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Early experience of a nurse led clinic in a tertiary center

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Abstract

A busy head and neck / Oral and maxillofacial (OMFS) National Health Service (NHS) clinic, includes patients with different conditions. A large proportion, are patients with a history of diagnosis and treatment of head and neck cancer, at different stages of the cancer journey. These patients may have different clinical needs, when compared to a larger group of patients that were referred via the two-week wait pathway, had a biopsy and are present in the same clinic environment for their results. In this work, we presented the early experience relating to the fast track referrals only and the potential effect on the overall volume of work. This is only a small part of the overall patient types seen in a nurse led clinic.

Keywords: Nurse led clinics, Oral cancer, National Health Service

Introduction

The patient benefits of nurse-led consultations have been previously documented, particularly with respect to health-related quality of life (HRQOL) [1, 2, 3]. Nurses with specialist training and part of an experience team may provide appropriate interventions[4, 5]. The evaluation of the review arrangements in a busy unit revealed that most patients with a history of diagnosis and treatment of head and neck cancer were reviewed about 15 times in 5 years[6]. This is different to commonly presented national review arrangements. One of the reasons for this may be lack of resources and the high volume of patients expected to be seen in a tertiary centre[6]. Our primary aim is to present our early experience including the benefits of nurse lead clinic in the NHS. Another aim is to identify the number of fast track patients who return to clinic for biopsy results that would be suitable for review in a nurse led clinic.

Methods

This work includes the prospective evaluation of 104 consecutive patients that were referred via the fast track pathway and had a biopsy in the department were included in this study. The results were divided in three groups (Table 1, 2 and 3)

Results

42 male and 62 female patients were included in this study. 62% of referrals came from General Practitioners (GP), 34% of referrals from General Dental Practitioners and 4% were internal referrals. Group 1 (Table 1) include patients with conditions suitable for a review in a nurse led clinic. Group 2 (Table 2 and 3) included patients that may be unsuitable for a nurse led clinic. The benefits from our nurse led clinic are presented in table 4. The criteria used to identify patients for the nurse led clinic include: Those patients judged low risk, no other complex factors, those appropriate to discharge at the end of appointment and those happy to see a nurse rather than a consultant. All patients in this group were discharged. The nurse required the consultant support once every ten patients.

Discussion

In order to be able to establish a safe, consistent and efficient nurse led practice several aspects were developed over time. In this work, we presented only one group of patients seen in a nurse led clinic (fast tract referrals). Long term, low risk patients with a history of treatment for head and neck cancer are also seen, but the details of that work is not presented here. The nurse leading this clinic is a band 6 registered general nurse (RGN) with 15 years of general nursing experience in a tertiary head and neck centre. The training process was completed in 2 years, from 2014-2016. Consultant approved competencies were devised and were completed within the specific time frame. The nurse led clinic then commenced, alongside two existing consultant clinics, after a three-month period of observation. Regular consultant (2 consultants) review of assessments during the two years, demonstrated competence and safety. Completed audit cycles demonstrated, that during the two years, there were no incidents of adverse management and appropriate investigations were requested. In our nurse led clinic the nurse will check patient referral and suitability, check with consultant if unsure, check patient happy to be seen by nurse. In addition, the nurse can request investigations (photography, further biopsies, blood tests) and is in the process of achieving specific competencies such as flexible naso-endoscopy. In addition,

this clinic will provide benefits relating to health promotion both verbally and with leaflets. The nurse maintains an up-to-date logbook of the patients seen as well as participation in the departmental audit, mortality and morbidity meetings. Although time slots are allocated, this nurse led clinic, has more flexibility to spend additional time with some patients compared to an NHS consultant clinic. It could be argued that some review patients are of 'reduced educational value' for the junior doctors that are present in the clinic. Hence, this type of nurse led clinic allows the junior doctors to see specific patients, in order to develop their skills and experience. Nurse specialists make an important contribution to the care of patients as an integral part of a maxillofacial team. Nurse-led follow-up in parallel with a consultant clinic may be a safe and cost-effective approach in OMFS.

Conflict of Interest

N/A

Ethics statement/confirmation of patient permission

N/A

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Table 1: Patients with conditions suitable for a review in a nurse led clinic (62%).

Conditions	Number	Percentage (%)
1a; hyperkeratosis, ulceration, inflammation, geographic tongue	24	23%
1b; traumatic	12	12%
1c; polyps, mucocele, fibrous epulis, pyogenic granuloma & squamous papilloma	28	27%
Total	64	62%

Table 2: Patients that may be unsuitable for a nurse led clinic (38%).

Conditions	Number	Percentage (%)
2a; lichen planus	19	18
2b; candidiasis	7	6.5
2c; low grade dysplasia	2	2
2d; high grade dysplasia	1	1
2e; Squamous cell Carcinoma	4	4
Total	40	31.5

Table 3: Conditions that may need the input of a consultant (6.5%)

- Atrophic minor salivary gland
- Dermoid cyst
- Chronic obstructive sialadenitis in minor salivary gland lobules with oncocytic metaplasia of ducts
- osteonecrosis
- haemangioma with organizing thrombus
- non caseating granulomatous inflammation
- Behcets disease

Table 4: Benefit from a parallel nurse led clinic

- Reduced waiting lists
- Free up fast track appointment slots
- Less waiting time for patient
- More flexibility to see some patients for longer compared to an NHS consultant clinic
- No payment for sending letters out/some patients get lost in system