Surrey and Sussex NHS
Healthcare NHS Trust

Clinical presentation

28th January 2016

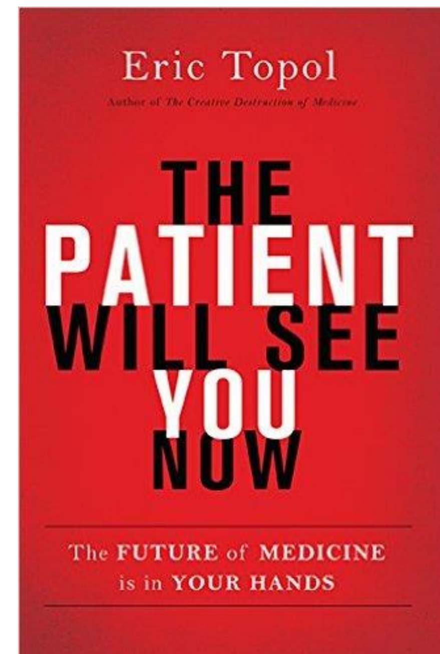
Dr Ansari

Putting people first
Delivering excellent, accessible healthcare

The Patient Will See You Now

Medicine's "Gutenberg moment."

Digitised and Democratized



Obstacles and objectives

Kings Fund co-ordinated care

- patients engaged in decisions about their care
- supported self-management
- prevention, early diagnosis and intervention
- emotional, psychological and practical support

