

Delivering Healthy Ambitions Better for Less



Overview.

E-consultations can dramatically reduce the cost of caring for diabetes patients whilst providing a high quality and more convenient service for patients.

Why diabetes?

We currently have over 220,000 people registered with diabetes across Yorkshire and the Humber. This figure is projected to rise to over 350,000 in the next ten years¹.

Across Yorkshire and the Humber we spent around £100m on diabetes services² in 2007-08, and this figure is likely to rise significantly as diabetes prevalence increases.

Healthy Ambitions identified diabetes as an “an area of concern”, prevalence in our region is set to increase substantially in the next 3 years and as a chronic and progressive disease it has an impact on almost every aspect of life.

Emergency admissions due to diabetic comas are twice as high in some areas of Y&H compared to others. There is also variation in lower limb amputations between PCTs.

Healthy Ambitions pledged to “halve the number of preventable admissions from diabetes”.

What is the challenge?

Currently patients with diabetes who require more than standard advice (for example those requiring insulin) are referred to secondary care for a consultant opinion. Paper based referrals to secondary care can be slow, inconvenient for patients, clinicians often lack the information they need and referrals are costly for taxpayers (£260 for a first outpatient appointment).

How could we provide better care for less?

A patient record shared between primary and secondary care enables rapid e-consultation between a GP seeking specialist advice on a patient and the diabetologist (usually secondary care based).

How much could we save?

If diabetes prevalence increases as predicted in Yorkshire and the Humber, by 2014/15 we would expect the savings from implementing the e-consultation approach to be between £20m and £25m across our Primary Care Trusts.

¹ Projection produced by YHPHO based on QOF prevalence data
² 2007-2008 Programme budget spend for programme 4a services

The e-consultation model



- 1 Patient presents to GP with diabetes (new or existing patient) – GP requires specialist advice
- 2 GP requests e-consultation from specialist
- 3 Specialist offers advice, using shared patient record within 24 hours
- 4 GP communicates advice back to patient and takes appropriate action

Benefits of e-consultation

Patient benefits

Reduction in hospital visits and consultations. Results are returned promptly to the GP who then communicates them to the patient and appropriate action is taken (e.g. putting the patient on insulin). If hospital visits reduce there may be benefits for other family members, who no longer need to take leave from their own place of work to transport or accompany their relative to / from clinic.

Quality benefits

Consultants have access to a full patient record, including details of all medication, tests and other relevant information. GPs have rapid one to one access to specialist opinion and advice. Decisions can be more easily made on borderline or difficult cases resulting in a reduction in inappropriate consultations and hospital visits.

Efficiency benefits

Savings are significant, driven by the differing unit cost between first outpatient appointments and the e-consultation tariff, and the reduction in volume of follow up appointments (first to follow up appointment ratios are very high for diabetes – up to 1:16 in one Yorks and Humber PCT). There are further benefits to be accrued in the diabetes pathway from reduced ambulance journeys and the possibility of fewer emergency admissions.

Evidence

Airedale Hospital Trust originally piloted e-consultations for diabetes; this was done as part of the first implementation of the SystemOne electronic health record product and was therefore not a main focus of the work. However, feedback suggested that as many as 75% of cases currently being referred could in future be eligible for e-consultation, providing the overall health system is able to manage such a shift in referral patterns. Feedback from primary care clinicians regarding the value of e-opinion services was very positive.

More recently, Bradford Hospitals NHS Foundation Trust have undertaken a structured pilot of e-consultations for chronic kidney disease. Use of the model described in this paper resulted in a 50% reduction in outpatient appointments.

Financial benefits

As well as the quality benefits, there are also potentially significant financial benefits to be generated from keeping people out of hospital outpatients for diabetes and managing them through e-consultations.

At present, some health economies manage diabetes through hospital outpatient services. There are significant volumes of outpatient appointments, and a known range in first to follow up ratios from 1:6 to greater than 1:16, with each initial outpatient appointment costing £260 and follow ups costing £92.

