Colorectal Cancer Remote Follow-up Surveillance  
The “Broomfield Protocol”

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Delivering Improvement for People Living with and Beyond Cancer  
Tuesday 16th September 2014
Why follow-up?

- Identify treatable disease
- Audit
- Patients like it
- Staff like it as well!
Entry to program

- Surgery
  - MDT
  - 2 week nurse led clinic
  - F/U co-ordinator
- Adjuvant treatment +/-
- T=0 once treatment completed

- Exclusions
  - Clinical trials
  - Expected early problems
  - Leave protocol
# Protocol

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<th>3m</th>
<th>6m</th>
<th>9m</th>
<th>12m</th>
<th>18m</th>
<th>2y</th>
<th>3y</th>
<th>4y</th>
<th>5y</th>
<th>6y</th>
<th>7y</th>
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<tbody>
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<td><strong>Bloods</strong></td>
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<td><strong>CT Scan</strong></td>
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<td><strong>Colonoscopy</strong></td>
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* denotes examination frequency.
Advantages

- Saves patient and medical time
  - 600 clinic slots annually
  - Cost!
- Immediate access to clinic
  - Reduced anxiety
- Assured appropriate testing
- Accurate audit
- Patient satisfaction
Disadvantages

- Non-payment
- Never see “successes”
- Survivorship
Patients added to Surveillance programme each calendar year (based on operation date)
Patient satisfaction

- >90% for all process matters
- Prefer CNS clinic?

<table>
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Survivorship

- 73% happy sexual problems addressed
- 77% happy functional problems addressed
CNS Workload

- Roughly one call per day with a problem
- 2-3 results per day to check over – batched
- Weekly clinic
Summary

- Easy to implement
- High patient satisfaction
  - ? At cost of staff satisfaction
- Real cost savings
- Good audit