



Patient Satisfaction with Colorectal Rapid Access Clinic

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Authors' contributions

This work was carried out in collaboration among all authors. Authors KC, NK and AM were all involved in designing the study. Author KC performed data collection, the statistical analysis, and wrote the first draft of the manuscript. Author TA performed additional data collection. All authors read and approved the final manuscript.

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ABSTRACT

Aims: Patients referred with red flag colorectal cancer symptoms are seen within 2 weeks of referral and require completion of treatment within 62 days of referral. The demand on resources is such that the remit of this rapid access pathway (RAP) is to diagnose or exclude cancer quickly. It is hypothesised that patients on these pathways are less likely to have their symptoms addressed and more likely to be dissatisfied with the service received.

Study Design: Questionnaire based study of all patients attending new colorectal outpatient appointments, both routine and RAP.

Place and Duration of Study: All patients referred the colorectal department at West Suffolk Hospital, a district general hospital, during January 2018 were sent a questionnaire 6 months later.

Methodology: Results were analysed for statistically significant differences between the two groups in relation to patient satisfaction.

Results: Of 273 new patients, questionnaires were returned by 78 patients attending rapid access clinics and 61 attending routine new appointments. There was no significant difference in the overall level of satisfaction with the overall investigation and management process between patients seen in rapid access clinics or routine new appointments ($P = 0.867$). Patients on the RAP were less

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likely to have been given a diagnosis ($p = 0.001$) or advice on managing their symptoms ($P = 0.002$). When assessing a number of variables, only patients whose symptoms had resolved were significantly more satisfied with the overall care pathway ($P = 0.037$).

Conclusion: Patients seen on the RAP are not less satisfied with their care.

Keywords: Colorectal cancer; outpatients; patient satisfaction; rapid access.

ABBREVIATIONS

RAP: Rapid access pathway

1. INTRODUCTION

Patients with symptoms suspicious for colorectal cancer are referred by primary care via a rapid access pathway in which they are seen within two weeks of the referral [1] and must undergo investigations and treatment of a cancer within 62 days of referral [2]. In our hospital, patients who are referred via the rapid access pathway are offered investigation where appropriate to exclude colorectal cancer and if clear, are discharged back to the care of their GP, regardless of whether they have received treatment for their symptoms or not. We hypothesise that patients are discharged without addressing their primary concern. For example, the middle aged lady with diarrhoea and incontinence has a colonoscopy to investigate change in bowel habit, but does not receive treatment for her incontinence.

1.1 Aim of Study

The aim of this study is to determine if patients who are discharged from the rapid access pathway directly after negative investigations are less satisfied with their care than those who are seen via routine pathways.

2. METHODOLOGY

All new patients referred to colorectal clinics in one calendar month were sent questionnaires and a stamped addressed envelope. The questionnaire was developed by a surgical trainee and surgical consultant. Demographic data, the grade of surgeon they saw and whether they were referred under the rapid access pathway or routine new referrals were noted. The questionnaire is detailed in Table 1.

Responses were collated in an Excel spreadsheet (2010, Microsoft) and analysed with PSP (2013, Free Software Foundation). Categorical data were compared with Chi squared test.

3. RESULTS AND DISCUSSION

Questionnaires were sent to 273 patients (127 male, 143 female, aged between 18 and 93 years) seen in the Colorectal clinic in January 2018, 134 rapid access and 139 routine new appointments. 139 patients responded (50.9% response rate), 78 seen in rapid access clinics and 61 in new clinics. The numbers seen by different grades of surgeon and the patient demographics are shown in Table 2.

Full details of questionnaire responses are shown in Table 3. There was no significant difference in the satisfaction rates for the wait for a clinic appointment between patients seen in rapid access clinics and routine new appointments (chi squared test, $P = 0.71$), nor were patients attending a rapid access clinic more satisfied with the information they were given in clinic than patients attending a routine new clinic. Patients were less likely to be given a probable diagnosis at their initial clinic visit if attending a rapid access clinic (chi squared test $P < 0.01$) and less likely to be given information on how to manage their symptoms (chi squared test $P < 0.01$).

