

CCG authorisation – Case Study Template		
CCG name: NHS Croydon Clinical Commissioning Group		
Case study title: Patient Navigation (PatNav)		
CCG case study number:	3 of 3	Word length for this case study 882 (up to a maximum of 3,000 words in total across the submitted case studies)
Does the case study provide core evidence?	Y	If yes, state domain criteria by deleting as appropriate: 1.1, 2.2, 3.2, 3.3, 4.2.1, 4.3.1, 5.1, 6.2
Does the case study provide supplementary evidence?	Y	If yes, state for which domain criteria: 3.1.1D,3.1.2B,4.2.1C
Patient groups		Please tick all relevant:
• Mothers and newborns		
• People with need for support with mental health		
• People with learning disabilities		
• People who need emergency and urgent care		
• People who need routine operations		X
• People with long-term conditions		X
• People at the end of life		
• People with continuing healthcare needs		X

1) Context

Overview

We created a simple, low cost process where administrators help to navigate patients through their pathways, to ensure patients only attend follow-up outpatient appointments when their presence is absolutely necessary. This has saved 3905 appointments and £162,000 net and is being rolled out across specialties, and to other hospitals.

Why

Patient journeys are frequently inefficient and include appointments that do not add value:

- Test results missing when the patient attends,
- Patients attend only to be discharged, following “normal” test results,
- The appointment results in new tests being ordered, when based on the available information they could have been ordered beforehand,
- Telephone appointments can be more efficient and preferable for the patient

We learned this from:

- The results of the National Inpatient Survey for Croydon University Hospital
- Feedback from individual patients to GPs
- Discussions with consultants and outpatients staff.
- Observation of 80+ outpatient appointments

The effect was:

- Poor patient experience
- Pressure on 18 week access
- Inefficient use of resource, for the hospital and the CCG.

Involvement

- Commissioners
- GPs
- Patients
- Hospital Director of Operations
- Urology Service Lead & Urology Consultant
- Clinicians across specialties

When

The service was piloted within Urology in April-August 2011. Since then, the service has continued to roll out to a specialty each month, on average, in the QIPP programme.

2) Action

The CCG proposed the introduction of Patient Navigation as a collaborative improvement with the hospital, to be piloted in a service with a high first to follow-up ratio. The lead consultant for Urology was particularly engaged with the concept of Patient Navigation, so Urology became the pilot.

Virtual Clinics replace actual clinic time. The Patient Navigator, a Band 3 administrator, books patients they believe to be appropriate into an upcoming virtual clinic and ensures that all the information required to make a clinical decision is available at the virtual appointment. This includes requesting case notes from medical records, finding test results on IT systems and printing information on shared care protocols with primary care.

The consultant/clinician attends the virtual clinic in the same way that they would attend an actual outpatient clinic. The Patient Navigator attends with the case notes and test results for each of the virtual patients. Typically, with the support of the navigator, the consultant/clinician will review approximately 25 patients in a one-hour session. The navigator captures the clinical decision made by the clinician and takes the following actions:

Patient Navigator acts on the clinical decision:

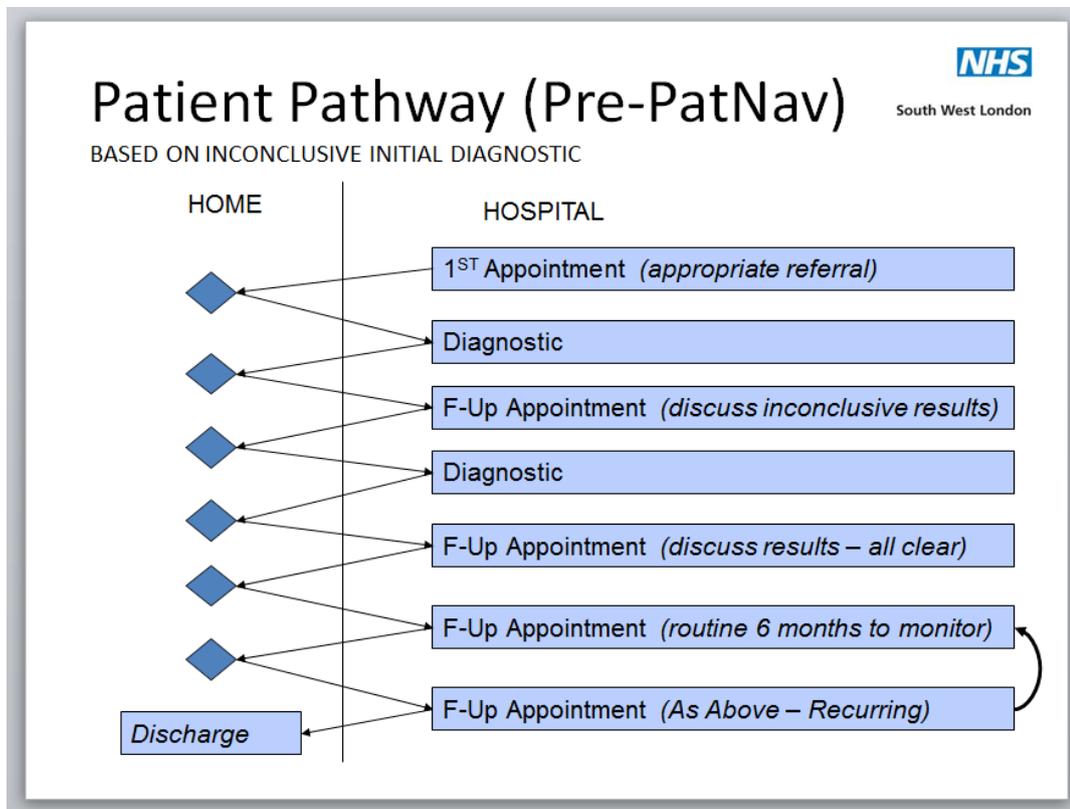
Where appropriate:

