Acute Visiting Scheme

"An Innovative Solution
To Reduce Unscheduled Admissions"

Winner NHS Live – Health & Social Care Awards 2009
Winner NHS Alliance Acorn Award for PBC 2007
Highly Commended - HSJ Awards 2007
Highly Commended – NAPC Awards 2009

Dr Shikha Pitalia
Acute Visiting Scheme

The PBC Consortium

The ‘League’
formed in 2006
• 9 practices
• 20 GPs
• 42,000 patients

2008 – ULC
• 25 practices
• 45 GPS
• 104,000 patients
Halton and St Helens PCT had the second highest non-elective admission rate within the SHA.

Service utilization review in North Cheshire Hospital identified 43% of patients admitted could have had their admission avoided had appropriate community based alternatives been available.

“Our Health, Our Care, Our Say” suggests 50 per cent of patients taken to A&E by ambulance could be cared for in the community.
Rapid Access In-hours Acute Visiting Scheme

- Patient phones own surgery requesting an urgent visit
- Immediate telephone consultation with own GP or Nurse
- Triage to assess severity of condition
- Routine
- Practice Visit
- Urgent
- Refer to ‘Scheme’
Core GMS work?  NO!

Patients prefer to see own GP?  NO!

Need access to full medical notes?  NO!
December 2006 - ‘Scheme’ went live within 8 weeks

- Practice makes referral via phone and fax
- Central co-ordination service contacts mobile ‘Scheme’ doctor – could potentially be anywhere
- Visit completed
- Feedback report faxed to referring GP
Reassurance

• Seen quickly ✔️
• Thorough examination ✔️
• Time to ask questions ✔️

PCT’s ‘Listening Event’ confirmed patients want to see most qualified person available
## Critical Success Factors

<table>
<thead>
<tr>
<th></th>
<th>Own GP</th>
<th>‘The Scheme’ Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits done within 30 minutes of request</td>
<td>&lt;5%</td>
<td>43%</td>
</tr>
<tr>
<td>Visits done within 60 minutes of request</td>
<td>&lt;10%</td>
<td>76%</td>
</tr>
<tr>
<td>Average time spent with patient</td>
<td>8 minutes</td>
<td>20 minutes</td>
</tr>
</tbody>
</table>
Acute Visiting Scheme

Performance Review

Number of Admissions by Primary Diagnosis (Aug-Nov 09)

- **Abdominal Pain**: 94, 138, 137
- **Chest Pain**: 119, 179, 170
- **Respiratory Disease**: 214, 254, 289
- **Total of the Above**: 657

**Number of Admissions**

- **ULC**: 605, 445, 619
- **Consortia X**: 1294
- **Consortia Y**: 1294
- **Consortia Z**: 1294

**Percentage Change**

- **Abdominal Pain**:
  - ULC: 89%
  - Consortia X: 161%
  - Consortia Y: 28%
- **Chest Pain**:
  - ULC: 50%
  - Consortia X: 164%
  - Consortia Y: 43%
- **Respiratory Disease**:
  - ULC: 19%
  - Consortia X: 207%
  - Consortia Y: 35%
- **Total of the Above**:
  - ULC: 36%
  - Consortia X: 191%
  - Consortia Y: 39%
Acute Visiting Scheme

Performance Review

Number of Admissions by Primary Diagnosis (Aug-Nov 09) Per 1000 list Size

<table>
<thead>
<tr>
<th>Primary Diagnosis</th>
<th>ULC</th>
<th>Consortia X</th>
<th>Consortia Y</th>
<th>Consortia Z</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>1.72</td>
<td>2.17</td>
<td>2.01</td>
<td>2.16</td>
</tr>
<tr>
<td>Chest Pain</td>
<td>2.17</td>
<td>2.81</td>
<td>2.29</td>
<td>2.69</td>
</tr>
<tr>
<td>Respiratory Disease</td>
<td>3.91</td>
<td>3.99</td>
<td>4.79</td>
<td>4.56</td>
</tr>
<tr>
<td>Total of the Above</td>
<td>7.80</td>
<td>8.96</td>
<td>9.09</td>
<td>9.41</td>
</tr>
</tbody>
</table>

Higher percentages indicate better performance compared to the others.
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Performance Review

Chest Pain Admissions by Consortium (Aug-Nov 09) Per 1000 List Size

ULC: 2.17
Consortia X: 2.81 (29% Higher)
Consortia Y: 2.29 (6% Higher)
Consortia Z: 2.69 (24% Higher)
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Performance Review

Respiratory Disease Admissions by Consortium (Aug-Nov 09) Per 1000 List Size

ULC

Consortia X

Consortia Y

Consortia Z

3.91

3.99

4.79

4.56

2% Higher

23% Higher

17% Higher

United
League
Commissioning
Abdominal Pain Admissions by Consortium (Aug-Nov 09) Per 1000 List Size

ULC

Consortia X

2.17

26%

Higher

Consortia Y

2.01

17%

Higher

Consortia Z

2.16

26%

Higher
Acute Visiting Scheme

Clinical Engagement

• Urgent visits dealt with efficiently
• Improved patient access to see own GP
• A visit referred to ‘AVS’ releases approximately 30 minutes GP time
• Confidence in Practice Based Commissioning
• Support and Enthusiasm for future PBC schemes
Demonstrate savings

Annual cost of scheme is approximately £6 / patient and includes:

- GP
- OOH to coordinate calls
- Vehicle with driver
- Clinical lead to monitor and audit

Avoiding 2 admissions per week for a population of 50,000 patients makes the AVS self-funding (average complex elderly admission costs £2500-3000).
Benefits to Patients

• Improved access at surgery
• Rapid access at home
• Rapid and thorough clinical assessment
• Genuine choice of staying at home
• Reduced hospital admissions & re-admissions
• Reduced risk of contracting hospital acquired infections such as MRSA and C Difficile
• Enhanced experience of primary care

Patient satisfaction survey?

Over 90% of patients satisfied
In 2006, United League Commissioning (ULC), a practice-based commissioning consortium of GP practices, set out to tackle unnecessary hospital admissions in Halton and St Helens. The PCT was found to have the second highest non-elective admission rate in the NHS North West region.

GPs and other clinicians designed the Acute Visiting Scheme, which is delivered by the local out-of-hours co-operative and provides patients with rapid access to GP home visits during surgery hours, allowing them to be seen quickly, receive a thorough examination and have adequate time to ask questions.

The scheme has helped avoid 30% of unscheduled hospital admissions. Annual savings of approximately £1 million have been estimated across a population of 52,000 patients, which will allow investment in new practice-based commissioning schemes to further improve patient care.
Acute Visiting Scheme

Next steps

‘AVS’ supported by
Rt Hon Andy Burnham, MP, Secretary of State for Health
NHS 2010-2015; from good to great
Urgent health care review, Primary Care Foundation
NHS Institute for Innovation
NHS Alliance

‘AVS’ expansion
?Home visits cross-boundaries
Over 50 enquiries from PBC groups and PCTs nationwide
Reduced need to access secondary care for emergencies in-hours
Acute Visiting Scheme
Nationally Acclaimed