There was a statistically significant difference in the time between referral and first clinic appointment: patients referred via the RAP were seen in a median of 11 days (range 0-24) which compared with a median of 44 days (range 0-193) for routine appointments (Kruskal-Wallis test, $P < 0.01$). Where patients required investigations prior to treatment being scheduled, there was also a significantly longer wait for investigations for routine patients (median 28 days, range 1-126 days) than rapid access patients (median 17 days, range 1-57 days) (Kruskal-Wallis test, $P = 0.002$).

No statistically significant difference was noted in patient satisfaction scores regarding the wait for investigations between the two clinic groups. Patients were less likely to have been given a diagnosis or information on how to manage their symptoms after having their investigations if attending a rapid access clinic (chi squared test $P < 0.01$) and were less satisfied that they knew

Table 1. Questionnaire and responses

Question	Responses				
	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 1: How satisfied were you with the time you had to wait to be seen in clinic?	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 2: How satisfied were you with the information you were given in clinic?	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 3: Were you given a probable diagnosis at this clinic?	Yes	No		Don't know	
Question 4: Were you given information on how to manage your symptoms at this clinic?	Yes	No		Don't know	
Question 5: How satisfied were you with the time you had to wait for your investigations (e.g. colonoscopy, CT scan)?	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 6: Were you given a diagnosis after your investigations?	Yes	No		Don't know	
Question 7: Were you given information on how to manage your symptoms after your investigation?	Yes	No		Don't know	
Question 8: Are you now satisfied that you know what caused your symptoms?	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 9: Have your symptoms resolved?	Yes	No		Don't know	
Question 10: Have you been given treatment for your symptoms?	Yes	No		Don't know	
Question 11: How satisfied are you with the overall investigation and management process?	Very dissatisfied	Moderately dissatisfied	Neutral	Satisfied	Very satisfied
Question 12: Were you seen in clinic after your investigations?	Yes		No		
Question 13: Would you have liked to be seen in clinic again to discuss your symptoms?	Yes	No		Don't know	
Any other comments					

what caused their symptoms (chi squared test $P = 0.02$).

There was no significant difference in whether symptoms had resolved or whether a patient had been given treatment for their symptoms between the two groups. There was no significant difference in the levels of satisfaction with the overall investigation and management process between the two clinic types. As per hospital policy, patients were less likely to have been seen back in clinic to discuss investigation findings if referred on a rapid access pathway (chi squared test $p < 0.01$). There was no

difference in the numbers of patients who would have liked to be seen in clinic again to discuss symptoms.

Table 2. Demographics of questionnaire responses

	Rapid access	Routine
Patients seen	134	139
Questionnaire responses	78	61
Consultant	21	56
Registrar	57	5
Male/female	28/50	29/32

Table 3. Differences in responses to questionnaire between patients seen in rapid access clinics and routine new clinics

Question 1: How satisfied were you with the time you had to wait to be seen in clinic?

Q1	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Very dissatisfied	4	5.1	5	8.2	0.628
Moderately dissatisfied	0	0	0	0	
Neutral	6	7.7	6	9.8	
Satisfied	22	28.2	22	36.1	
Very satisfied	41	52.6	27	44.3	
Did not answer	3		1		

Question 2: How satisfied were you with the information you were given in clinic?

Q2	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Very dissatisfied	7	9.0	5	8.2	0.981
Moderately dissatisfied	1	1.3	1	1.6	
Neutral	6	7.7	6	9.8	
Satisfied	27	34.6	24	39.3	
Very satisfied	33	42.3	24	39.3	
Did not answer	3		1		

Question 3: Were you given a probable diagnosis at this clinic?

Q3	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	40	51.3	47	77.0	0.001
No	27	34.6	5	8.2	
Don't know	7	9.0	7	11.5	
Did not answer	4		2		

Question 4: Were you given information on how to manage your symptoms at this clinic?

Q4	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	34	43.6	44	72.1	0.002
No	31	39.7	9	14.8	
Don't know	8	10.3	5	8.2	
Did not answer	5		3		

Question 5: How satisfied were you with the time you had to wait for your investigations (e.g. colonoscopy, CT scan)?

Q5	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Very dissatisfied	3	3.8	6	9.8	0.437
Moderately dissatisfied	4	5.1	2	3.3	
Neutral	7	9.0	9	14.8	
Satisfied	27	34.6	18	29.5	
Very satisfied	33	42.3	22	36.1	
Did not answer	2		4		

Question 6: Were you given a diagnosis after your investigations?