Experts believe that up to 75% of diabetes cases can be managed through e-consultations and the patients practice, without the need for an outpatient appointment. Where the e-consultation approach has been developed in Bradford and Airedale, a local tariff has been agreed (a national non-mandatory tariff of £23 exists for non-face to face consultations), which is significantly lower than a first outpatient appointment.

A range of potential savings have been modelled varying from the 'do nothing' to '90% e-consultation' scenarios illustrated for a Yorks and Humber PCT. (see graph below)

As GPs increasingly manage patients with diabetes more closely and can obtain specialist advice from diabetologists through the e-consultation process, there is a significantly reduced need for follow up outpatients appointments.

In a 'typical' Yorks and Humber PCT with average prevalence (c.14k) could expect the savings through reduced demand for first and follow-up outpatient appointments to be £1.1m per year. This saving will increase as diabetes prevalence increases, as predicted, over coming years. An estimated saving, based on a health economy with a projected diabetes prevalence of 35,000 by 2014-15, could be in the region of £2.8m.

This modelling doesn't take account of the additional potential savings across the diabetes pathway, for example from reducing numbers of ambulance journeys, and fewer emergency admissions.

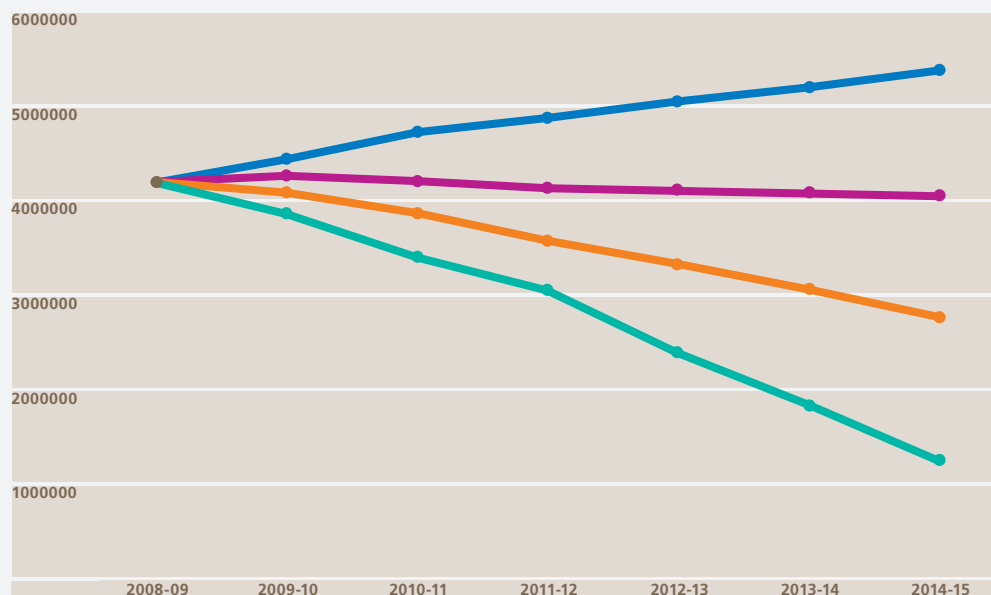
What needs to happen?

- E-consultation can be implemented in any health community with an integrated system that allows patient records to be shared between primary and secondary care. A majority of the region's GP practices will have such a system this year. NPfIT support is available for those without integrated systems.
- Implications for providers need to be fully discussed and properly managed – including changing clinical working practices and reducing capacity in the trust to realise savings.
- Local negotiation between PCT and provider is required to agree a primary care tariff for e-consultations. A non-mandatory national tariff of £23 for non-face to face consultations also exists

Other long term conditions

E-consultation has been piloted for diabetes and chronic kidney disease but the same approach could potentially be applied to a variety of other long-term conditions (e.g. CHD, epilepsy, COPD), although e-consultation may not be appropriate in all cases.

Cost Comparisons – E consultation Scenarios (08–09 prices)



Key contacts

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