Storyboard submission

Follow the detailed instructions in this template for writing a description of your storyboard. Type your information in each section below and save this completed storyboard document as a Microsoft Word file.

Please spell check your storyboard before submission as it will be published on the NHS Wales Awards website.

Please note: The storyboard should be between 500 – 1000 words maximum (including references but excluding headings, images or graphs)

Submit your storyboard using the online submission system at www.nhswalesawards.org.uk by Friday 25 January 2013.

Storyboard submission

1. Storyboard Title

Improving the Patient Pathway by Lymphoedema and Dermatology Collaboration

2. Brief Outline of Context (Where this improvement work was done; what sort of unit/department; what staff/client groups were involved)

Increasing numbers of patients are being diagnosed with complex conditions with greater reliance on Hospital Services. Cellulitis accounts for 2-3% of hospital admissions. It is reported that 25-50% of cellulitis admissions have skin complications, fungal infections, obesity, leg ulceration and lymphoedema. As the obesity epidemic continues more and more patients are being referred with chronic leg conditions. Research indicates that 9 per 1000
of the population have chronic oedema. These patients would be waiting for appointment with both services adding to unnecessary delays in treatment as being refereed from one service to another.

Moffatt et al (2003) reported that 29% of chronic oedema patients experienced cellulitis in the preceding year with one quarter of these patients requiring hospital admission. Therefore this highlights that a large group of patients with chronic oedema may require hospital admission for intravenous antibiotics which is a large cost to the NHS. This only stresses the need to treat complications associated with chronic oedema and skin conditions promptly and effectively.

Discussions within the departments were set up to establish a way forward.

3. Brief Outline of Problem (Statement of problem; how they set out to tackle it; how it affected patient/client care)

Many patients reported being seen by many professional and having numerous appointments and their condition was not effectively managed. The Dermatology service could address the skin problems however lacked knowledge and skills in treating the oedema issues. If the oedema is not managed effectively the skin conditions will remain a problem and has the potential to deteriorate. Additionally many lymphoedema patients having complex skin complications were not being adequately treated within the Lymphoedema clinic.

Patients being seen in numerous different clinics for the same condition are a misuse of NHS resources as well as wasting patient time. Thus a joint clinic between the services could provide patients with one appointment within the Dermatology Department in Neath Port Talbot to effectively manage conditions including Cellulitis, Varicose Eczema, Fungal Infections, Chronic Oedema, Lymphorrhoea, Lypodermatoligosclerosis and hyperkeratosis. Effective treatment of these conditions decreases unplanned hospital admissions reduces cost to the NHS and to the patient.

4. Assessment of Problem and Analysis of its Causes (Quantified problem; staff involvement; assessment of the cause of problem; solutions/changes needed to make improvements)

One Dermatology Band 7 Nurse, from Neath Port Talbot Hospital Dermatology Unit and a Lymphoedema Specialist Band 7 from Singleton Hospital developed a one stop chronic leg clinic within the Dermatology Unit. Many chronic lower limb conditions require a multi-specialist approach and to decrease additional appointments and waiting times for the patients a collaboration was deemed essential. This would meet the Welsh Government
Chronic Condition Strategy (WG 2008). The costs of treating complications associated with oedema, skin and ulceration can cost up to £198m per year.

5. **Strategy for Change** (How the proposed change was implemented; clear client or staff group described; explain how they disseminated the results of the analysis and plans for change to the groups involved with/affected by the planned change; include a timetable for change)

Joint working between the Services was deemed to be beneficial by the Dermatology and Lymphoedema Managers and supported the collaboration. It was agreed to pilot the venture in Neath Port Talbot Hospital Dermatology Unit initially with a view to expanding the collaboration into Swansea and Bridgend if successful. 2 clinical sessions were arranged every 3 months. The sessions would enable up to 15 chronic leg patients to be seen. Full details of all the patients would be recorded and an audit would be completed once 50 patients had attended.

In September 2010, the first clinic commenced with 14 new patients attending. Since then an additional 12 clinics have been held. 120 new patients have attended and 80 follow ups. The clinic now occurs every 3 months and 3 members of staff attend with 18 patients being seen.

6. **Measurement of Improvement** (Details of how the effects of the planned changes were measured)

An audit of the collaboration was undertaken from the first 50 new patients seen and included:-

- Patient statistical data
- Numbers of inappropriate referrals
- Patients satisfaction of the collaboration
- Number of GP, District and Practice Nurse sessions reduced
- Number of hospital admissions prevented
- Additional appointments saved for the patients in being seen once

7. **Effects of Changes** (Statement of the effects of the change; how far these changes resolve the problem that triggered the work; how this improved patient/client care; the problems encountered with the process of changes or with the changes)

The collaboration reduced
• Practice nurse, district nurse and GP appointments
• Inappropriate referrals
• Numerous appointments for the patient
• Unplanned hospital admissions
• Misusing NHS money

Ultimately improving patient care, Quality of Life and provided education and learning between the services.

Of the 50 patients audited
• 21 patients (42%) no longer had District/ Practice Nurse Intervention for management of their lower limb oedema. These patients were being seen twice weekly previously thus 21 patients x 2 weekly sessions x 1 hour (band 6) £20 = £43,680 saving
• 1 patient was deemed inappropriate for the collaboration.
• Patients’ satisfaction was very high with reduced appointments, travel cost and waiting for referrals to other specialities.
• 17 (34%) of the patients had repeated cellulitis. Of those, 12 (71%) were regularly admitted to hospital, or had Intravenous antibiotics from the rapid response team. Since collaboration these patients are now on prophylactic antibiotics and only 2 patients have had a cellulitis episode requiring hospital admission. This equates to 12 patients x 3 cellulitis = 36 admissions

36 Admissions for 7 days stay (£300 per night) = 252 days x £300 = £75,500
Plus Intravenous Antibiotics £17.36 per day x 252 days = £4,374.72
(BNF 2012) TOTAL COST: £79,874.72

If we reduced this cost by the 2 Patients who were admitted 42 days x £300 = £12,600 plus antibiotics at £792.12 = £13,392.12

Plus the Prophylactic antibiotic cost that was prescribed 12 patients x Penicillin V 500mg daily for a year £39.73 X 12 = £466.76

This is still a reduction of £66,078.84 with the additional community nurse saving would be over £100,000 potential saving

Over all in all patients seen
• 70% of all patients seen are now effectively managed in compression garments and are self caring.
• 18% are continuing with bandaging treatment.
• 6% declined treatment
• 4% were non concordant
• 4% were inappropriate

8. Lessons Learnt (Statement of lessons learnt from the work; what would be done differently next time)
Collaboration and joint working can provide patients with prompt effective management and reduce the cost to the NHS. This project needs to be rolled out throughout Wales as new Lymphoedema services have been established. Including vascular and podiatry services would be very advantageous.

**9. Message for Others** *(Statement of the main message they would like to convey to others, based on the experience described)*

Collaboration and joint working can provide patients with prompt, seamless effective management and reduce the cost to the NHS.