

# ABN Survey of New to Follow-up patient ratios in neurology outpatient clinics 2002

## Methods

A postal survey of 390 members of the ABN was undertaken.

Replies from 237 members (61 %) were analysed.

## Results

### General Neurology clinics

	New patients per week	Follow up patients per week	Follow up to new ratio
Average Number of patients per week * (SD)	15 (8)	21 (13)	1.4

(237 consultants, 10 consultants do not do general neurology and are excluded in averages \*)

Do you consider the number of follow up patients to be?

- Too few 40 (17.5%)
- About right 136 (60%)
- Too many 51 (22.5%)



## Narrative Comments

- Both new and review patient numbers are too high to spend useful time with patients.
- Ability to see F/up as soon as I need is very limited by the pressure of numbers.
- Quite agree. Follow up (of chronic neurological disease) is not a priority for the managers.
- One reason for many follow-ups is a series of locums to reduce the new patient waiting times.
- We have definitely been asked to see fewer old and more new patients recently by doing extra (remunerated) sat waiting list clinics.
- Trust refuses to allow me to reduce new and follow up numbers to ABN guidelines.
- I have been refused permission by my trust to increase the number of follow-up any further. They have requested more news
- More patients expect follow up (as do the PCTs)
- There is insufficient provision for follow up but many PD patients are followed up in a parallel clinic by the PD nurse..
- I am seeing too many follow up patients compared with new patients but GPs do not seem happy to follow up neurological patients.
- I often have to hold extra clinics to deal with the follow-ups.
- General neurology follow-up waiting times especially after investigations or discharge are too long
- No neuro-rehab available hence we need to help chronic patients
- The nature of the neuro rehab clinic historically was to allow patients to feel plugged into the system.
- I am making good use of our specialist nurse and generally this seems to work well.
- A MDT improves quality of care.
- I have a telemedicine service for PD
- All follow up clinics split into specialist clinics with only 2 general follow up clinics per month.
- Management should be encouraged to stop separating new from follow up consultations in activity. ( use long vs short)\*\*
- You should survey in patient referrals as well.
- For some mad reason these (ward referrals) are not recorded as new patients
- I am in the enviable position of not having management pressure being brought upon me-yet!
- This is very complex and any simple answers from ratios is pointless. Until we have enough neurologists off cause we must see more urgent patients and try and bring down waiting times. The 1993 (ABN) job plan seems to me not based in the real world, please make any successor more realistic (real work loads)\*\*
- This is daft you don't separate clinics with consultants only or with juniors\*\*
- An increasingly important concern, thank you for your efforts