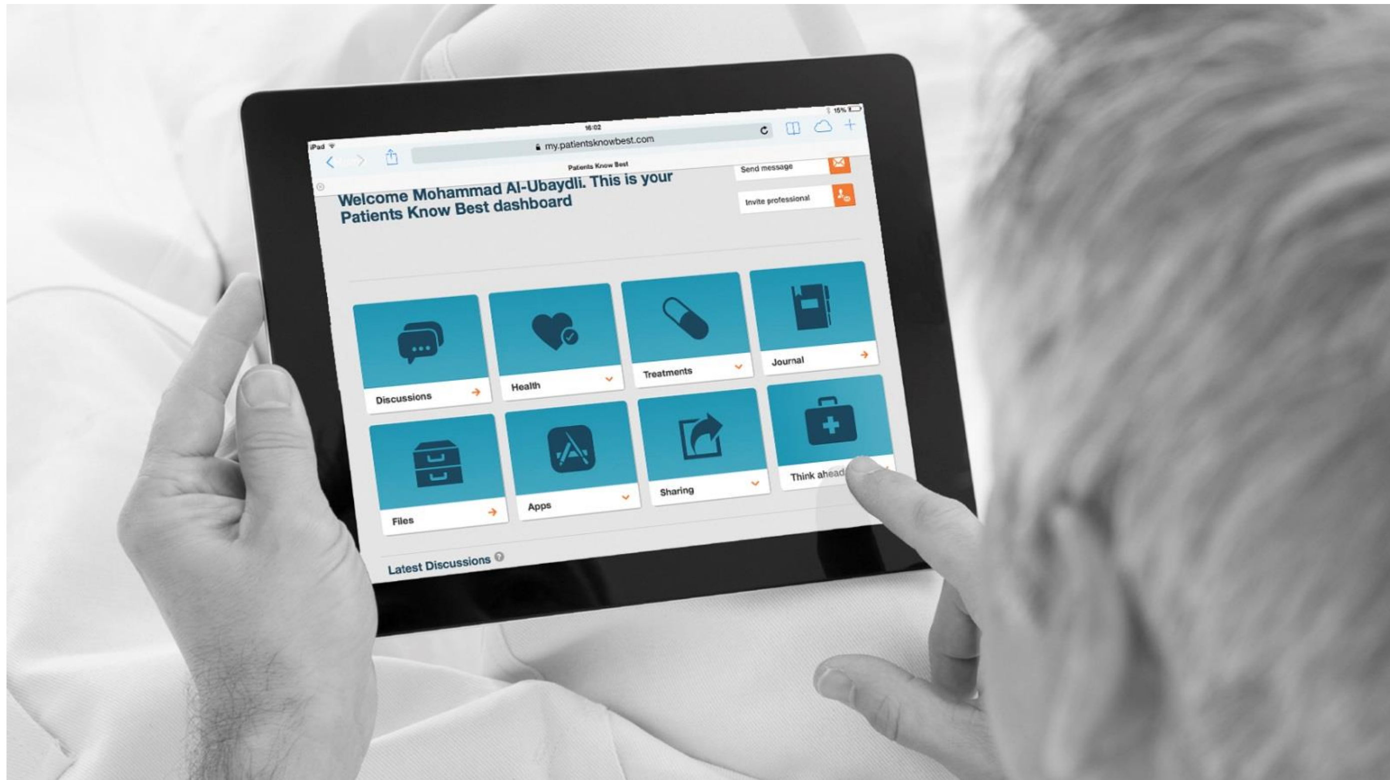
Case 1

- 23 year old recurrent bouts of ulcerative colitis
- X6 courses of steroids/ 2 years + x3 Hospitalisations
- Weight gain/diabetes/bruised skin
- Social isolation
- Fear about loosing employment
- X 2 Hospital OPD DNA's
- Moved to ESH area- picked up by IBD service

New Colitics: 90 year olds

- Mr JD 91ys x3 hospitalisations with a steroid dependent flares of UC
- Mr J: 89 severe diarrhoea- severe UC diagnosed

Patient Management System
Patient Knows Best (PKB)

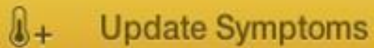


PKB

Home | Discussions | Health | Monitoring | Plans | Journal | Files | Apps | Team

Symptoms | Measurements | Laboratory | Imaging | Audio

My Symptoms



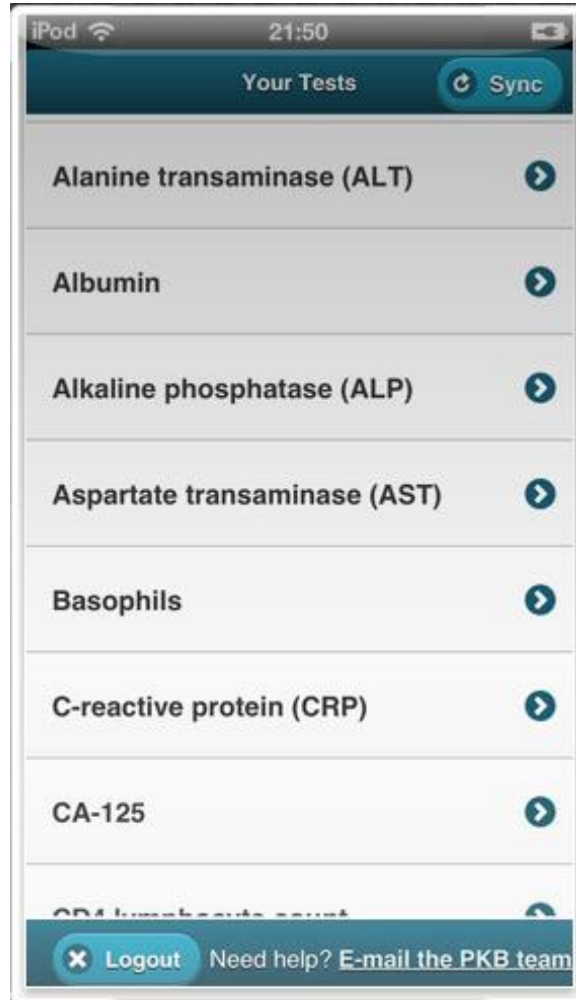
Symptom | 1 Jun 2013

- Bloating
- Blood in stools
- Constipation
- Diarrhoea
- Faecal incontinence
- General wellbeing
- Mucus in stools
- Nausea (feeling sick)
- Rectal bleeding
- Stomach ache (abdominal pain)
- Stool frequency
- Tired (fatigue)
- Urgency (needing the toilet urgently)

None | Mild | Moderate | Severe

1 Month | 6 Months | 1 Year

Patient knows best



Automatic upload of data

Patient knows best

Scales (£70), thermometer (£11), blood pressure (£47-110) and glucose meter (£25-£60)

