

COLLABORATION FOR LEADERSHIP IN APPLIED HEALTH RESEARCH AND CARE SOUTH WEST PENINSULA (PENCLAHRC)

Case Studies Showcasing the Value of CLAHRC Funding 1 January 2014 to 31 March 2015

3. Patient-Initiated Clinics

The typical model of provision for people with long-term conditions is that they are managed in secondary care and seen on a regular basis by their specialist. These appointments are generally set in advance and patients will thus often be seen when they are well and not experiencing any particular problems. Conversely, when a patient needs to see the specialist team due to a 'flare-up' of their condition they have limited options and the system struggles to respond in a timely fashion. In both situations there is a clear mismatch between patient need and clinical provision.

Patient-initiated clinics (PIC) are an alternative approach to follow-up that are more person-centred and potentially less resource intensive. A number of projects to evaluate the effects of PIC have been undertaken within PenCLAHRC:

- (a) Two published systematic reviews undertaken by our Evidence Synthesis Team compared service-led, routine specialist follow-up with PIC for people with long-term conditions and found the latter resulted in greater patient and clinician satisfaction, were safe, and had reduced healthcare resource use. We are now undertaking a Cochrane Review of PIC
- (b) We are evaluating the implementation of PIC for people with Rheumatoid Arthritis (RA) at Plymouth Hospitals NHS Trust. Instead of having regular reviews patients contact the team via a specialist nurse-led telephone advice line and can access a face-to-face appointment within ten working days. Before transferring onto PIC, patients attended an education session about the new system. Compared with the regular review system, patients found PIC to be more accessible and convenient, found the nurse specialist easy to contact, and we more satisfied; they also had fewer GP visits. Over a twelve-month period, PIC is similar in cost to regular follow-up. Interviews with staff and patients found that the education sessions gave patients confidence to use PIC, that patients could be seen when they needed to be, and that unnecessary appointments were avoided.

"...I've got to catch two buses which takes about an hour and a half to see a consultant for about 5 minutes, which in my estimation is a complete waste of time unless there is something wrong with me" (PIC RA patient)

"...I do feel empowered ... because you have control of saying 'well actually I am not very well I need to see someone'" (PIC RA patient).

- (c) To date over 450 patients are on the PIC model of follow-up. To help expand the model to all eligible RA patients we are undertaking modelling work to identify bottlenecks in the rheumatology service and to estimate the effects of theoretical 'what-if' scenarios that can be assessed ahead of implementation in order to improve efficiency and patient outcomes
- (d) Additional funding is enabling us to expand this work to other specialities (described below in 'what happened next').

Outputs

- Paudyal P, Perry M, Child S, Gericke CA. Evaluation of a patient initiated review system in rheumatoid arthritis; an implementation trial protocol. *BMC Musculoskeletal Disorders* 2012. 13:20.
- Whear R, Abdul-Rahman A, Boddy K, Thompson Coon J, Perry M, Stein K. Patient Initiated Clinics in patients with chronic or recurrent conditions managed in the secondary care setting, cost and effectiveness outcomes: a systematic review. *BMC Health Services Research* 2013, 13:501.
- Whear R, Abdul-Rahman A, Boddy K, Thompson Coon J, Perry M, Stein K. The clinical effectiveness of patient-initiated clinics for patients with chronic or recurrent conditions managed in secondary care: a systematic review. *PLOS One* 2013; 8(10) e74774.
- Child S, Goodwin VA, Perry MG, Gericke C, Byng R. Implementing a patient-initiated review system in Rheumatoid Arthritis: a qualitative evaluation. *BMC Health Services Research* 2015: 15:157

Conference Presentations

- Whear R, Abdul-Rahman A, Thompson Coon J, Boddy K, Perry M, Stein, K. The acceptability of patient initiated clinics for patients with chronic or recurrent conditions managed in the secondary care setting: a systematic review. Paper presented at Health Technology Assessment International Conference, June 2012.
- Paudyal P, Perry M, Child S, Bhatt R, Gericke, CA. Evaluation of a patient initiated review system in rheumatoid arthritis; an implementation trial protocol. Poster presented at PHNT Research Conference, September 2012.
- Goodwin VA, Child S, Perry M, Gericke C, Byng R. Implementing patient-initiated clinics for people with rheumatoid arthritis: a qualitative evaluation. Poster presented at PHNT Research Conference, September 2014.

Future outputs

- Kieft E, Goodwin VA. Developing a Toolkit for Implementing Patient-initiated Clinics (PICs) for patients with long term conditions in order to increase effectiveness and efficiency in secondary care (Publication)
- Modelling rheumatology bottlenecks to facilitate the rollout of PIC (Publication)

CONTRIBUTION OF PenCLAHRC TO PROJECT

As a result of this initial PenCLAHRC work in Rheumatoid Arthritis, matched funding has been obtained from the South West Academic Health Science Network (AHSN) to expand PIC across a larger number of specialties. PenCLAHRC is working closely with Plymouth Hospitals NHS Trust to evaluate implementation across each of these areas.

PenCLAHRC staff have directly contributed by:

- Undertaking further qualitative and quantitative data collection for the PIC-RA study
- Data analysis (questionnaire, health economics, and interviews)
- Developing evaluation protocols
- Preparing dissemination materials such as presentations, conference posters, and manuscripts for peer review publications.
- Running focus groups of service users to inform the development of PIC for people with inflammatory bowel disease
- Working directly with clinical teams to support development of implementation and evaluation plans for PIC
- Undertaking modelling work to identify rheumatology service bottlenecks.

WHAT HAPPENED NEXT?

Additional funding from the AHSN as well as matched funding from Plymouth Hospitals NHS Trust is enabling PenCLAHRC to expand our study of the PIC-RA implementation work to other departments in the hospital. Currently, we are developing this work with the nephrology team for people with chronic kidney disease and with the gastroenterology team for people with inflammatory bowel disease. We are expanding the work within the original rheumatology team so that PIC can be implemented for people with psoriatic arthritis and ankylosing spondylitis. This work has enabled PenCLAHRC to work closely with the AHSN and NEW Devon Clinical Commissioning Group, both of whom are represented on the project steering group. All parties have helped shape the direction and expansion of the work.

In addition, to supporting the implementation and evaluation, the work is enabling us to develop and test a toolkit for implementing PIC more broadly. A new researcher has been employed to undertake this work and is developing expertise in implementation science.