

Stratification of clinical case load to identify cohorts to be managed proactively

Best practice approaches for stratification include:

- Use of e-FI (electronic frailty index)
- High intensity users e.g. regular fallers
- By long term conditions e.g. diabetes



Stratified population – MDT intervention



Step 1:

Provide patient identifiable information from your stratified case load to a data analyst within your local commissioning support unit (CSU). They will help identify the activity of these patients for the previous year, this is termed their “baseline activity”

Data recommended to review include

- Emergency Department attendances and resultant Healthcare Resource Group (HRG)
- Hospital admissions
- Length of stay (LoS) and resultant Healthcare Resource Group
- Readmissions within 7 days and 30 days for the same presenting complaint
- Number of GP appointments*

Step 2:

Utilise Wessex AHSN MDT framework approach [intervention]

Step 3:

Repeat step 1 and review output 1-2 years post intervention

“Control” stratified population- MDT intervention not provided



Step 1:

Provide patient identifiable information from your stratified case load to a data analyst within your local commissioning support unit (CSU). They will help identify the activity of these patients for the previous year, this is termed their “**baseline activity**”

Data, along with national costings recommended to review include:

- Emergency Department attendances and resultant Healthcare Resource Group (HRG)
- Number of hospital admissions
- Length of Stay (LoS) and resultant Healthcare Resource Group
- Readmissions within 7 days and 30 days for the same presenting complaint
- Number of GP appointments*

Step 2 :

Repeat step 1 and review output for similar time period

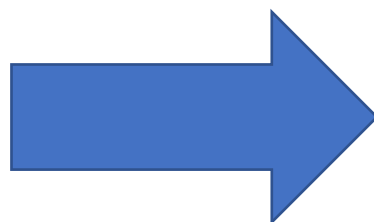
Compare and contrast both datasets

*Best practice recommendation for obtaining GP Practice/PCN level information could be developed as part of an MDT approach

Stratification of case load



Meet Libby, she is 84 years of age and lives with mild frailty



Step 1:

Over the past year, Libby has seen her GP once a week for an underlying health condition, diabetes and medicine management.

Each consultation costs £30 (1) (does not include management of diabetes medication costing)
£30 x 52 = £1560

Libby experienced a fall, following a change in medication and a reduction in her care provision at home (Libby and her family were not consulted). Libby began to feel lonely, isolated and began to reduce her fluid intake. She experienced a fall, was conveyed to hospital as an emergency with a broken leg (3 weeks hospital stay). Two weeks later Libby returns to the Emergency Department with a Urinary Tract Infection, and is discharged home the same day. Her diabetic condition remains stable but it is evident that she would benefit from an MDT approach to ensure her care needs are being met.

Conveyance of ambulance (including 999 call and conveyance to hospital) **£236**
 ED attendance related to fall grouped to T01A Type 01 admitted VB03Z Emergency Medicine, Category 3 Investigation with Category 1-3 Treatment **£337 (2)**
 Hospital admission grouped to HT44B Intermediate Hand Procedures for Trauma, 19 years and over, with CC Score 2-3 **£3,301 (3)**
 ED attendance related to UTI VB09Z Emergency Medicine, Category 1 Investigation with Category 1-2 Treatment **£133 (1)**

Cost of providing care to Libby over the year: £5567 (excluding medication)

Step 2:

Wessex MDT framework approach introduced and embedded. Libby is regularly discussed within an integrated MDT approach

Step 3:

2 years later, Libby now visits her GP once a month, attends a virtual online exercise class and her hydration levels have improved. She now has a carer that pops in twice a week, making sure she has everything she needs and monitors her wellbeing, linking in with the MDT where appropriate. She hasn't experienced any falls or UTIs during this time.

Each consultation costs £30 (1) (does not include management of diabetes medication costing)
Cost of providing care to Libby over the year(excluding medication)
£30 x 12 = £360



- (1) <https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>
- (2) <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2021-22/>
- (3) <https://www.england.nhs.uk/wp-content/uploads/2020/08/2 - National schedule of NHS costs V2.xlsx>

Opportunities

- Provides an indication of impact at an individual level on health utilisation
- Amalgamation of individual activity and costings will give a real time view of change pre and post intervention
- Information collated can help inform MDT decisions and to understand present service provision and opportunities

Challenges to this approach

- Analytical approach will take 1-2 years to yield evidence of impact
- Does not control for other interventions or changes in individual changes in health status
- Extrapolation of data to develop a cost saving for delivery of an MDT is problematic as “not everyone is the same”
- Doesn't take into account time saved for clinical staff by running an MDT rather than having multiple appointments/conversations
- Doesn't capture time saved for the individual patient
- Tariff model suspended during 2020/21 as a result of the pandemic may make future financial comparisons problematic



