A THERAPIST LED CLINIC FOR PATIENTS WITH A POTENTIAL DIAGNOSIS OF CARPAL TUNNEL SYNDROME
AN AHP PRACTICE DEVELOPMENT APPRENTICESHIP SCHEME PROJECT

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BACKGROUND
Carpal Tunnel Syndrome (CTS) is a common clinical condition and a frequent cause of disability in the upper limb, accounting for 90% of entrapment neuropathies. It is caused by entrapment of the median nerve in the carpal tunnel at the wrist. Patients with recent, mild or moderate symptoms are often satisfactorily controlled by non-operative means including splinting and functional advice.

PROJECT AIMS
Referrals for CTS add a heavy burden onto waiting lists for new patient consultant clinic appointments. Therefore the aims of this project were to examine the impact of an Occupational Therapist (OT) led CTS clinic with respect to:
• Releasing consultant time by reducing inappropriate referrals and conservatively managing those who do not need surgical intervention.
• Reducing patient wait times.
• Maximising patient satisfaction.
• Improving interdisciplinary working.

IMPLEMENTATION AND METHODOLOGY
• Following training, a therapist led clinic (TLC) was established running alongside a consultant clinic on a weekly basis offering 6 x 30 minute appointment slots for a six month pilot (August 2013 until January 2014).
• The therapist assessed patients, offered conservative management and referred on for nerve conduction studies as appropriate.
• Treatment data collected included: patient demographics, patient diagnosis and outcomes, duration of symptoms, Boston/Levine questionnaire scores, waiting times.
• After attending the TLC patients completed an anonymous feedback questionnaire.
• An anonymous online survey was sent out to medical and nursing staff directly involved.
• All data was collected adhering to data protection procedures.

PROJECT OUTCOMES

REDUCTION IN PATIENT WAIT TIMES
The mean wait time for a consultant appointment taken from the 6 months prior to the clinic start was 58.5 days. The average wait time for patients to be seen in the TLC was 22 days, showing a mean reduction in wait time of 36.5 days (5.2 weeks).

RELEASE OF CONSULTANT TIME
Of the 59 cases seen by the TLC, 36% were not CTS and were directed to the appropriate service. 10% had CTS with other concomitant disorders, and 54% had only CTS.

SUCCESSFUL CONSERVATIVE MANAGEMENT
• Of the CTS patients seen in the clinic (n=39), 59% (n=23) were successfully managed conservatively.
• Of those who went onto surgery, 69% (n=11) tried conservative management first, but were unsuccessful.
• 31% (n=6) did not try conservative management.

MAXIMISING PATIENT SATISFACTION
• Patient questionnaire responses were overwhelmingly positive.
• 100% of respondents were satisfied with the care they received.
• A word cloud illustrates the comments received as part of the questionnaire.

“...complements the consultant led clinics and taking place adjacent to them provides good continuity.

IMPROVED INTERDISCIPLINARY WORKING
Staff questionnaire responses were extremely positive with 100% of respondents reporting the TLC was beneficial.

CONCLUSIONS

KEY IMPLICATIONS OF PROJECT
• Release of consultant time by screening out inappropriate referrals and allowing them to see only those who could not be managed conservatively.
• Improved patient experience including reducing waiting times, receiving longer appointment slots, and having therapist and medical staff in one clinic providing a more rounded service.
• 59% of CTS patients were successfully provided with a successful, non-invasive treatment option.
• Improved collaborative working and provision of a safe, quick, and cost effective service.
• Clear illustration that an OT run TLC can improve multiple outcomes related to service efficiency and satisfaction for patients, staff and the organisation.

REFERENCES
1. Aroori S, Roy AJS. Carpal tunnel syndrome. Ulster Medical Journal 2008;77:1-6-17
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NEXT STEPS BASED ON THE PROJECT OUTCOMES
• Expand the clinic to include other common hand conditions.
• Explore the role of the extended practitioner.

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