your appointment at a date and time acceptable to you?
   a. Yes
   b. No
   c. Don’t know

4. Did you receive your appointment within a timeframe acceptable to you?
   a. Yes
   b. No
   c. Don’t know

5. Did the telephone assessment call arrive at the time that you were given on your letter?
   a. Yes
   b. No
   c. Don’t know

6. Was the telephone assessment carried out in a manner acceptable to you?
   a. Yes
   b. No
   c. Don’t know

7. Was the telephone assessment
   a. Too long
   b. Too short
   c. Just right
   d. Don’t know

8. Were you given an opportunity to ask questions during your telephone assessment?
   a. Yes
   b. No
   c. Don’t know

9. Did you find it useful not to have to attend the hospital for this assessment?
   a. Yes
   b. No
   c. Don’t know
10. After your telephone consultation did you think:

   a. I feel satisfied that I’ve had my symptoms assessed well and I’m happy with the plan of care I’ve been given
   b. I feel dissatisfied with the assessment and want to see someone face to face still
   c. Don’t know
   d. Other

11. Overall how would you rate the Colorectal Telephone Assessment Service that you have received?

   a. Excellent
   b. Good
   c. Average
   d. Poor
   e. Very poor
   f. Don’t know

12. Would you happy to receive a future appointment in this way should it be necessary?

   a. Yes
   b. No
   c. Don’t know

Please add any additional comments that you may like to make below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

We would like to thank you for agreeing to participate in this survey
Colorectal Department

GP Satisfaction Questionnaire

Colorectal Telephone Assessment Clinics

We are conducting a survey about GP’s experiences of the Colorectal Telephone Assessment Clinics.

You have recently referred a patient for a telephone appointment with our team and we would be very interested to hear about your experience and whether or not you found the service useful or not.

All information given in this questionnaire will be anonymous and remain confidential.

Please complete the questions as best as you can using black ink and where relevant write using block capitals.

For questions or assistance please contact………..(audit or me)

Please return to completed questionnaire to ………………… by…………

Please circle you answer

1. Do you find the Colorectal Telephone assessment service easy to refer to?
   d. Yes
e. No
f. Don’t know

2. Are the waits for the Colorectal Telephone assessment appointments acceptable to you?
   a. Yes
   b. No
c. Don’t know
3. For an initial assessment to determine what test they need (Straight to Test protocol) do you believe the majority of your patients would rather receive:
   a. A telephone assessment avoiding a trip to the hospital
   b. A face to face appointment
   c. Don’t know

4. Overall how would you rate the Colorectal Telephone Assessment Service that you have referred to?
   g. Excellent
   h. Good
   i. Average
   j. Poor
   k. Very poor
   l. Don’t know

5. Are you happy to continue to refer to this service?
   d. Yes
   e. No
   f. Don’t know

Please add any additional comments that you may like to make below:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________

We would like to thank you for agreeing to participate in this survey