Wandsworth Community
Virtual Wards

Helping Patients to be Happy & Healthy At Home

Approaches to Demand Management: Commissioning in a Cold Climate

The Kings Fund: 2nd March 2010

Dr Seth Rankin, GP & Clinical Lead
Introduction

• Background

• What is a Community Virtual Ward & Why Have One

• Patient Selection & Pathway

• Innovations & Challenges

• Is it cost effective?

• Future
Background

- Wandsworth Community Virtual Wards established as a Practice Based Commissioning response to Urgent Care review

- Overwhelming numbers of admissions to St George’s Hospital each winter

- Aim - To reduce emergency hospital admissions by supporting patients in the community - particularly focusing on those with chronic conditions

- Anticipated that costs recouped by savings from admissions prevented
Background

• ‘Virtual Ward’ is an award winning initiative originally created by Dr Geraint Lewis in Croydon PCT

• Many examples being trialled around UK & world

• Designed to replicate the multidisciplinary approach of a hospital ward in the community - to pro-actively manage patients identified as being at risk of admission
  • Community Matron led
Background

- We identified that community nursing services often find it difficult to access GPs
- Funded a full-time GP and an administrator (‘ward clerk’) to support each virtual ward for a 12 month pilot to March 2010
- Unexpected benefits for the whole community team
- Has been very well accepted by patients & staff
- Shows promise of being cost-effective
What is a Community Virtual Ward?

- **Platform** for providing integrated care to people in the community who are most vulnerable to unplanned hospital admissions
  - co-ordinate and optimise social, medical and psychological health

- “Virtual” - Patients remain at home

- “Ward” - Receive case management from MDT ward team
Why have a Community Virtual Ward?

- Poorly integrated, unproductive & non-responsive community services
- Hospitals can be dangerous and expensive
- Patients would (almost invariably) rather be at home
- Drift away from home visiting by GPs
- Care often not equitable
- Doctors & Nurses seem to function better in a team
Why have a Community Virtual Ward?

- To prevent patients being admitted and facilitate discharge...

  - ‘Pull’ patients out of hospitals rather than expect risk averse secondary care to ‘push’

- Safe place to ‘push’ or ‘pull’ patients to
Patient Selection

- A ‘YES’ service
- Patients >18 years of age & vulnerable to admission
  - Includes drug & alcohol, mental health – anyone
- Consent from GP & patient
Patient Selection

- Patients at high risk of admission highlighted by:
  - PARR++ (hoping to use combined risk tool when available in Wandsworth)
  - GP referrals
  - Secondary Care (A&E, MAU, Geriatrics, Sickle Cell etc)
  - Intermediate Care Team
  - Community Nurses
  - Ambulance Services
Patient Selection - Predictive Risk Modelling

- Developed by King’s Fund
- Estimates future risk of admission in next 12 months
- We look at patients >70% risk
- Important for research into effectiveness
- Regression to mean – ‘spike of need’
Patient Pathway for Admission

- Initial (joint) assessment at patients home
- Each patient given:
  - Direct access number to ward
  - “Credit card” with contact details
  - Patient information leaflets
- Care plan agreed with achievable goals
- Patients discharged back to GP when considered to no longer be at risk of admission
Patient Pathway for Ongoing Care

- Regular ongoing follow-up of patient at home
- Patient encouraged to contact CVW when unwell
- St Georges A&E & MAU, LAS & Harmoni encouraged to contact CVW if any patient contact
- GP or CM in-reach to assist with discharge for patients admitted
- Prompt follow-up at home after hospital discharge
Patient Pathway for Ongoing Care

- Weekly multi-disciplinary team meetings
- Daily activity rounds with GP, community matrons & ward clerk
- Information entered directly into GP’s computers via remote access
- Outpatient investigations, visiting schedules & information flow between all services co-ordinated by ward clerk
Patient Numbers

- 4 community virtual wards
- Average CVW catchment population 60,000 patients
- Catchment area population = 254,000
  - Currently 127 patients on the wards
  - Capacity estimated 200-300 patients
- 32 patients discharged
- 11 patients died
Case example 1

- 60yr old male - Cerebellar Stroke Dec 08
  - Balance & co-ordination difficulties
  - Social isolation
  - Multiple morbidities
- 10+ admissions in previous 6 months
  - Identified by GP & PARR++
- Admitted on virtual ward June 09
  - Regular planned & unplanned visits at home
  - Input of services arranged (e.g., DNs help with insulin, WATCH alarm, FLASH, shopmobility)

- 2 admissions since June – one on weekend and one ‘massive haemorrhagic encephalopathy’
Case Example 2

- 40 year old brittle asthmatic
  - Non-compliant with inhalers when at home
  - Smoker
  - Socially isolated/ depressed
  - Not accessing GP services

- 5+ hospital admissions Jan-July 09
- Admitted to virtual ward (PARR) July 09
  - Regular home monitoring of asthma & medication compliance
  - Psychological therapy for depression
  - Smoking cessation clinic

✓ No admissions since July 09
Feedback/Comments

- Patients & Family

✓ Patient CL’s wife:
  ‘very happy with the service provided. It has really made a difference to us, not just in better health but also in sorting out outpatient appointments, booking transport and being able to take blood samples at home’

✓ Patient TF:
  ‘normally I would have called 999 for an ambulance but the doctor came out, prescribed a 3 day course of steroids and I didn’t have to go to hospital’.
‘...it has surpassed my expectations...having a GP on the team has helped me to develop clinically...I can get timely advice about my patients or get them seen instead of having to chase their GPs who...can be difficult to contact....The administrative support has helped significantly with how efficiently I work and means that I can spend more time with patients. Having the support of both the GP and Ward Clerk has positively impacted on my working life as I do not feel isolated...my role as a community matron involves dealing with very complex health and social care issues which can be very stressful...’
Dr Ann A Phillips: GP Southfields

