

Patient satisfaction and carbon savings from a Neurology follow up telephone clinic

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Reasons to start a neurology consultant telephone follow up clinic (pre covid)

Many follow up consultations quick and do not require physical examination

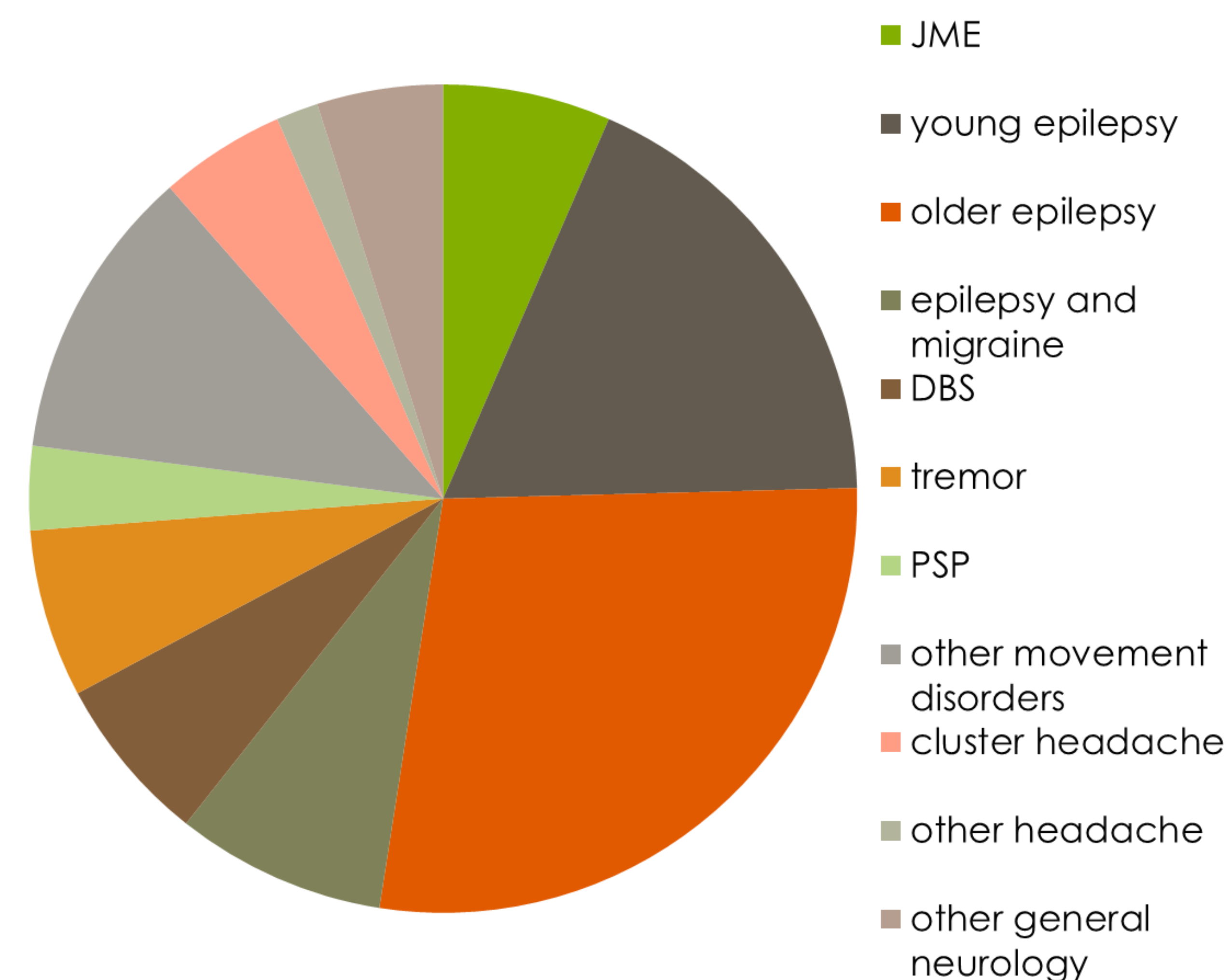
Overbooked general neurology clinics

Many working age patients needing to take leave for doctors' appointments

Unnecessary journeys made

Data collected on diagnoses and outcomes after first 7 clinics

Postal feedback survey sent to all patients including questions to calculate carbon savings – 54% response rate (26 patients)



Patient survey results

- All patients either 'just as satisfied or 'more satisfied' with telephone consultation compared to face to face consultation
- All patients stated they felt able to ask questions during consultation
- No patients stated they felt rushed
- Even split between patients who wanted just telephone appointments going forward or mixture of telephone and face to face
- Majority would have felt concerned / unhappy if they had been discharged to GP or nurse specialist rather than offered appointment in consultant telephone clinic

Patients' comments

Excellent idea, saved me time & money, no hours lost from work (family to accompany me), better for environment, consultant can see more patients that are in crises

I think that telephone consultations are a really effective use of my time and the hospital's time. It saves on travel time and subsequently unnecessary use of fuels, which is beneficial to the environment

All fine – felt able to talk openly as I would if F2F, but I wouldn't want to have no F2F

Carbon savings

Questions asked relating to journey saved

Type and size of vehicle

Type of fuel

Postcode travelled to and from

Whether opa was sole purpose of journey and time spent on journey

Data analysed by BHRUT sustainability manager to work out carbon equivalents saved

Over 30 hours journey time saved between the 26 patients.

Average carbon saving per patient calculated as 6kg CO₂e which is same as boiling a kettle 70 times

If all consultants in the host trust converted just 5 FU appointments per month from F2F to phone could save approximately **131 tonnes CO₂e**

1 tonne CO₂e is same as 4 return car trips from London to Edinburgh

Concluding remarks

- Clearly many advantages for the right patient
- Clinical expert should be able to identify patients suitable for telephone FU
- For chronic conditions mix of telephone and F2F likely to be most acceptable and effective
- Considerable carbon savings possible