Patients perception of a rheumatology telephone helpline

Sir, We read with great interest the article by McCabe et al. [1] outlining their experience of the operation of rheumatology telephone helplines in neighbouring National Health Service trusts, and in particular their pertinent comments on a lack of uniformity in the provision of such services and their call for further cost analysis studies to define a 'gold standard' in this regard. We would like to offer our own preliminary experience of the value to rheumatology patients of operating such a service.

All rheumatology patients in Gwent currently have access during normal working hours to a dedicated, manned message service helpline irrespective of diagnosis. This service is managed by two rheumatology nurse specialists (grade G–H). We have performed a pilot study to assess patients' attitudes to the setting-up of this service by means of a postal survey of 100 randomly selected, follow-up rheumatology patients questioned 2 months prior to and 6 months after the establishment of the helpline. The survey sought patients' general perceptions of the service in relation to issues such as sources of information and accessibility, and also asked more specific question on topics such as joint injection and disease flare. Patients were also asked for general comments (positive or negative) about the rheumatology service before and after the
helpline was introduced. The response rate was 58%. Demographic analysis suggested that the respondents had a similar age and sex distribution to the overall demographics of the rheumatological follow-up population. Analysis of the post-introduction questionnaires suggested that 48% of respondents regarded the nurse specialist helpline as an important source of general, disease-related information, 25% would choose to contact the helpline preferentially if they were ‘worried or concerned’ and 31% would choose a similar route in the specific instance of a disease ‘flare’. A comparison of pre- and post-introduction questionnaires suggested that, in these two latter instances, the helpline represented a preferred alternative to the general practitioner or consultant. Analysis of the general comments revealed 119 ‘negative’ comments predominantly relating to the themes of lack of information and departmental contact barriers. Only seven such comments were subsequently recorded.

As McCabe et al. [1] point out, hard data on the cost effectiveness of such services are sparse. Our preliminary investigations, though somewhat anecdotal, suggest that the provision of an openly accessible, high-quality helpline service is an attractive proposition to many patients. The opinions of other health professionals have not been explored in our questionnaire, although our experience suggests that such a helpline might also result in time savings in both primary and secondary care. Other specific factors operating in our environment, such as the predominantly rural setting of our trust, might also be of particular relevance and warrant further investigation.

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