‘I have found the Virtual Ward to be of great benefit to our patients with complex needs and vulnerable to readmission to hospital. This is my considered opinion and I know that other colleagues in our Practice have also appreciated the high standard of care and support that the Virtual Ward has provided. In view of the particular facility offered by the Virtual Ward I would like to support it continuing as an integral part of our Primary Care Team’.
'The virtual ward provides a positive forum and opportunity to improve and build on positive professional relationships and assist in our joint working. I believe it is mutually supportive in approach and it is informative in helping each of us to understand how the different agencies represented at the meetings are organised, their different pressures and from which perspective we approach our work. This in turn assists us in working more productively together for the benefit of the service users we serve'.
Feedback/Comments

Carmen Martin-Marero: St George’s Consultant AMU/Acute Medicine for the Elderly

‘St George’s Trust is very keen on the further development of our links with the Community Virtual Ward, not only to facilitate appropriate safe discharges from the hospital into the community, but also we recognise the importance and great potential of your Virtual Ward in admissions avoidance, yet safe management in the community setting of patients with chronic conditions’.
Communication Innovations

GPs
• Remote access to practice computer patient records systems

St George’s Hospital
• Message alert on St George’s A&E computers
• GPvw & Community Matrons in-reach into St George’s

OOH’s & Ambulance Services
• Web access to OOH special patient notes.
• Pot-in-fridge scheme so ambulance can contact CVW.
Challenges

- IT & Prescribing
- Awareness in both primary & secondary care
- Getting everyone to come to MDT meetings
- GPs & Practice Managers
- Community nursing services
- Patients
Potential Problems

- Over-servicing

- GPvw role
  - more management than clinical
  - Primarily chronic & palliative conditions are stressful

- Paying both GPs & GPvws to do the same thing

- Changing roles & relationships for DNs and CMs

- HR - Sickness & Staffing levels
Potential Problems

- Productivity when working in isolation
- Drift towards complicated referral forms & systems - a ‘No’ service
- Change of tariff so no longer affordable
- Being subsumed by secondary care – different cultures & attitude to risk
- Creating a separate entity which can then be ‘stripped’ from primary care
Evaluation

Qualitative Research
• patients & health professionals
✓ overwhelmingly positive

Quantitative Analysis (ongoing)
• Monthly report re admissions prevented matched against average tariff for condition

Formal evaluation comparing Wandsworth CVW, 2 other Virtual Wards and a Control population
• Nuffield Trust arranging robust assessment of effectiveness of virtual ward approach commencing in 2010
Do the costs add up??

- Not sure yet

- Total set-up costs for 4 x CVW for 1 year
  = £600,000

- Ongoing costs per CVW (GP, ward clerk, IT, admin)
  = £130,000 per year

- Costs of the CVW project recovered from admissions saved in Sept, Oct, Nov & Dec 2009
How we have worked the costs out

Savings classified as:

- Avoided A&E attendance (including conveyance by LAS)
- Avoided non-elective short stay admission (<under 48hrs)
- Avoided non-elective spell (>over 48hrs and up to trimpoint)
- Minimizing excess bed days
- Reducing re-admissions within 14 days

Patients classified according to 24 HRG codes - National PBR Tariff
How we have worked the costs out

- GPvw’s assess patient’s conditions according to HRG codes
- Empirical evidence of admissions saved – patient comments and GP experience of what they would have otherwise admitted
- Peer reviewed by secondary care
- Looking forward to more robust analysis
The Figures

Attendances / Admissions avoided (excludes possible savings from excess bed days):

- April – September 20th (5 month period)  
  = £40,128
- September 21st – October 20th  
  = £34,000
- October 21st – November 20th  
  = £66,394
- November 21st – December 20th  
  = £44,000
Why we think it may work

- GPvw’s provide support for clinical uncertainty & training

- GPvw’s provide leadership & solutions
  - Medicine & Nursing professions are trained to work together and need each other’s skills to be effective

- Timely response to medical and social needs and ability to initiate care requiring ongoing monitoring

- Administrative support to co-ordinate outpatient investigations
Why we think it may work

- Continuity of care
- Integrating Health & Social Services
- MDT environment improves individual staff productivity
- Accessibility for patients & providers
- Patient Education

Need another 1-2 years to fully evaluate
Future

- Adding an acute visiting GP to CVW
  - CVW is acute visiting service for admitted patients – not enough resource to cover patients not previously identified as at risk
  - WHeISP pilot by Dr Peter Ilves in Roehampton just commenced – will be fully integrated with the CVW

- Further integration with Intermediate Care Team to provide full 24 hour cover

- Integrate & expand Telehealth solutions

- CVWs commissioned as complete package of community care – a new way to organise community services
Imagine

Community Services that are:

• Trusted by patients, GPs & hospitals

• Fully integrated - social & health services

• Able to respond in a timely way to acutely ill patients

• Able to continue the care of the most vulnerable in a multidisciplinary team

• Cost effective
Thanks to:

- NHS Wandsworth
- Dr Geraint Lewis, Nuffield Trust
- Graham Mackenzie, Director of Commissioning, NHS Wandsworth
- Andrew McMylor, Associate Director of Community Services & Personalised Care, NHS Wandsworth
- Deborah Hoadley, PBC Management Lead for Battersea
- The GPveedub’s:
  - Dr Iram Sattar, Dr Heather Watson, Dr Sapna Amin, Dr Michelle Best
- Community Matrons & other nursing services
- Wandsworth Social Services