Shared care in gastroenterology: GPs’ views of open access to out-patient follow-up for patients with inflammatory bowel disease

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**Objective.** The aim of this study was to ascertain GPs’ views about open access to out-patient follow-up for patients with inflammatory bowel disease (IBD).

**Methods.** Semi-structured interviews and a postal survey were carried out in general practices in West Glamorgan UK, each with at least one IBD patient taking part in a randomized trial of open access versus routine follow-up, which has been reported elsewhere. A total of 112 GPs from 53 general practices who referred the 180 study patients to specialist gastroenterological care in Neath or Swansea were included in the study. Main outcome measures were GPs’ experience of the trial; preferences between methods of out-patient follow-up; and their views about enhancing open access follow-up.

**Results.** Sixty-nine GPs from 40 practices took part in the practice-specific data collection and 91 returned 156 patient-specific questionnaires. They expressed a strong preference for open access follow-up, for both specific patients (108/156 patients) and IBD patients in general (47/69 GPs). Preference for extending open access follow-up to other chronic conditions was not so strong (21/69 GPs). A substantial number of GPs considered their experience of the trial limited (30/69), and few GPs were aware of the shared care guideline distributed before the trial started (8/69). Few GPs encountered any problems in the management of the study patients (9/69) and 50% of the GPs used a Cumulative Encounter Form (29/69) developed for the study. Most GPs were supportive of giving patients written guidelines (56/69) and establishing a gastroenterological (GI) nurse practitioner (45/69).

**Conclusions.** Open access follow-up of patients with IBD is supported by GPs. The approach would probably be improved by the distribution of written information to patients, the establishment of a GI nurse practitioner and an integrated approach between the nurse, hospital specialist, GP and patient.

**Keywords.** GP–hospital relationship, inflammatory bowel diseases, shared care.

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**Introduction**

Many different schemes for the shared care of patients with chronic disease evolved during the 1990s, and GPs have expressed willingness to contribute to this. In 1995, we set up a shared care scheme for patients with inflammatory bowel disease (IBD), which we evaluated from 1995 to 1998.
surveillance by colonoscopy because of the risk of cancer.

The trial showed a significant patient preference for open access follow-up, but no significant difference in patients' quality of life between the two groups. To complement these findings, we studied the views of GPs on all aspects of the scheme at the end of the trial.

Methods

We carried out this study from May to July 1999. The study population comprised 112 GPs from 53 general practices who had originally referred the 180 patients in the trial to specialist gastroenterological care in Swansea and Neath.

We collected GPs' views about the care of individual patients by structured postal questionnaires. We assessed their views of the open access scheme and patient care in general by semi-structured group interviews and postal questionnaire. Four GPs undertook the interviews as part of Morganwg Medical Audit Advisory Group (MAAG) practice audit visits. Out of the 21 practices identified after stratification for referral, 13 looking after 51 trial practices returned 156 patient-specific questionnaires (37 through group interviews and 32 through postal questionnaires), giving a response rate of 61% (69/112). Twelve of the 13 selected practices completed group interviews. One could not be arranged because the single GP had retired. The mean number of study patients covered by each interviewed practice was 3.9, slightly but not significantly higher than that covered by each practice surveyed by post (3.2). There was substantial agreement between the three researchers in coding GPs' statements (kappa = 0.65, 0.63 and 0.63).

Comparison of findings from interviews and postal questionnaires

Responses to interviews and postal questionnaires were generally similar, though there were significant differences in awareness of the IBD shared care guideline, experience of using CEFs and attitudes to extending open access to other chronic conditions (Table 1).

Experience of the randomized trial

Thirty GPs felt they had limited experience of the trial. Twenty-nine practices had only one or two patients in the trial. Nine GPs had experienced problems with the management of study patients. Only eight were aware of the IBD shared care guidelines, and even those who were aware had not studied them in detail.

Fewer than half the respondents had used the CEF, and few perceived any real benefits. Some regretted that the design of the form was not compatible with A4 records.

Preferences for open access

A preferred follow-up method was given in 143 of the 156 patient-specific questionnaires returned. For 69% (108/143), open access was preferred, for reasons which included: stability of the patient’s condition; access to the specialist when needed; sensible patient; saving of time; and the large number of follow-up appointments for other conditions.

There were 122 pairs of patients and GPs who both indicated a preference. Only 73 pairs were in agreement, a level not significantly greater than chance (kappa = 0.083).

A few GPs were concerned that patients with open access might be ‘lost’ to follow-up. Although the shared care guidelines and correspondence with GPs at patient recruitment stated that the recall system would continue for those requiring colonoscopy, some doctors were still uncertain who was responsible for this. Some were also concerned that patients might underestimate the significance of minimal symptoms and not seek advice until too late.

GP were divided about extending open access follow-up to other chronic conditions. Significantly fewer of those interviewed favoured the idea (Table 1). Those in favour pointed out that long-term success would need: educational sessions for GPs about shared care guidelines; leaflets for patients about warning signs; and time in out-patient departments for open access patients to be seen at short notice.

Results

Response rate

Ninety-one GPs (81% of 112 participating) from 40 practices returned 156 patient-specific questionnaires (87% of the trial population of 180). Sixty-nine GPs also took part in the practice-specific data collection (37 through group interviews and 32 through postal questionnaires), giving a response rate of 61% (69/112). Twelve of the 13 selected practices completed group
Views about enhancing open access

Most GPs were in favour of giving patients written guidelines about their follow-up. It was believed that this would empower patients, giving them confidence about when to self-refer and how to work the system, thus improving care in general.

Many favoured the creation of a gastrointestinal (GI) nurse specialist post to support shared care. Reasons included: success in other subspecialities; accessibility for advice to patients and GPs; arranging hospital appointments; reducing medical workload; and recalling patients for screening.

Those not in favour were uncertain about the contribution of such posts in other subspecialities, believing that it was not appropriate for nurses to book appointments, and more out-patient work might be generated.

Discussion

Response rate was good for patient-specific data (81%) and reasonable for practice-specific data (61%). There was substantial agreement between the three researchers coding the comments independently.

GPs preferred open access out-patient follow-up for most of their IBD patients but were more dubious about extending open access to other chronic conditions.

Most patients also preferred open access follow-up, but there was poor agreement between their preferences and those of their GPs. Decisions about method of follow-up should involve the patient, GP and hospital specialist.

Most GPs felt shared care would be enhanced by a GI nurse practitioner and by empowering patients to take responsibility for their own care with explicit patient guidelines. Both proposals have potential to enhance open access follow-up but would need rigorous evaluation.

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References

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