Initiatives for success

- Personalised web site
- Secure and safe
- Instant symptomatic assessment
- Instant management advice is possible
- Direct alert system to the IBD Team
- Library of advice leaflets
- Direct portal of access to the hospital specialists
- Access - worldwide
- Integration with hospital results system
- iPhone and Android apps
- Patients are transferred to remote community care, with specialist overview - NOT discharged

Patient Benefits

Improve

- Patient satisfaction
- Disease monitoring and instant notification
- Empower patients
- Confidence and knowledge to self manage
- Access to specialist advice

Reduce

- Negative impact on work and normal activity
- Flare ups
- Opportunistic infection rate
- IBD complications rate
- Demand on outpatients
- Hospital attendance and admission

Clinical and service benefits

Improve

- Patient satisfaction surveys
- Quality standards
- Overview of community management
- Access to specialist advice
- Auditing and research
- Develop a competitive IBD Service

Reduce

- Demand on and waiting times for outpatient appointments and endoscopy
- Reduce workload by automating testing
- Reduce workload of immunity and vaccination screening
- Overall morbidity and mortality

CCG and financial benefits

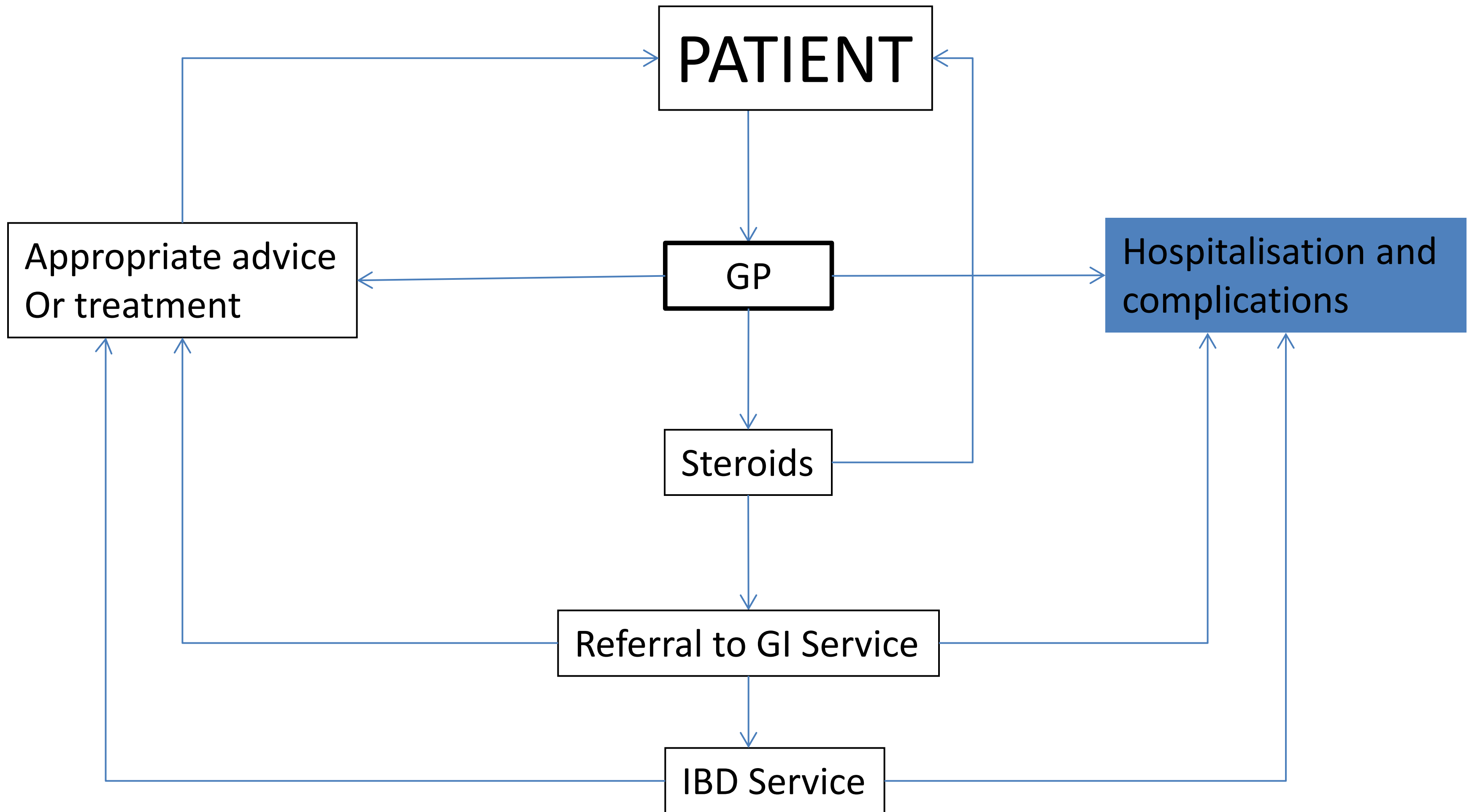
Improve

- GP vaccination targets
- Specialist Led support

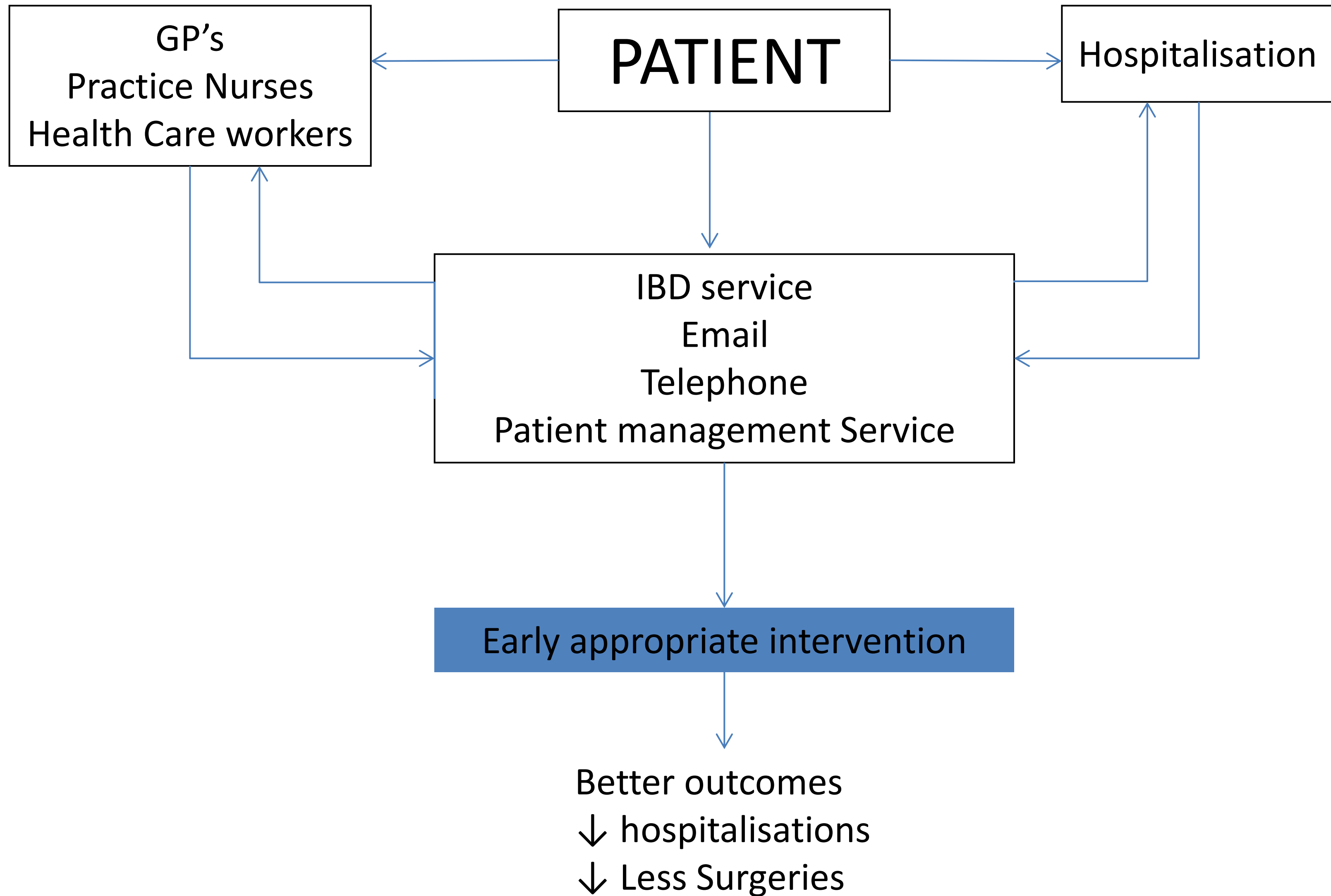
Reduce

- Outpatient clinic visits
- Unnecessary colonoscopies
- Unnecessary X-ray procedures
- GP clinic visits
- Hospital admissions
- Surgical interventions

