

# Virtual Ward - Dudley

Derek Hunter

Urgent Care Lead Dudley

# Issues

- High attendances at Accident and Emergency
- Non elective admissions
- Cohort of patients causing high proportion of demand

# Dudley Response

- To look at Virtual Ward
- Set up 8 teams in Dudley each with case load
- 25% of patients clinical decision 75% risk score
- Admin support seen as key

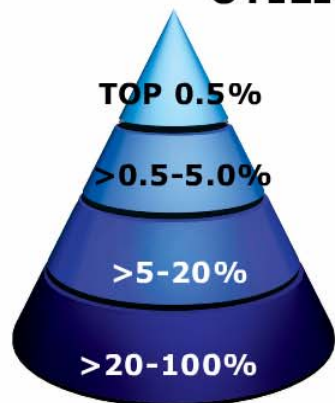


Help Patients: **All Patients** Select practice: all

Close

## UTILISATION RATES PER 1000 PATIENTS WITHIN RISK SEGMENT

Based on risk scores as of 30Jun2008  
Activity for period of 01Jul2007-30Jun2008



	Patients	%Female	ALOS	Any IP admissions per 1000 <sup>1)</sup>	Emergency IP admissions per 1000 <sup>2)</sup>	OP visits per 1000 <sup>3)</sup>	AE visits per 1000 <sup>4)</sup>
<b>OVERALL RATE</b>	195895	50%	4.3	150	91	878	181
<b>RISK SEGMENT RATE</b>	9790	58%	6.3	1190	913	4896	957

<b>NON-LTC PATIENTS</b>	4440	62%	6.1	1447	1090	5389	1134
<b>LTC PATIENTS</b>	5350	54%	6.6	976	765	4486	810
<b>PATIENTS w COMORBS</b>	1958	48%	7.2	967	799	4258	783

<b>ASTHMA PATIENTS</b>	1773	64%	5.1	928	716	4206	875
<b>CHD PATIENTS</b>	2402	46%	6.6	1013	811	4505	773
<b>CHF PATIENTS</b>	757	51%	7.4	1030	849	4400	819
<b>COPD PATIENTS</b>	1115	46%	6.5	966	816	3863	892
<b>DIABETES PATIENTS</b>	1887	51%	7.9	951	749	4898	741

1) includes maternity  
2) excludes maternity

3) includes first and follow up attendance  
4) includes only 1 attendance per patient per day



Help

Patients:

All Patients

Select practice:

all

Close

Total population 195895

LTC patients 26950

LTC prevalence 13.76%



■ ASTHMA  
 ■ CHD  
 ■ CHF  
 ■ COPD  
 ■ DIABETES  
 ■ 2+LTC

 Data as of  
 30Jun2008

**DIABETES PATIENTS**

4.5% of population

ASTHMA	COPD	CHD	CHF	2+LTC	PATIENTS	%
					5889	67.3 %
		X		X	1394	15.9 %
X				X	536	6.1 %
		X	X	X	187	2.1 %
	X			X	166	1.9 %
X		X		X	159	1.8 %
			X	X	119	1.4 %
	X	X		X	81	0.9 %
X	X			X	80	0.9 %
X	X	X		X	34	0.4 %
	X	X	X	X	25	0.3 %
X		X	X	X	21	0.2 %
X			X	X	19	0.2 %
X	X	X	X	X	13	0.1 %
X	X		X	X	11	0.1 %
	X		X	X	10	0.1 %

# Dudley Experience

- Pilot in 6,000 Practice population, later with smaller 2,000 pop Practice
- Pilot for a year
- Results encouraging but with Winter Pressures health economy desire for “immediate” roll out

# Dudley Experience 2

- Roll out from October 2010 – January 2011
- Admin staff not in place until later
- Standard Operating Procedure drawn up (with provider involvement)

# Benefits

- Better idea as to who is being seen with an idea of the “needs” of that patient
- Start of a discussion on level of risk and who is dealing with what
- Moved on from contacts edging to outcomes



# Impact

	End Dec 2010	End Jan 2011	End Feb 2011	End Mar 2011	End Apr 2011	End May 2011	End June 2011	End July 2011
Patients on Virtual Ward	831	1328	1426	1408	1475	1679	1685	1824
Days on Virtual Ward		28804	40025	43991	43288	45604	47867	53116
Admissions on Discharge Date	230	225	181	200	154	181	167	187
Admissions on per 1000 days		7.81	4.52	4.55	3.56	3.97	3.49	3.52

# Issues

- Information time to manage – not only run lists but preferences i.e. exclude chemotherapy, renal, etc.
- Deaths
- Mental Health

# Issues 2

- Timeliness: 5 week delay in secondary care data
- Larger population better
- Lot of work to get support for introduction, data sharing, etc.

## ED Frequent Attenders from DGFT Dudley PCT Resp patients

					A&E Attendances								Emergency Admissions			
												A&E SUS dataset	A&E Daily Data set			
NHS	Practice	Age	Risk Aug 11	VW	Apr	May	Jun	Jul	Aug	Grand Total	LTC	AE Diag	Incident type	Discharge date	Primary Diagnosis	Comments
		58	2.74	Not on VW			2	3		5		4	3 falls, Ingestion	06/07/2011	Mental & behav dis due to use of alcohol: acute intoxication	
		61	7.58	Not on VW	3	1	4	6	6	20	Asthma	Psychiatric conditions + Poisoning including alcohol	INGESTION (+ ALCOHOL)	24/07/2011	Other symptoms and signs involving emotional state	
		53	4.48	Not on VW		2	2	5	6	15		Gastro + blank	DIFFICULTY BREATHING	02/07/2011	Chest pain, unspecified	
		26	1.65	Not on VW				4		4		blank	GYNAECOLOGY, Medical Other	No Admissions		Out patient Viability Scan Aug
		39	1.97	Not on VW			1	6	4	11	Depression	blank	DELIBERATE SELF HARM, INGESTION (+ ALCOHOL), PSYCHIATRIC	24/07/2011	Poisoning by other antiepileptic and sedative-hypnotic drug	
		25	1.26	Not on VW		1		4		5		4?	CHEST PAIN, MEDICAL OTHER	12/07/2011	Urinary tract infection, site not specified	
		27	4.61	Not on VW	1	1	2	5		9		Gastro+ Unknown	UROLOGY, MEDICAL OTHER	20/07/2011	Unspec comp genitourinary prosth dev implant & graft	
		20	2.56	Not on VW			1	6		7		Gastro	MEDICAL OTHER	15/07/2011	Haematemesis	
		21	3.04	Not on VW		1		4		5		Unknown	MEDICAL OTHER	21/07/2011	Other and unspecified abdominal pain	

# Frequent Service User

- How define
- Many have low risk scores
- Complex issues involving social care, mental health, etc.

# Way Ahead 1

- Still use BUPA tool but
- Use Frequent Service User criteria (i.e. 6 calls or more a month to WMAS, 3 or more attendances at ED in a month)
- Clinical Judgement
- Length of stay on Virtual Ward
- Link to mental health/social care services

# Way Ahead 2

- Aim to have reduction/stable NEL/NELST compared to 11/12
- Dudley Group meet un planned re attendance indicator and less readmissions
- Frequent service User demand down for WMAS

# Thank You

- Questions ?