Establishing a futuristic model of community based outpatient parenteral antibiotic therapy service with a balance of commissioning elements: An acute-commissioner-primary care transformational project in north-west England

Guleri A, Sharma R, Rourke S,
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST, UNITED KINGDOM

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 – COMMunity/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]

Causes

- 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.