



# Evaluating Non- Face To Face (NFTF) contacts for patients with Thyrotoxicosis

K Mulla<sup>1,2</sup>, Y Razvi<sup>1,3</sup>, KJ O' Neill<sup>1,4</sup>, BT Srinivasan<sup>1</sup>

1.Department of Diabetes and Endocrinology, Lincoln County Hospital, United Lincolnshire Hospitals NHS Trust

2.Barts Health NHS Trust

3.Imperial College Healthcare NHS Trust

4.Manchester University Hospitals NHS Foundation Trust

## AIM

To evaluate the feasibility of Non- Face to Face (NFTF) contact, i.e. telephone consultations in the management and follow up for patients with thyrotoxicosis whom are on carbimazole therapy.

## BACKGROUND

Thyrotoxicosis is a commonly encountered endocrine condition. The prevalence in the UK is 1%<sup>1</sup>. Medical treatment of thyrotoxicosis involves the use of antithyroid medications (commonly carbimazole)<sup>2</sup>. There are no current nationally agreed guidelines on the management of thyrotoxicosis with regard to follow up, monitoring and dosing of medication. Clinicians start patients on high dose carbimazole and taper over a period of time dependent on clinical symptoms and blood results. One can deduce that achievement of an euthyroid state would involve multiple clinic appointments.

We hypothesized that by conducting these appointments in a NFTF setting with a trained nurse practitioner supported by consultants, a **higher volume** of consultations, each at a **lower cost** could be performed within the same time frame without compromising the patient experience or safety.

## AUDIT METHODOLOGY

Patients diagnosed with thyrotoxicosis from January to June 2014 were contacted and consented to partake in NFTF. When deciding whom to recruit; patient compliance and suitability was the key aspect considered. A proforma was created and the results were recorded. Any dose adjustments were communicated verbally and patients were advised to take the adjusted dose. The updated prescription was then made available for collection.

Patients were requested to complete a patient satisfaction questionnaire to determine their opinion on the service. This questionnaire was approved by the patient satisfaction and experience committee at the United Lincolnshire Hospitals NHS Trust. The project was approved as a Quality Improvement Project by Quality Governance and Patient Experience team.

## RESULTS from Audit

- 39 patients were identified and recruited for the NFTF trial (all attended initial face to face clinic with consultant)
- Average age = 58.5 years
- Median number of telephone consultation= 2 (range 1-4)
- Compliance at the first and second NFTF contact being 69.2% and 74.4% respectively.
- Median duration between telephone consultations= 9 weeks (range 4.14-22.86 weeks)
- Median duration between most recent blood test and subsequent NFTF contact= 13 days (range 1-49)
- After the fourth planned NFTF contact 18 patients (46.2%) had achieved biochemical euthyroid state

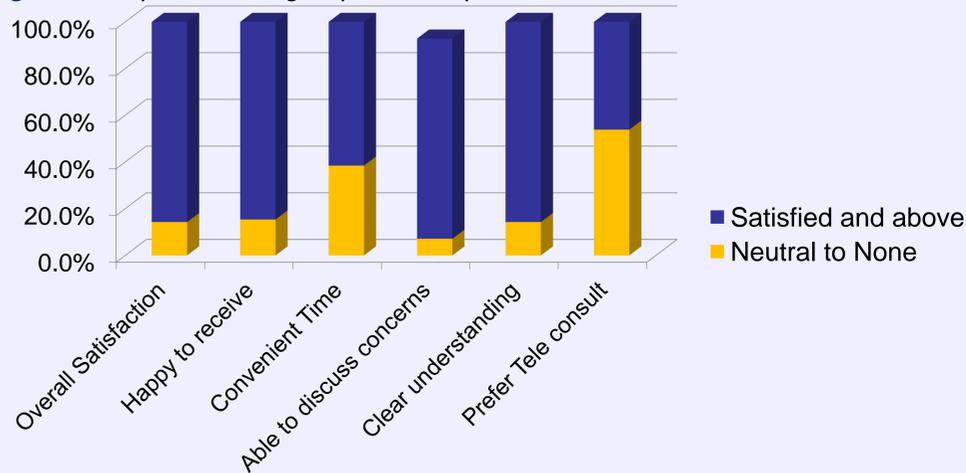
Figure 2: Diagram to show patient feedback



## RESULTS from Patient Satisfaction Questionnaires

- **85.7%** reported they were **satisfied or very satisfied** with the NFTF contact and **84.6%** stated they would be **happy to receive similar telephone consultations in the future**.
- **46.2%** patients stated that in future they would **prefer telephone consultations** to face to face appointments.

Figure 1: Graph illustrating responses to questionnaire items



## CONCLUSION AND RECOMMENDATIONS

- NFTF consults save the clinician and patient's time
- In an one hour slot six patients can be consulted instead of four
- Each NFTF follow up costs 42GBP per patient instead of 95GBP<sup>3</sup>
- More than 80% patients were satisfied with the service and were happy to receive NFTF consultations
- The service is supervised therefore patient's appointments can be expedited if requiring urgent face to face consults

**2018:** Formally commissioned by CCG with a standard tariff. Currently, a monthly clinic run by an experienced Endocrine Consultant

**Pending work:** Trust approval and focussed training for a pan trust Endocrine nurse practitioner- request sent to the Business unit to prepare a strategy

## References:

1. British Thyroid foundation. Hyperthyroidism management. Cited November 2016. [http://www.btf-thyroid.org/images/documents/bta\\_patient\\_hyperthyroidism.pdf](http://www.btf-thyroid.org/images/documents/bta_patient_hyperthyroidism.pdf)
2. Essentials of Clinical Medicine. By Kumar and Clarks. 2011 Edition.
3. NHS England. NHS Improvement. Resources. Proposed national tariff and HRG codes. Cited November 2016. <https://improvement.nhs.uk/resources/national-tariff-payment-system-201617/>