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The future hospital: integrated working and respiratory virtual clinics as a means of delivering high-value care for a population

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Aims

To improve the respiratory health of an inner London population with high deprivation and smoking rates, and high premature mortality due to respiratory disease, through the development of an integrated respiratory team and a programme of virtual clinics in primary care.

Methods

The population of Lambeth and Southwark consists of around 600,000 people, served by two clinical commissioning groups, two large London teaching hospitals and a mental health trust within an Academic Health Sciences Centre (King's Health Partners). They have amongst the highest mortality rates and poorest outcomes for respiratory disease in London. In 2013, a multidisciplinary team of specialist respiratory nurses, physiotherapists, a pharmacist and a smoking cessation adviser was developed to deliver an integrated pathway of care for local patients with long-term respiratory disease. The team was led by an integrated respiratory consultant and two local GP leads, and operated 7 days a week across two acute hospital sites. This 'team without walls' worked in an integrated way across the hospital and community delivering COPD, oxygen, pulmonary rehabilitation and supported discharge services. Key components included: supporting accurate diagnosis and acute management of respiratory patients in hospital; working with rapid response / hospital at home services for supported discharge; collaborative care planning and use of the COPD discharge bundle; caseload management of patients with complex breathlessness in the community; a single point of referral to the team and a focus on optimal respiratory prescribing. Weekly consultant-led respiratory virtual clinics in primary care promoted joint working between primary and specialist teams to systematically review the diagnosis and long-term management of the local respiratory patient caseload, focusing on *right care* and *high-value care*.

Results

Acute COPD admissions to King's College Hospital (within appropriate HRG groups) reduced by 34% from 296 in 2012–13 to 196 in 2014–15. Total COPD admissions decreased by 8%. Length of stay for COPD admissions reduced by 17%, from 4.45 to 3.7 days. As a result of the virtual clinics, there were significant reductions in the proportion of therapy prescribed as high-dose steroid inhalers in primary care, saving an estimated £200,000 in 12 months in one CCG. Pulmonary rehabilitation referrals from primary care increased by over 50% and funds were reinvested in this high-value treatment.

Conclusions

Multidisciplinary integrated working offers huge scope to improve the care of patients with long-term respiratory conditions. Virtual clinics are an innovative way to achieve this. ■

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