Usual practice



Transformation



Improvements

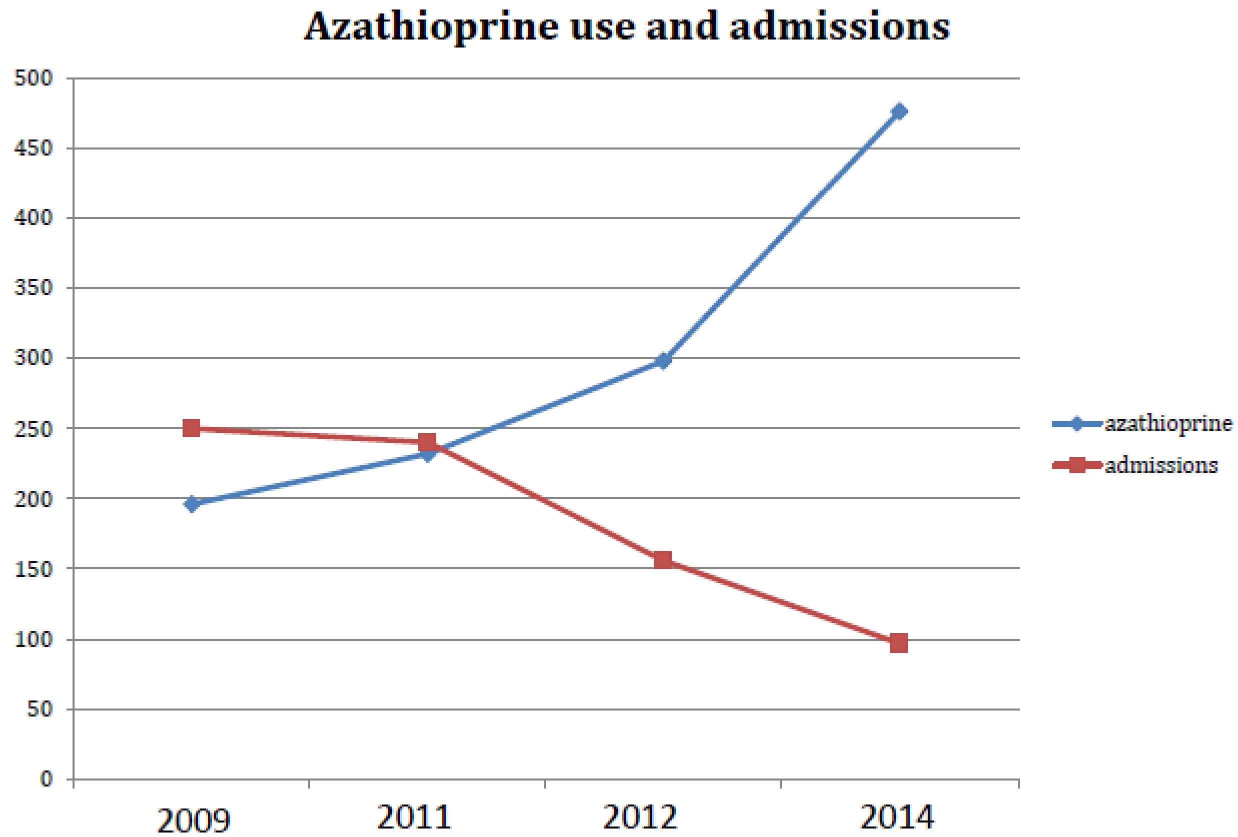
- Patient support structures: Email, telephone, patient management software
- Improved and increased use of immunosuppressive combating severe disease
- Multidisciplinary service with good communication between clinicians
- Shared care, rapid referral pathways
- Patient Pathways

