Use of allied health services in CF centres — Results from a nationwide survey in Germany

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The European Standards of Care recommend a multi-disciplinary team approach for the treatment of patients with CF [1]. Allied health professionals (AHPs) should review each patient at least annually. To assess the use of services of AHPs by patients with CF, we analysed data from a nationwide survey in Germany in 2011 on patient experiences and satisfaction [2].

Methods: 90 CF centres in Germany were invited to take part in the survey. One item of the patient experience questionnaire asked whether the patient had been in contact with AHPs during the last 12 months.

Results: Of the 2847 subjects recruited in 56 centres, 1220 adults with CF and 891 parents of children replied to the survey (response rate 74%).

Utilisation of AHPs during the last year was as follows:

<table>
<thead>
<tr>
<th>Utilisation of AHP during last year</th>
<th>Adults (n=1220)</th>
<th>P value (Chi square)</th>
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<tbody>
<tr>
<td>Physiotherapists</td>
<td>697 (88%)</td>
<td>858 (76%)</td>
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<tr>
<td>Dieticians</td>
<td>575 (70%)</td>
<td>486 (42%)</td>
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<tr>
<td>Psychosocial staff</td>
<td>380 (48%)</td>
<td>287 (26%)</td>
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</table>

Adults reported significantly fewer contacts than parents/children. Utilisation of AHPs was lower in adults treated in adult centres, compared to “mixed” CF centres for all age groups. Patients who felt severely impaired reported more frequent contacts with AHPs than those who subjectively were in good health.

Conclusion: Many patients did not receive multi-professional care as recommended by the ECFPs. The reasons for the lower than expected uses of AHP services need to be determined.

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Reference(s)

The impact of transfer of care from local hospital to regional specialist cystic fibrosis unit

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Introduction: In 2011, 18 patients with cystic fibrosis (CF) had their care transferred from their local hospital to the regional specialist CF unit. There was concern that this would impact on their delivery of care due to the increased distance to travel (22 miles between hospitals).

Method: We conducted a service evaluation by reviewing case notes for the year leading up to transfer (August 2010–July 2011) and the year following transfer (August 2011–July 2012). Outcomes assessed included: Lung function, number of outpatient appointments, IV antibiotic courses and inpatient days and other markers including lung transplant referral.

Results: 11/18 patients (61%) had either no decline or improved lung function at the end of the study period. 1 patient received lung transplant, 1 patient was on transplant waiting list and 1 referred for assessment.

Conclusion: These results suggest that transferring care from a local hospital to a more distant specialist CF unit has not had a negative impact on the care of these patients and may have resulted in improvement in a number of markers of better care. This suggests that the benefit of being looked after by a specialist CF team outweighs the disadvantage of the increased distance to travel.