- Cancel unnecessary appointments
- Book the patient into a telephone clinic
- Phone the patient to confirm they will be available for a telephone clinic
- Inform the Patient and their GP of the clinical decision/outcome and next steps
- Ensure that new tests are booked
- Chase delayed results and book the patient into the next virtual clinic
- Confirm that the patient is being reviewed at the next available MDM

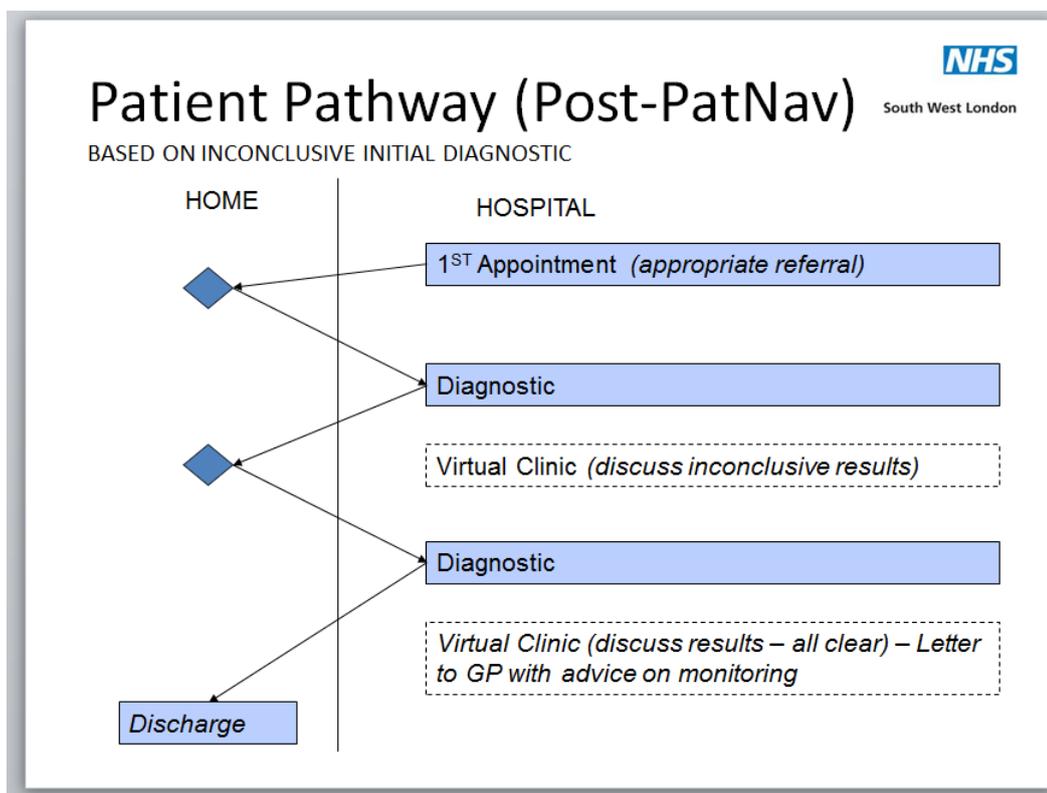
All patients:

- Capture the clinician's decisions on an outcome sheet
- Capture learning around virtual clinic patients who did not result in a saved appointment
- Return case notes to Medical Records
- Capture all outcomes on the PatNav Database / Spreadsheet
- Update the running total of appointments saved, to support performance monitoring

This enables a change in the pathway from:



to



In addition, the Patient Navigator acts as the lead for Patient Navigation in a minimum of one specialty, including:

