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digital health solutions



### Case Study The Colorectal CNS's view

*"Using beetroot we can have a number of patients on remote monitoring that don't need to see an oncologist so those that do need to see the oncologist have appointments more readily available"*

*Chris Wright talks to Kelly Buckingham about reducing waiting lists and introducing questionnaires to help with remote monitoring*

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*CW: Hello Kelly. Tell us a bit about yourself.*

KB: Hi Chris. My name's **Kelly Buckingham** and I am the colorectal Patient Stratified Follow-Up clinical nurse specialist (CNS) here at Basildon Hospital looking after patients that have had a curative surgery for their colorectal cancer. We are one of the largest trusts within the country now since the three hospitals merged into Mid and South Essex NHS Foundation Trust and together we diagnose over 10,000 new cases each year, so we see a large number of people affected by cancer.

*CW: How do you use beetroot?*

KB: Our beetroot system will monitor electronic copy of our patients' CEA blood test results. Every day when I come in I turn on the computer, login into beetroot and check for any alerts in the dashboard. Those alerts are created if beetroot finds any results out of normal range, a deteriorating trend, or even patients who haven't attended for testing when expected. I always inform my patients that predominately no news is good news. If they don't hear from me between having their blood test taken and the date that they're roughly due to hear from me either via a telephone call or a results letter it's because their CEA markers are within normal range. There's been a few occasions where those CEAs have been elevated as notified through an alert appearing in the beetroot dashboard, so I've been able to contact the patient sometimes two weeks before they were due to have their regular review. That's enabled us to get the ball rolling and get them investigated, spoken to and sometimes even on MDT review up to two weeks earlier than before.

*CW: What impact, if any, has using beetroot had on your waiting lists?*

I think it's made a huge positive impact on our waiting lists. We're fortunate in that nowadays people live a lot longer with cancer but we recognise that we are having to follow up thousands of patients so actually, the numbers of people needing to be followed up have increased hugely. Using beetroot we can have a number of patients on remote monitoring that don't need to see an oncologist so those that do need to see the oncologist have appointments more readily available. We have thousands of patients now being monitored on our beetroot system enabling us to have many more appointments for those with complex problems or a new diagnosis that need to be seen urgently, whereas those that are doing well and are well at home can be monitored remotely. Then they're not having to come up to hospital for the results.

*"We have thousands of patients now being monitored on our beetroot system enabling us to have many more appointments for those with complex problems or a new diagnosis that need to be seen urgently"*

*CW: I think you've done some interesting work with questionnaires from beetroot. Can you tell us about that?*

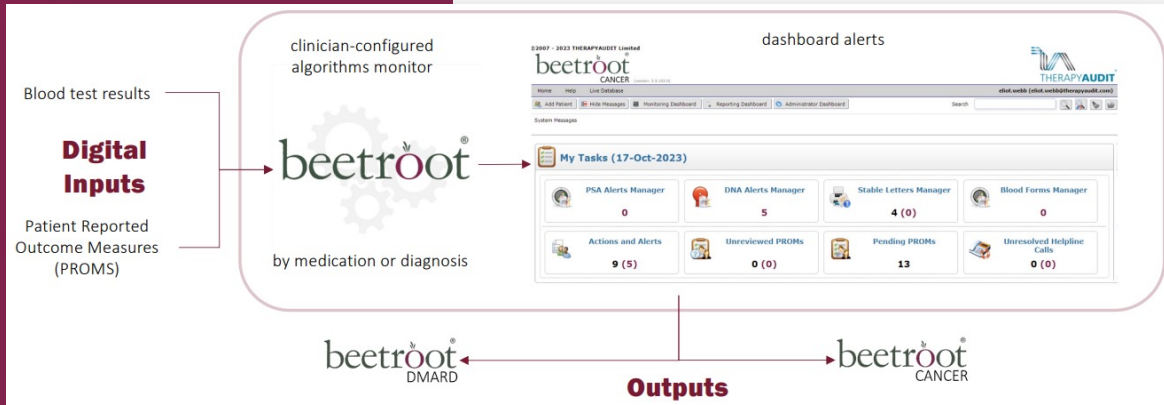
KB: When we started sending out questionnaires (patient reported outcomes or PROMS) to patients the uptake to begin with was slow because it's such a change for patients. Even follow-up over the telephone can be quite daunting for them because they think 'we've had a cancer so we should be seeing nurses face to face'. Introducing the PROMS has therefore been a bit tricky at first but we got there and uptake from patients is increasing all the time. The value of the questionnaires is clear to us though. One patient's experience in particular does come to mind. Whenever I called him on telephone follow-up he would be very much "yes I'm fine not a problem" and then one day he received his questionnaire via beetroot, and he was more accurate in his responses and he felt that because he wasn't actually having to say the words out loud it prompted him to be able to communicate how he was really feeling. When we looked at his responses we were able to help him with some counselling from our Macmillan counsellors here at the hospital and also our Active for Life programme and exercise rehab programme. He found all that to be greatly beneficial and without that questionnaire he would probably still be feeling very low and not benefitting from all the targeted intervention we were able to provide.

*"but due to the flexibility in beetroot we've now got a pathway available for them as well. I'm sure we'll go on to find other patients and other pathways that will benefit from the time-saving that beetroot offers"*

*CW: We're all interested to see how digital tools can help save time rather than using more of it. What other time-savers have you identified?*

With regards to streamlining our service as a whole we are now using beetroot to monitor our polyp cancer patients that we look after here at Basildon. They've had a curative polypectomy, so while it's not exactly surgery to remove their polyp cancer as it's been taken out via colonoscopy we can still use the system to look after them in the same way that we would do all of our other colorectal patients. Additionally we're now using beetroot for our neuroendocrine tumours that are found in the bowel and also our appendiceal neoplasms that follow a slightly different follow-up, but due to the flexibility in beetroot we've now got a pathway available for them as well. I'm sure we'll go on to find other patients and other pathways that will benefit from the time-saving that beetroot offers.

\* CEA is a biomarker the presence of which at above normal levels indicates the presence of colorectal cancer.



**For more information:**

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