2018/2019 Reference costing

<https://www.england.nhs.uk/wp-content/uploads/2020/08/2 - National schedule of NHS costs V2.xlsx>

INDEX	DESCRIPTION	Total Activity	Unit Cost	Total Cost
Total Quantum				£ 68,986,691,932
Total HRG's	Total HRG's			£ 41,317,928,135
Total Outpatient Attendances	Total Outpatient Attendances			£ 9,415,038,007
Total Other Currencies	Total Other Currencies			£ 18,253,725,789
EL	Elective Inpatients	1,322,418	£ 4,078	£ 5,392,731,467
NEL	Non Elective Inpatients	4,302,311	£ 3,293	£ 14,166,448,058
NES	Non-Elective Short Stay	6,288,114	£ 589	£ 3,704,159,230
DC	Day Case	6,035,713	£ 752	£ 4,538,258,364
RP	Regular Day or Night Admissions	328,946	£ 341	£ 112,219,715
CL	Consultant Led	52,764,475	£ 144	£ 7,618,780,372
NCL	Non Consultant Led	21,455,137	£ 84	£ 1,796,257,635
OPROC	Outpatient Procedures	13,725,307	£ 148	£ 2,029,187,993
CMDT	Cancer Multi-Disciplinary Team Meetings	1,922,238	£ 112	£ 215,094,784
AE	Accident & Emergency	20,390,560	£ 166	£ 3,385,777,357
CHEM	Chemotherapy	3,575,292	£ 454	£ 1,624,061,199
CC	Critical Care	2,698,927	£ 1,218	£ 3,286,268,692
IMAG	Diagnostic Imaging	9,553,845	£ 87	£ 833,641,692
NM	Nuclear Medicine	407,165	£ 357	£ 145,192,866
HCD	High Cost Drugs	2,477,645	£ 799	£ 1,979,174,924
RAD	Radiotherapy	2,886,550	£ 145	£ 418,932,002
REHAB	Rehabilitation	2,298,007	£ 378	£ 869,191,464
SPAL	Specialist Palliative care	807,252	£ 181	£ 146,405,941
RENAL	Renal Dialysis	4,275,328	£ 135	£ 579,041,240
DADS	Directly Accessed Diagnostic Services	7,613,659	£ 33	£ 249,959,964
DAPS	Directly Accessed Pathology Services	426,076,050	£ 2	£ 861,764,126
MHCC	Mental Health Care Clusters	227,535,305	£ 19	£ 4,330,800,567
MHCCIA	Mental Health Care Clusters Initial Assessments	990,476	£ 304	£ 300,786,511
IAPTMHCC	Adult IAPT Mental Health Care Clusters	967,759	£ 337	£ 326,078,312
IAPTMHCCIA	Adult IAPT Mental Health Care Clusters Initial Assessments	912,356	£ 113	£ 103,423,425
SECMHCC	Secure Mental Health Care Cluster	1,386,999	£ 546	£ 757,892,195
SECMHCCIA	Secure Mental Health Care Cluster Initial Assessment	10,774	£ 2,177	£ 23,452,454
MH	Mental Health	6,560,797	£ 245	£ 1,607,567,876
CHS	Community Health Services	85,058,853	£ 64	£ 5,443,989,259
AMB	Ambulance	18,740,719	£ 108	£ 2,026,095,938
CF_SPEC	Cystic Fibrosis	7,897	£ 12,436	£ 98,206,044
CF_NET	Cystic Fibrosis-Network Care provider	4,311	£ 3,677	£ 15,850,266

Cost per non elective admission £3293. If you wish to look at the cost per HRG if you know the resultant HRG the spell was linked to click on NEL link

Patients activity when admitted was under HRG AA28F – so the cost of £3252 can be used in the calculation of financial impact

Currency Code	Currency Description	Number of FCE's	National Average Unit Cost	Total Costs	No. Data Submissions
AA28C	Motor Neuron Disease with CC Score 8+	822	£5,668	£4,659,274	116
AA28D	Motor Neuron Disease with CC Score 5-7	233	£3,827	£891,667	83
AA28E	Motor Neuron Disease with CC Score 2-4	129	£3,595	£463,708	58
AA28F	Motor Neuron Disease with CC Score 0-1	61	£3,252	£198,400	29



Independent Evaluation of North East Hampshire and Farnham Integrated Care Teams (ICT)

[https://wessexahsn.org.uk/img/insight_reports/Independent%20Evaluation%20of%20North%20East%20Hampshire%20and%20Farnham%20Intergrated%20Care%20Teams%20ICTs\).pdf](https://wessexahsn.org.uk/img/insight_reports/Independent%20Evaluation%20of%20North%20East%20Hampshire%20and%20Farnham%20Intergrated%20Care%20Teams%20ICTs).pdf)