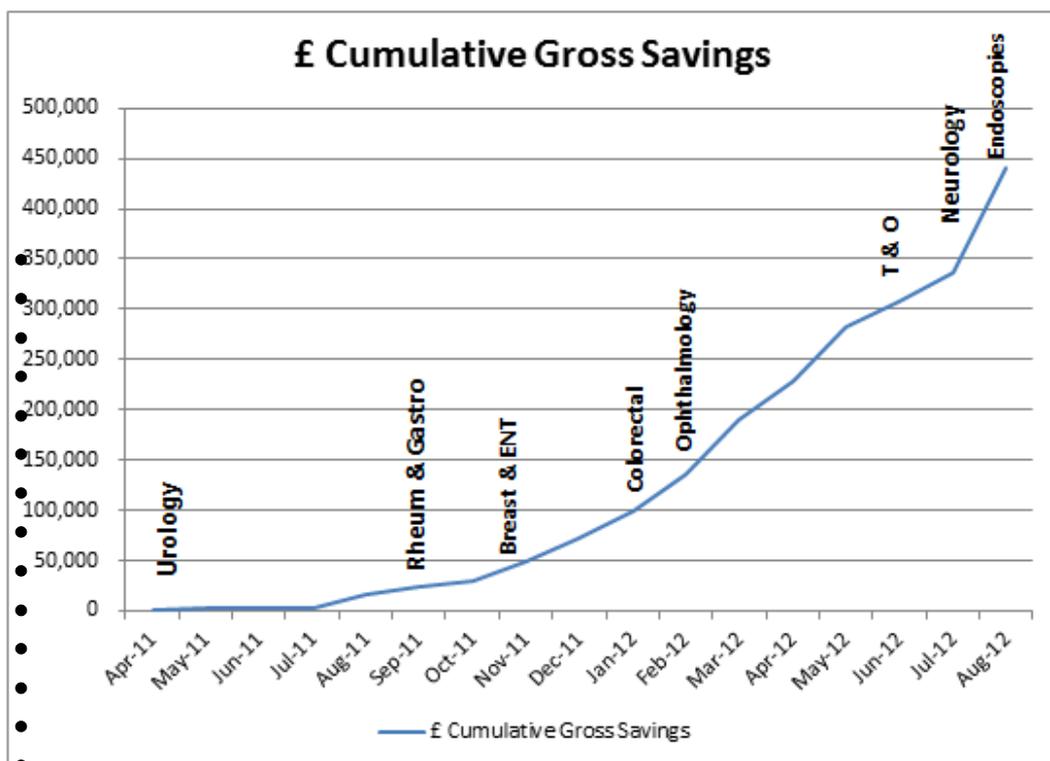
- Supporting GPs in securing discharge of patients that the GP believes could be cared for in primary care, by liaising directly with the appropriate consultant, gaining agreement to discharge the patient, informing the GP of the consultant's decision and undertaking the necessary admin duties to ensure that the patient is discharged as per hospital procedures
- Becoming the 'knowledge-point' for their lead services, becoming the point of contact for GPs and Commissioners for queries and redesign for that service
- Meeting regularly with commissioners to discuss trends becoming apparent during virtual clinic, informing commissioning decisions and pathway redesign.

The pilot in Urology established a method, which was rolled out to other specialties.

Patient Navigators start by attending outpatient clinics and reviewing outpatient clinic letters to improve their understanding of the specialty. They meet with specialty clinicians to understand which patients would be suitable for a virtual clinic (eg what a 'normal' result may be).

Early in the project, financial results were limited, and the scheme was considered for closure. However, the CCG's leading clinicians took up the case and championed the initiative. Dr Tony Brzezicki, then leading one of our Pathfinder CCGs, resolved some early obstacles with the lead consultant in Urology. He presented the benefits to an Open Meeting of GPs. He spotted the opportunity for the Patient Navigators to act as a point of contact in the hospital for GPs. Now, as a result of this idea, the Navigators visit GP practices regularly to explain how PatNav can help GPs to discharge patients back into their care.

3) Impact



- 3,395 inappropriate appointments were saved, with a net saving to the CCG of £162,000 from 1 August 2011 to 30 September 2012.
- Improved first:followup ratios:

Productivity Metrics	First: Follow Up	
	Sep-11	Sep-12
	Urology	2.09
Colorectal	1.35	0.82
T&O	1.27	1.06
ENT	0.79	0.6
Gastro	1.71	1.51
Rheumatology	6.02	4.76

- Projected net savings for 2012/13 are £421,000.
- Patients only attend hospital when a physical examination or face to face consultation required
- Waiting times are reduced as inappropriate appointments taken out of the system
- Patient pathways become more robust, and clearer to the patient.
- Patient experience is improved.
- Trends are analysed and reported on, to inform commissioning decisions and pathway redesign
- GPs have a dedicated point of contact within the hospital through which they can discuss referral queries and pathway ideas, or to request that patients are considered for discharge back to primary care
- Croydon University Hospital now fund 3 additional Patient Navigators in specialties where activity reductions have been agreed with the CCG, and are seeking to take over the whole team from 2013.
- The approach has been extended to Daycases, Endoscopies and Colonoscopies, and will soon extend to ward discharges and ambulatory care.
- The CCG is collaborating with the four other CCGs in SW London to introduce PatNav to St George's Hospital, and discussions are underway to spread the approach to Enfield.