Q6	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	54	69.2	51	83.6	0.046
No	19	24.4	5	8.2	
Don't know	1	1.3	1	1.6	
Did not answer	4		4		

Question 7: Were you given information on how to manage your symptoms after your investigation?

Q7	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	40	51.3	42	68.9	0.059
No	27	34.6	12	19.7	
Don't know	6	7.7	2	3.3	
Did not answer	5		5		

Question 8: Are you now satisfied that you know what caused your symptoms?

Q8	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Very dissatisfied	8	10.3	2	3.3	0.269
Moderately dissatisfied	9	11.5	6	9.8	
Neutral	24	30.8	16	26.2	
Satisfied	20	25.6	15	24.6	
Very satisfied	14	17.9	19	31.1	
Did not answer	1		2		

Question 9: Have your symptoms resolved?

Q9	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	36	46.2	33	54.1	0.681
No	29	37.2	20	32.8	
Don't know	8	10.3	5	8.2	
Did not answer	3		3		

Question 10: Have you been given treatment for your symptoms?

Q10	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	32	41.0	31	50.8	0.181
No	40	51.3	27	44.3	
Don't know	3	3.8	0	0.0	
Did not answer	3		3		

Question 11: How satisfied are you with the overall investigation and management process?

Q11	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Very dissatisfied	6	7.7	8	13.1	0.867
Moderately dissatisfied	3	3.8	2	3.3	
Neutral	10	12.8	8	13.1	
Satisfied	24	30.8	18	29.5	
Very satisfied	32	41.0	22	36.1	
Did not answer	1		3		

Question 12: Were you seen in clinic after your investigations?

Q12	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	32	41.0	35	57.4	0.019
No	43	55.1	21	34.4	
Did not answer	3		5		

Question 13: Would you have liked to be seen in clinic again to discuss your symptoms?

Q13	Rapid access		Routine new		Chi square test
	N	%	N	%	p
Yes	30	38.5	22	36.1	0.996
No	36	46.2	27	44.3	
Don't know	7	9.0	5	8.2	
Did not answer	5		7		

Free text comments could be roughly divided into addressing the following topics: overall positive (39 responses), a long wait for results (5), delays either on the day in clinic or in endoscopy or for follow up appointments (6), or where the patient has not received a diagnosis (15). Of those who made a free text comment about not receiving a diagnosis, half responded to question 6 that they had been given a diagnosis (Rapid access: 7 yes, 7 no, 1 don't know; routine new: 2 yes, 2 no), majority of both rapid access and routine new patient responded that they had not been given information on managing their symptoms.

Patients referred to a routine new clinic were more likely to be seen by a consultant. The differences in questionnaire responses between those seen by a registrar and those seen by a consultant were therefore compared and the results are shown in Table 4. Patients seen by a registrar were less likely to be satisfied with the information they were given in clinic, less likely to have been given a diagnosis in clinic and less likely to have been given information on how to manage their symptoms in the original clinic. They were also less likely to be given a diagnosis after investigations, less likely to be given information on managing their symptoms after investigations and less satisfied that they knew what was causing their symptoms after investigations.

Our questionnaire response rate of 50.9% is similar to other studies [3].

Patients who were referred to routine new appointments were no less satisfied with the wait to be seen in clinic than those referred on the

rapid access pathway. The lack of relative dissatisfaction for routine appointments may be due to appropriate forewarning by general practitioners. Similarly, there was no statistically significant difference in patient satisfaction regarding the wait for investigations, even though the target is to investigate rapid access patients within two weeks.

Patients attending a rapid access clinic were less likely to have been given a diagnosis or information on how to manage their symptoms, either at their initial clinic visit or after having investigations. However, despite this and contrary to our hypothesis, there was no significant difference in levels of satisfaction with the overall investigation and management process between the two groups.