IBD Service: Examples of improvements

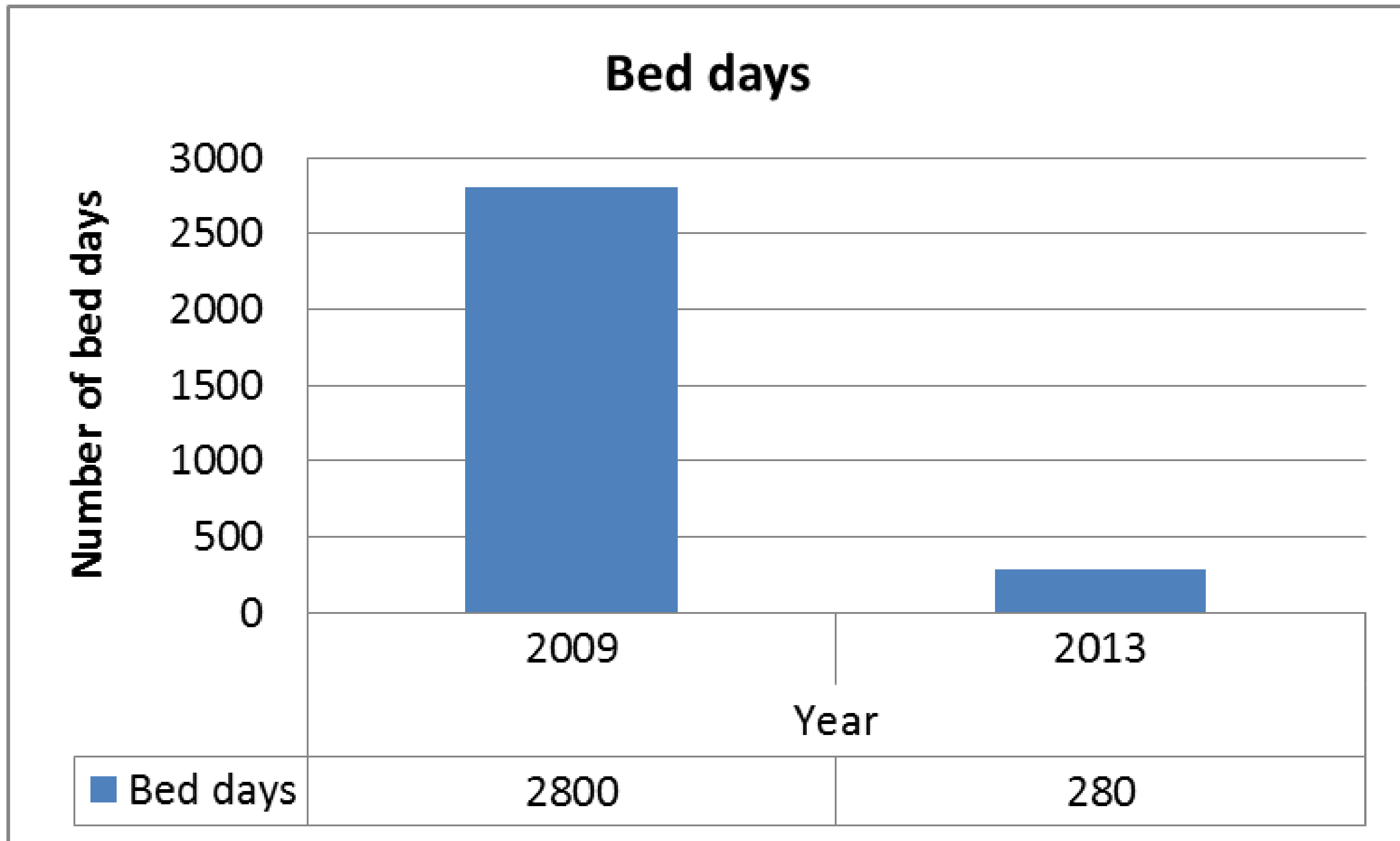
Increased patient centred support: early detection

- 3500-4,000 non face to face contacts: Patients satisfied
- Reduced Costly Hospitalisations: UK wide Ulcerative colitis Audit: 2720 bed days saved
- Reduced need for high cost drugs: £ 3 million/yr
- Clinicians feel safer starting potentially toxic therapies
- Patients perceive this confidence

