

Yate & Frampton PCN frailty pathway Evaluation overview

Context

Research suggests that housebound and frail patients are less likely to access the care they need despite having higher rates of co-morbidity, functional impairment, and mortality than their non-housebound counterparts. [1]

Yate & Frampton Primary Care Network (PCN) have implemented a new frailty pathway, which is aimed at better supporting these frail patients by considering a more holistic and person-centred approach, ensuring that individuals get the care they need.

The new pathway involves care coordinators visiting patients in their homes and discussing what matters to them, ensuring they are involved in decisions relating to their healthcare needs. This proactive and anticipatory approach aims to empower patients to take control of their health as well as avoiding unnecessary secondary care attendances or admissions.

Monetised benefits included:

Primary care



- Increasing capacity for GPs (urgent + non-urgent GP contacts)
- Reduction in GP home visits
- Reduction in practice nurse appointments



Secondary care



- Reduction in A&E attendances
- Reduction in non-elective admissions
- Reduction in non-elective average length of stay



Qualitative results

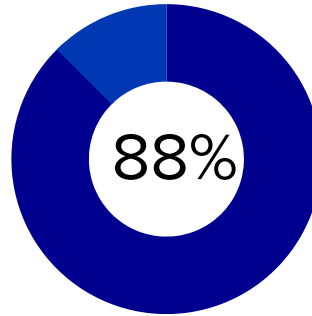
Staff and patients involved in the new service offering were invited to complete a survey designed to capture their experience overall and they were also given the opportunity to add any further feedback through a series of free-text boxes. In total, 11 members of staff and 17 patients completed the survey. Some key results and feedback is included below.

Staff feedback

"I enjoy supporting the elderly especially since COVID, they feel they are valued and have been taken into consideration"



Care coordinator



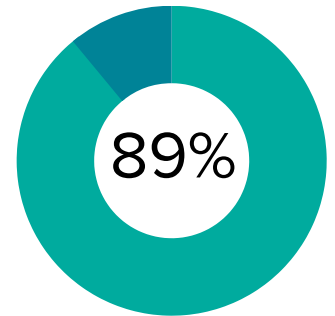
88% of staff were either 'satisfied' or 'very satisfied' with the standard of care they are able to provide

"It identifies patients who have high health needs but often do not engage well with primary care services and provides both medical and social support to help improve their health and wellbeing, focusing on what is important to them"



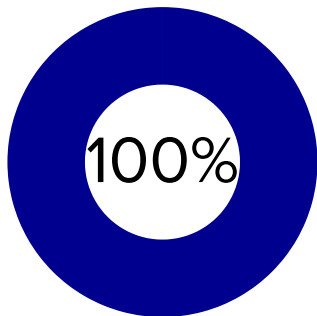
General practitioner

89% of staff either 'agreed' or 'strongly agreed' that the frailty care pathway enables shared decision making



90% of staff felt patients' quality of life improved

Patient feedback



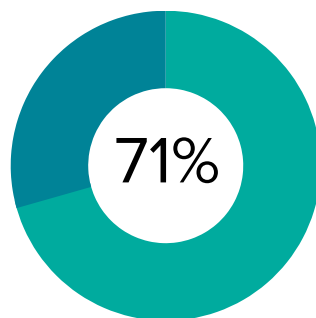
100% of patients either 'agreed' or 'strongly agreed' that they felt involved in their care decisions

"Fantastic coordinated professionals all comes to render the appropriate services to vulnerable patients!! Thank you all"



Patient

71% of patients either 'agreed' or 'strongly agreed' that the new frailty service has helped them to better manage their health



"They care! ... They take time to listen and more than that they do their (well, she does) utmost to get things moving for you (if needed), keep you up to date and follows through! No others offer this, not doctors or social services! Except doctor with frailty service"



Patient



Two-thirds of patients felt less isolated as a result of using the new service

Health economic results

A cost-benefit analysis explored the possible current and future impact of the new frailty service in terms of real monetary cost. For the 6 month evaluation period this resulted in an overall cost of £40k.

Key information

- There was an average of 1.2 new appointments per day
- In order for the service to break even, this needs to increase to 1.9 new appointments per day
- This equates to seeing 492 new patients per year

Key results

Reduction in total length of hospital stay per patient of

1.4 days

£594

The number of A&E attendances per patient reduced by

0.15

This equates to cost savings of

£45

The number of emergency admissions per patient reduced by

0.21

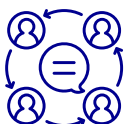
£526

Key recommendations



Capacity

- Understanding the current capacity issues limiting the number of patients seen per day is essential for the service to be cost effective



Communication

- Improving communication and raising awareness of the service offering, its aims and objectives is key to drive buy-in and engagement



Comparator group

- Comparing the outcomes of patients who decline the service against those who accept could better show the impact



Patient survey

- Continuing to collect patient experience and feedback will support ongoing service monitoring

Conclusion

- Overall the service was not cost effective
- However, there were cost savings found in five of the six benefit streams identified
- The volume of patients seen needs to significantly increase in order for the service to be viable and sustainable
- 100% of patients were positive about the service offering
- Patients greatly appreciated the contact and support they received