The questionnaire used in this study has not been formally validated and there are no others appropriate for use to provide answers for the hypothesis. Some of respondents stated that the questionnaire was conducted too long after the initial clinic appointment for them to be able to clearly remember their reaction and give an accurate description of their satisfaction at each stage of the process. Other respondents were still waiting for the conclusion of their investigation and treatment process. Sending out questionnaires earlier may have improved the accuracy of satisfaction levels in some respondents but excluded others who felt unable to complete the questionnaire while still awaiting outcomes. Despite stating "Please turn over for the rest of the questionnaire" at the bottom of the first page, three questionnaires were returned with the second page blank.

**Table 4. Differences in patient satisfaction between those seen by registrars and consultants.
P value is chi squared test**

Question	Response	Registrar		Consultant		P value
		n	%	n	%	
Q1	Very dissatisfied	2	3.2	7	9.1	0.433
	Moderately dissatisfied	0	0	0	0	
	Neutral	7	11.3	5	6.5	
	Satisfied	19	30.6	25	32.5	
	Very satisfied	30	48.4	38	49.4	
Q2	Very dissatisfied	4	6.5	7	9.1	0.578
	Moderately dissatisfied	1	1.6	1	1.3	
	Neutral	8	12.9	4	5.2	
	Satisfied	22	35.5	29	37.7	
	Very satisfied	24	38.7	33	42.9	
Q3	Yes	34	54.8	53	68.8	0.141
	No	19	30.6	13	16.9	
	Don't know	6	9.68	8	10.4	
Q4	Yes	28	45.2	50	64.9	0.059
	No	22	35.5	18	23.4	
	Don't know	8	12.9	5	6.49	
Q5	Very dissatisfied	1	1.6	7	9.1	0.439
	Moderately dissatisfied	4	6.45	2	2.6	
	Neutral	6	9.68	10	13.0	
	Satisfied	21	33.9	24	31.2	
	Very satisfied	28	45.2	28	36.4	
Q6	Yes	39	62.9	66	53.1	0.001
	No	18	29.0	6	4.8	
	Don't know	2	3.2	0	0	
Q7	Yes	31	50.0	51	66.2	0.057
	No	23	37.1	16	20.8	
	Don't know	5	8.1	3	3.9	
Q8	Very dissatisfied	5	8.1	5	6.5	0.063
	Moderately dissatisfied	9	14.5	6	4.8	
	Neutral	22	35.5	18	14.5	
	Satisfied	17	27.4	18	14.5	
	Very satisfied	8	12.9	25	6.5	
Q9	Yes	29	46.8	40	51.9	0.729
	No	22	35.5	27	35.1	
	Don't know	7	11.3	6	7.8	
Q10	Yes	26	41.9	37	48.1	0.131
	No	31	50.0	36	46.8	
	Don't know	3	4.8	0	0	
Q11	Very dissatisfied	4	6.4	10	13.0	0.636
	Moderately dissatisfied	3	4.8	2	2.6	
	Neutral	9	14.5	9	11.7	
	Satisfied	21	33.9	21	27.3	
	Very satisfied	24	38.7	30	39.0	
Q12	Yes	26	41.9	41	53.2	0.071
	No	34	54.8	30	39.0	
Q13	Yes	24	38.7	28	36.4	0.935
	No	28	45.2	35	45.5	
	Don't know	6	9.68	6	7.8	

Patients referred to rapid access clinics were more likely to be seen by a registrar than a consultant. Previous studies have shown differences in satisfaction when patients are seen by different groups of health care professionals [4]. The differences in satisfaction levels seen between those referred to rapid access clinics or routine new appointments may be because of differences in experience of the clinical staff seeing the patient, rather than the structure of the service itself. A general linear model was used to analyse factors which may influence overall satisfaction level (answer to Question 11), including type of clinic, which grade of staff the patient was seen by, gender and whether symptoms had resolved or not. The only factor to have an independent influence on overall satisfaction level was whether symptoms had resolved or not ($P = 0.037$).

4. CONCLUSION

Despite patients on the rapid access pathway having a more rapid referral route, for both initial clinic appointment and for investigations, there is no difference in their satisfaction rates regarding wait for clinic or investigation, when compared with patients on a routine pathway. Although rapid access patients are less likely to be given a diagnosis or offered advice on managing their symptoms, these patients are not less satisfied with their overall management.

CONSENT AND ETHICAL APPROVAL

Advice was sought from the Hospital ethics department and it was confirmed that formal ethical approval for this service provision study was not required. Patient consent is implied by their participation.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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