

Physician Associate led Myeloproliferative Neoplasm (MPN) telephone clinics: is this the way forward to a revolutionised service?

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Introduction:

Myeloproliferative Neoplasms (MPN) are chronic haematological disorders affecting 3890 people per year with an incidence of 6.5% per 100,000 per year. The five-year survival rate is 93.5 %, illustrating a high number burden of patients for long term follow up in the outpatient clinic. This provides the challenge of maintaining the quality and sustainability of an ever growing service.

Telephone clinics emerged over the last decade as a new way of managing chronic conditions both in primary and secondary care. On the other hand, there is growing interest in physician associates (PAs), what they do, and how they fit with the established roles and systems. As of February 2016 it was estimated that there were 260 PAs working across England and Scotland.

The problem:

Problems with the MPN clinic

Very large clinic patient numbers and overbooked clinics

No appointments available to see urgent referrals

Doctors staffing issues

Average appointment waiting time was 40 minutes (range of 5 – 90 minutes), with 85.7% of patients being seen after their appointment time

92% of patients had their blood tests done at the hospital with an average waiting time for blood tests of 17 minutes (range of 5-45 minutes)

Clinics we running late by an average of 34 minutes.

Only 36 % of patients rated the service as good (mainly due to lengthy waiting times)

Crowded waiting rooms and difficult parking

Problems with clinic room availability when exploring the option of more doctors helping with the clinics

Currently telephone clinics have been running since November 19. Patients have their blood tests done at their preferred location either hospital or GP 1 week prior to the appointment and then pick up the medications from hospital. A service evaluation questioner was given to 49 patients fitting the telephone clinic criteria above

Results:

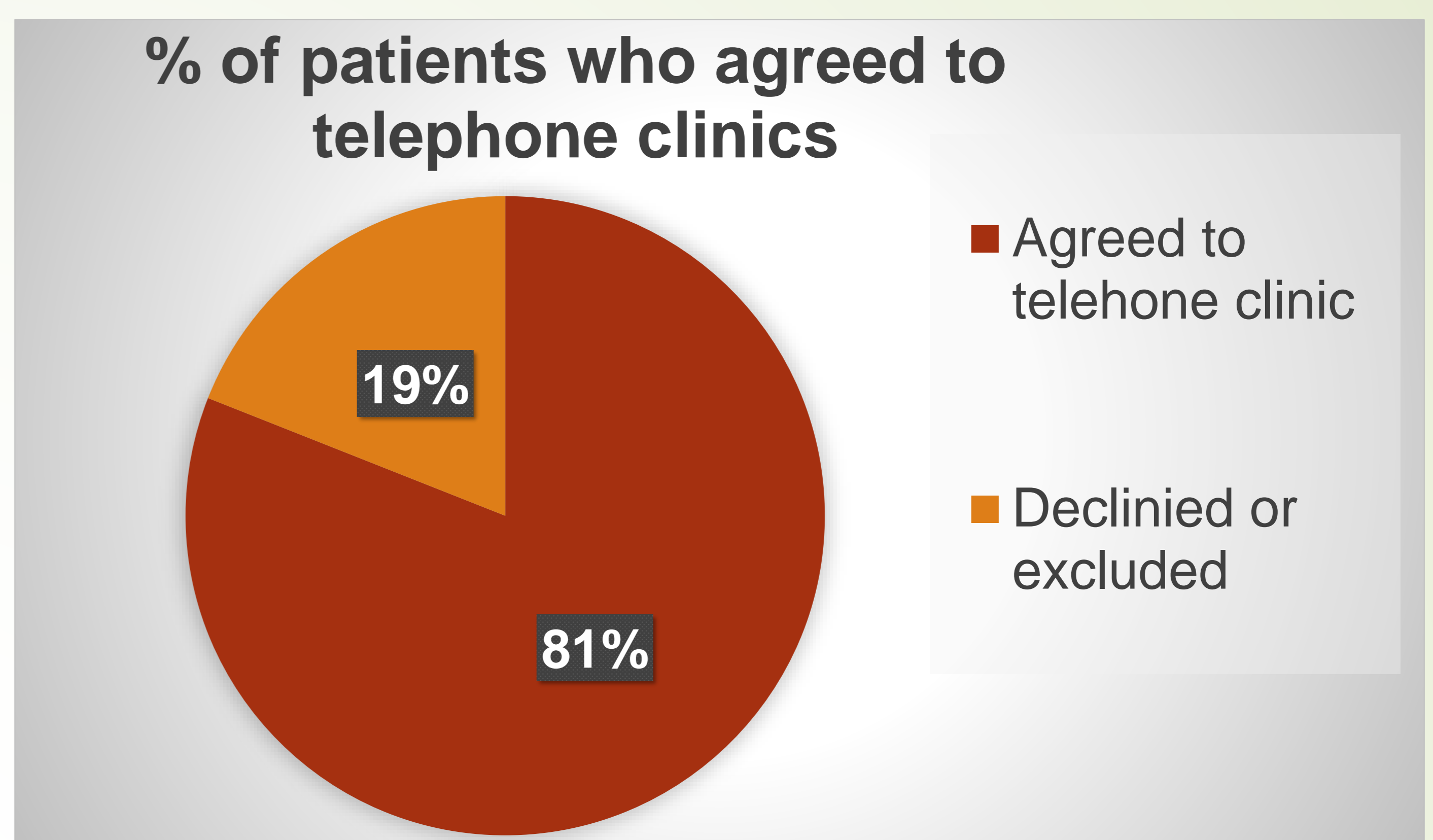
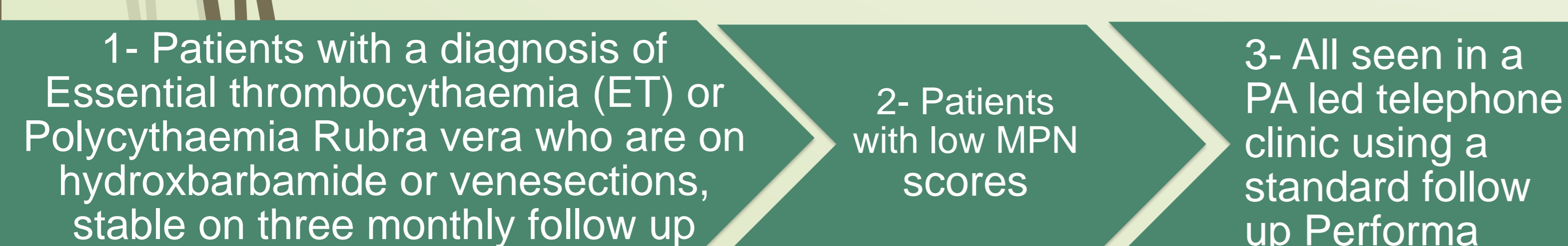


Figure 1

Question	%
Are you happy with PA review and got enough time over the telephone	100%
Are you confident in the quality of care provided by the PA ?	100%
Do you feel this is an improvement to the service?	100%
Would prefer to speak to a doctor?	26%

Figure 2

The change/ intervention:



Conclusion:

This illustrates a model which revolutionises the quality, efficiency and cost effectiveness of care of patients with a long term stable condition, led by a physician associate, which is transferrable to other stable low grade or indolent haematological disorders. It also demonstrated the change in MPN management over time and perhaps sheds the light into using MPN10 scores to select the appropriateness of patients being selected for telephone clinic follow up.

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