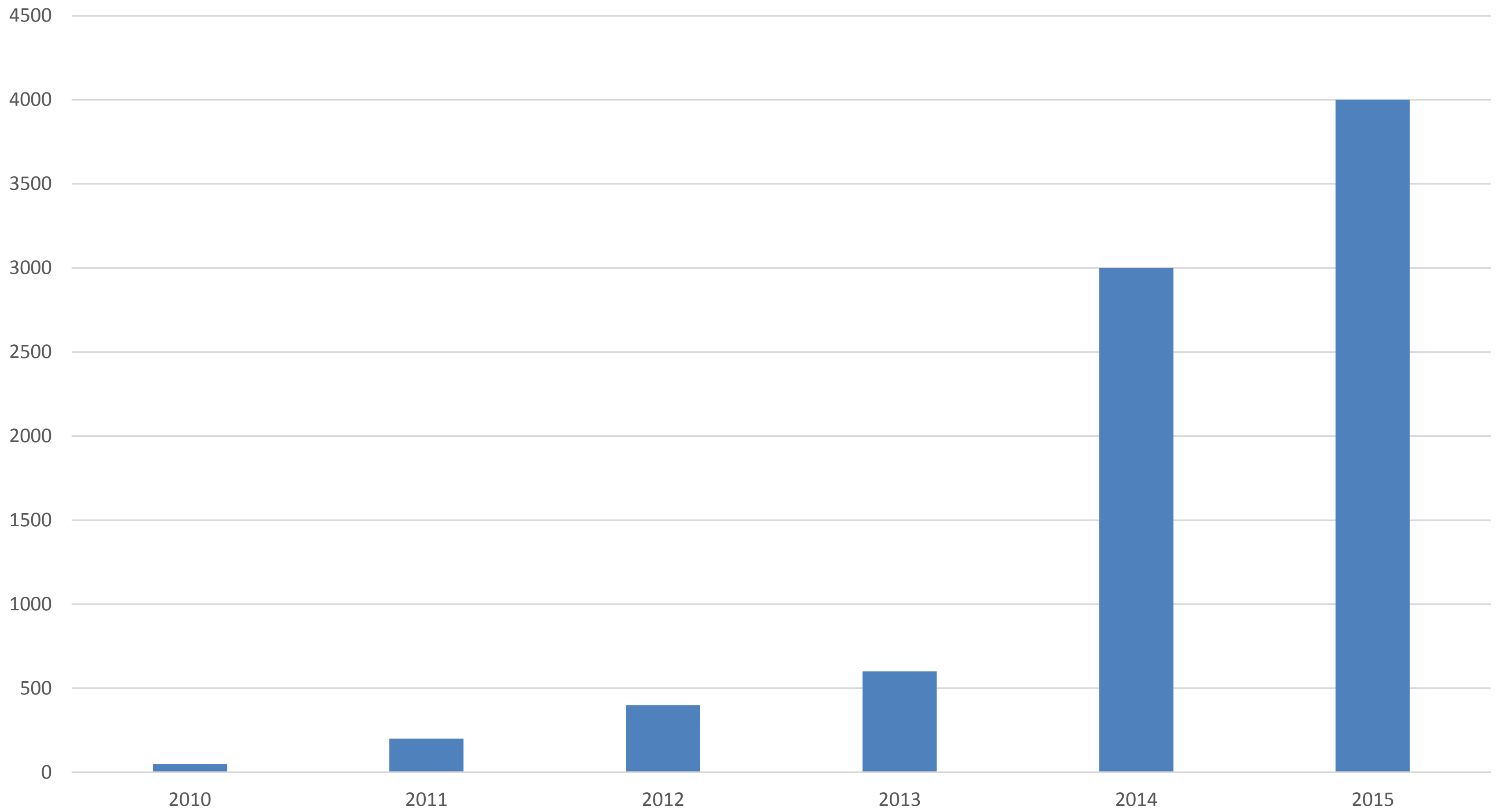
Aza use and admission



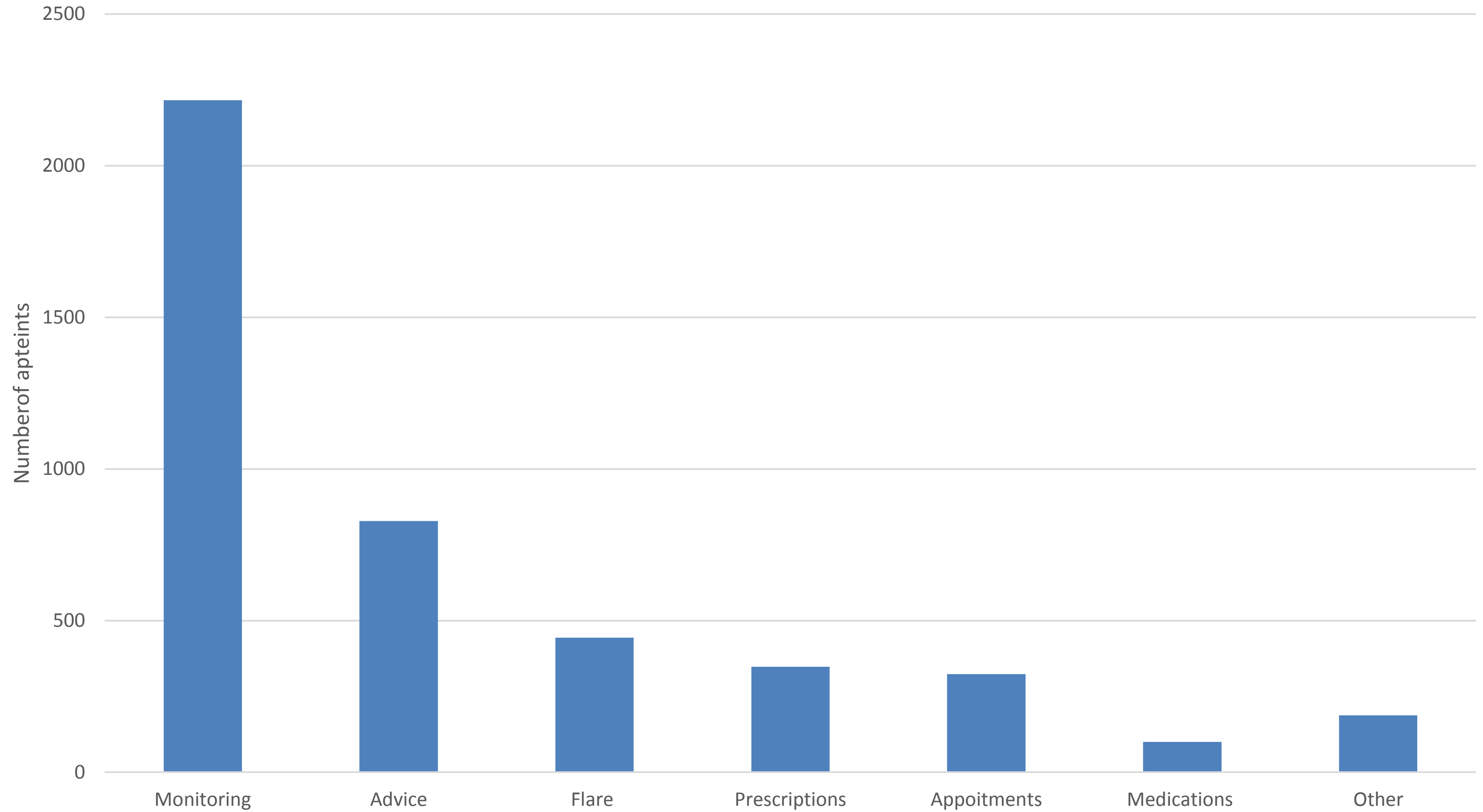
Admissions ulcerative Colitis



Telephone and Email



Telephone and Email workflow



Conclusion

- Benefits: patient and economic
- Stresses all conventional NHS structures
- Resourcing: Falls outside usual mechanisms
- Service redesign achieved for IBD: transferable to other specialities
- SASH experience: Great interest to commissioners and clinicians nationally
- Academic opportunities
- Resource gap needs to be bridged if service is to continue