University of Huddersfield Repository

Cook, Leanne

Nurse led claudication clinics - a first class service

Original Citation


This version is available at http://eprints.hud.ac.uk/id/eprint/12555/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
Nurse led claudication clinics – a first class service.

**Introduction**

Intermittent claudication is prevalent in 5% of the over 55’s in the UK. It significantly reduces the quality of life of the patient, and is a marker for high atherosclerotic disease risk. Nurse led claudication clinic (NLCC) was introduced in 2005, weekly Clinic for patients with suspected Intermitted Claudication. Patients history, results of clinical examination and ABPI recorded. Diagnosis established and patients directly referred for imaging as appropriate. Information of disease process, benefits of exercise and the need for best medical therapy all discussed with the patient.

**Clinic Aims:**

- Reduce the waiting times for first out patient appointment.
- Increase consultant new patient capacity.
- To identify patients with peripheral vascular disease.
- Increase compliance with best medical therapy (BMT) to reduce cardiovascular risk.

**Method:**

6 months figures audited looking at patient waiting times, did not attend (DNA) rate and referral rates for investigation/treatment. BMT compliance were monitored at the time of appointment and then with telephone follow up three months after appointment. BMT was antiplatelet or anticoagulation therapy, statin therapy, systolic BP <140 and in pts with diabetes HBA1c < 6.

**Results:**

- NLCC patients were seen an average of 8 weeks earlier than in consultant led clinics.
- 13 % increase in consultant first appointment capacity.
- 165 outpatient appointments were allocated.
- Compliance with BMT increased from 57% to 60% in the diabetic patient and 38% to 62% in the non diabetic patient.

**Conclusion:**

Primary Care are good at reducing cardiovascular risk for the diabetic patient but need to improve BMT rates for the at risk non diabetic patient.

**Nurse led claudication clinic improve the compliance with BMT considerably with the added benefits of Reduce waiting times and increasing appropriate utilisation of outpatient resources.**

<table>
<thead>
<tr>
<th>Total appointed</th>
<th>165</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNA</td>
<td>22</td>
</tr>
<tr>
<td>Missing data</td>
<td>2</td>
</tr>
<tr>
<td>Discharged as not claudication</td>
<td>28</td>
</tr>
<tr>
<td>Leaving</td>
<td>113</td>
</tr>
<tr>
<td>Referred for imaging</td>
<td>98</td>
</tr>
<tr>
<td>Non lifestyle limiting</td>
<td>15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compliance with BMT</th>
<th>On referral</th>
<th>Following appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic</td>
<td>57% 12/21</td>
<td>60% 13/21</td>
</tr>
<tr>
<td>Non diabetic</td>
<td>38% 33/87</td>
<td>62% 54/87</td>
</tr>
</tbody>
</table>

1 patient died. Unable to contact 5