

Safe implementation of index telephone clinic appointments for patients with suspected lower gastrointestinal cancer with concurrent financial and environmental benefits.

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Abstract

Aims: The COVID-19 pandemic led to hospitals in the United Kingdom substituting face-to-face (FtF) clinics with virtual clinic (VC) appointments. We evaluated the impact of virtual two-week wait (2-ww) lower gastrointestinal (LGI) consultations on stakeholders at a district general hospital in England. **Methods:** Patients undergoing index outpatient 2-ww LGI clinic assessment between 01/06/2019-31/10/2019 (FtF group) and 01/06/2020-31/10/2020 (VC group) were identified. Relevant data were obtained using electronic patient records. Compliance with national cancer waiting time targets (WTT) was assessed. Environmental and financial impact analyses were performed. **Results:** In total, 1531 patients were analysed (median age=70, male=852, 55.6%). Of these, 757 (49.4%) were assessed virtually via telephone; the remainder were seen FtF (n=774, 50.6%). Ninety two (6%, VC=44, FtF=48) patients had malignant pathology and 64 (4.2%) had colorectal cancer (CRC); of these, 46 (71.9%, VC=26, FtF=20) underwent treatment with curative intent. The median waiting times to index appointment, investigation and diagnosis were significantly lower following VC assessment ($p<0.001$). The cancer detection rates ($p=0.749$), treatments received ($p=0.785$) and median time to index treatment for CRC patients ($p=0.156$) were similar. A significantly higher proportion of patients were seen within two weeks of referral in the VC group ($p<0.001$). VC appointments saved patients a total of 9288 miles, 0.7 metric tonnes of CO₂ emissions and £7482.97. Taxpayers saved £80,242.00 from VCs. No adverse events or complaints were reported in the VC group. **Conclusion:** Virtual 2-ww LGI clinics were effective, safe and were associated with tangible environmental and financial benefits for stakeholders.

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