

Introduction

- Blackpool Teaching Hospitals [BTH] NHS Foundation Trust is a large district general – teaching hospital with two tertiary centres [cardiac and haematology] in north-west England.
- Key benefit of outpatient Parenteral antibiotic therapy service are:
 - “Patient choice and satisfaction / quality” while receiving their optimal treatment either in a clinic setting or home
 - Hospital admission avoidance
 - Reduced length of hospital stay
- Futuristic model of commissioning in NHS is aimed at developing patient centred services and taking care closer to patient.
- From a Clinical Commissioning Group [CCG] perspective a service must strike a balance between:
 - Clinical care [closer to patient] & quality
 - Value for tax payer’s money
 - Financial viability of the service
- CCG– acute – primary care have worked collaboratively in developing a very successful community based [IV clinic based within a large primary care centre] OPAT service – as a PILOT, that offers both a CLINIC or HOME intravenous therapy [based on patient’s mobility restrictions].
- COMMIT – COMM**unity/home Intravenous Therapy service is the brand name for the BTH – OPAT services has been a pilot since June 2012 – till date.
- Financial viability: CCG has kept a close watch on this aspect of the service

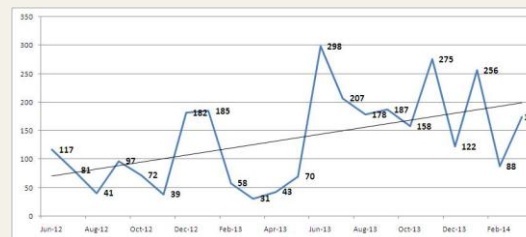
Methods

- MANAGEMENT:**
 - Strategic Committee: This includes CCG Senior Commissioning Manager; Community Nursing Manager; acute hospital manager; lead Microbiologist for OPAT. The committee meets fortnightly to discuss issues around strategy; key performance indicators; challenges; fine tuning of the pilot.
 - Operational Committee: This includes Friday MDT meeting to review all patients on OPAT and operational matters; This meeting is attended by available members of the team. Minimum attendance requires a Microbiologist/physician; a pharmacist; a nurse from COMMIT nursing team.

- Performance and Targets:**
 - The CCG receive data on patients attending COMMIT service each month. This data correlates their health resource groups [HRG]
 - The strategic committee discusses the targets set for admission avoidance and targets for reduced length stay.
 - Patient feedback is received
 - Infection resolution data
 - Financial monitoring:
 - CCG is able to monitor the financial viability of the service from data on cost of delivering the service; HRG based cost avoidance [admissions avoided / reduced length of stay]; cost of consumables including medicines, etc.

Results

- An example of HRG based calculations based on 4-months of calculations from saved admissions and reduced length of stay [extrapolated to annual].
- Admission avoidance is more likely to reflect financial savings while a reduced stay from a ward based patient may actually cost.
- COMMIT [COMMunity/home Intravenous antibiotic Therapy] service – a PILOT, has continued to refine and grow [nursing staff appointments] since its inception in mid – June 2012.
 - The highlights over last 22-months include:
 - 225 patients benefited from COMMIT
 - 2959 bed days saved
 - Oldest patient = 92y old; Longest duration = 121 days
 - Very good – excellent patient feedback
 - Highest – 298 bed days saved in a month
 - Up to 20 patients benefitted in a month
- Graph 1 indicates patient recruitment each month from start of service in Jun12 t- till date [including a trend line]

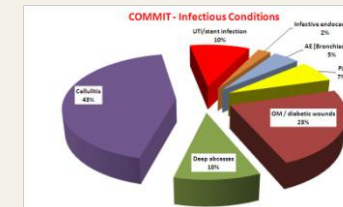


IMAGES

Table with example of HRG based financial calculations – over 4months

Blackpool Teaching Hospitals NHS Foundation Trust		Blackpool Clinical Commissioning Group	
Pilot last 4 months Analysis August – Nov 13			
Average per month		Total Year	
Referrals = 16	GP = 10	Referrals = 192	GP = 120
Acute = 6	Administrations = 319	Acute = 72	Administrations = 3,828
Bed Days = 329	Admissions = 10	Bed Days = 3,948	Admissions = 120
Savings Admissions = £17,000 (Commissioner)	Savings Bed Days = £36,190 (Provider)	Savings Admissions = £204,000 (Commissioner)	Savings Bed Days = £434,280 (Provider)

Pie Chart showing breakup of infectious conditions included within COMMIT



Conclusions

- In an innovative attempt, Blackpool Teaching Hospitals has worked closely with commissioner in setting up OPAT service out of the hospital – in a community clinic located in a large new built primary care centre. This partnership brings the richness and insight of financial viability and a balance.
- Direct GP referral to the OPAT service has been piloted from January 2014.