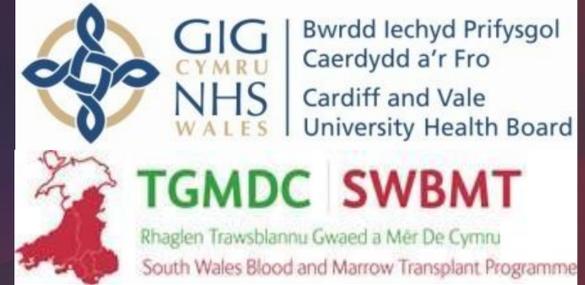


## Optimising services by offering care closer to home: The introduction of telephone consultations for patients on treatment for liver Graft vs Host Disease

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### INTRODUCTION

The University Hospital of Wales is located in Cardiff and provides tertiary care to patients undergoing Haematopoietic Stem Cell Transplantation. The catchment area for patients spans over South, West and Mid Wales. Some patients are required to travel 240 miles return journeys, with a maximum travel time (without traffic!) of 5 hours 3 minutes.

As a trainee ANP taking over reviewing patients post allogeneic stem cell transplantation, it was noted that there were a number of patients on treatment for liver Graft vs Host Disease (GvHD) who had no other complications.

At the time such patients were travelling to Cardiff from as far as Aberystwyth to be reviewed weekly, in order to be guided on dose adjustments of their immunosuppression. The clinical decision making was predominantly guided on blood results. Therefore it was proposed that we should consider getting bloods taken locally (via GP on local hospital) and conducting telephone consultations in this patient group.

### RESULTS

Patient eligibility was assessed ensuring patients:

- Had ability to have blood tests taken locally (through the chemotherapy unit at their local hospital or GP)
- Lived in Wales so blood results would be accessible on nation reporting system
- Were stable and on treatment for liver GvHD
- Had a landline number to call on or good mobile signal in their area of residence
- Were able to speak and understand English

There were only 4 eligible patients and data was gathered over a 12-month period from June 2018 to June 2019. During this time patients were asked to attend for a face-to-face review at the University Hospital of Wales once a month to ensure safety. Apart from these pre-scheduled visits all patients were able to be managed remotely. If they did have any additional issues when contacted for their virtual consultation, the ANP was able to co-ordinate for this to be addressed locally.

Over the course of the 12 months the savings made can be shown in the table below:

Saving	Total Value	AVG/Patient
Day unit visits saved over year	152	38
Total distance saved (miles)	11564.8	2891.2
Total time saved (hours)	252.53	63.13
Estimated Total cost saving	£4,103.85	£1025.96
Estimated total carbon emissions saved (kg)	1135	284

Distances and time were based on AA route planner figures <sup>1</sup>, calculating the difference between the distance they did travel and the distance they would have had to travel to the University Hospital of Wales.

Costs were calculated based on the RAC cost of running a car <sup>2</sup> information and the average fuel costs from the government website <sup>3</sup>.

### Patient Feedback

We have saved more than 4 hours every week in travel time

I have been able to return to a more 'normal' way of life

My wife has been able to return to work full time. This has benefitted us both financially and eased the strain that was on our relationship

I feel just as supported as I still speak to the team every week. I don't have a sleepless night the night before worrying about getting up in time and the journey to the hospital

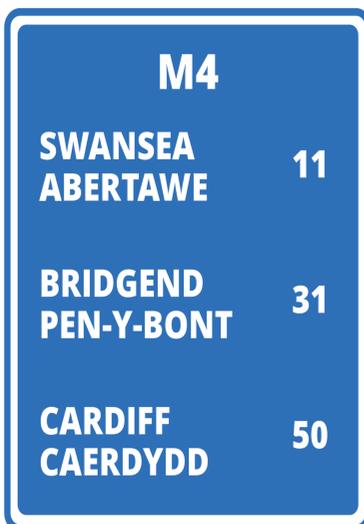
### AIM

It was hoped there would be many benefits of this project.

The **primary aim** was to improve patient experience.

**Secondary aims** were:

- Reduce travel costs for patients
- Reduce usage/cost of hospital transport
- Improve capacity constraints within the day unit at the University Hospital of Wales
- Reducing the risk of acquiring respiratory viruses while in hospital
- Lower carbon emissions



### METHOD

Contact made with GP's/local hospitals to ask for co-operation in taking bloods, given reassurance that we would request the required bloods for each visit and chase the results. Potential patients identified and the option discussed during a consultation. Patients booked in to virtual clinic each week for telephone consultation with ANP.



### CONCLUSIONS

If consideration is taken in the patient selection methods used, with the co-operation of local hospitals and GP practices it is possible to oversee the care of patients on treatment for liver GvHD remotely. Through this engagement with primary or secondary care has improved.

This change has been shown to improve patients quality of life by being able to spend more time at home, in addition to having significant cost savings for patients.

### ACKNOWLEDGEMENT

I would like to thank all the Blood and Marrow Transplant team at the University Hospital of Wales who have allowed this project to happen and provided support along the way.

I also wish to thank the teams at the local hospitals for their support and co-operation with this project, without which it would not have been possible.

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