

Published May 2018

Nottingham University Hospitals NHS Trust

Homecare treatment delivery

An example of outreach treatment delivery

Key points:

- In November 2016, Nottingham University Hospitals NHS Trust launched a 'Homecare' project, giving patients the option of receiving treatment for hepatitis C in their own homes.
- Eligible patients are provided with blood forms and a schedule of testing to be performed at a convenient location, and receive medication by courier.
- Between November 2016 and April 2018, 116 patients started on treatment. 89 have completed, with 45 reaching 12 weeks post-treatment. Of these 45, 43 have achieved SVR (96%) and treatment failed for two patients (4%).
- All Homecare patients who responded to a questionnaire stated that the service had lived up to or exceeded expectations.

Overview

With Operational Delivery Networks (ODNs), the clinical bodies responsible for delivering hepatitis C treatment, facing increasing challenges to meet targets for number of patients treated, in November 2016 Nottingham University Hospitals NHS Trust (the lead provider for the Nottingham ODN) launched a pilot project testing an innovative home-based care pathway.

The 'Homecare' approach was made possible by the arrival of direct acting antiviral (DAA) treatments for hepatitis C, which have an excellent safety record and are well-suited for use in community settings, providing opportunities to deliver treatment to patients in settings most suitable to their needs.

Why the service was established

Diversifying the settings in which treatment for hepatitis C is available ensures patients receive treatment in a setting most convenient to them and also offers the opportunity to engage more patients. A significant group of hepatitis C patients have difficulty engaging with secondary care, for reasons including fear of stigma, geographical distance or cost of travel.

Published May 2018

With an urgent need to treat more patients to meet NHS England's target for elimination of hepatitis C by 2025, offering patients the chance to receive treatment for hepatitis C in their own homes increased the chances of enrolling into treatment patients who may otherwise have been reluctant to engage in care.

How the service works

Patients who express an interest in receiving treatment via Homecare are discussed at a Multidisciplinary Team (MDT) meeting to discuss eligibility, which is based on three main factors:

- 1) Competence to adhere to therapy and blood testing without direct supervision
- 2) No current or documented evidence of decompensated liver disease
- 3) Contactable by telephone

If a patient is approved for Homecare, their details are passed to the Homecare Technician. The patient's GP is informed and consent forms for home delivery are posted to the patient for signature and return. The patient also receives blood forms and a schedule of testing to be performed at a convenient location. The prescription forms and consent forms are processed by Outpatient Pharmacy at Nottingham University Hospitals and medication is delivered by courier on a monthly basis at times agreed with the patient.

The Homecare Technician works with the pharmacy, the courier and the hepatology service to ensure that blood forms are sent with the medication and that results are retrieved for medical review. The Homecare Technician also attends weekly MDT meetings and works closely with the nursing team, the MDT Coordinator and the ODN Clinical Lead to coordinate the service. Patients' blood results are reviewed by the lead nurse and clinical problems are referred to the medical team where necessary. This overall integration facilitates good communication and the delivery of efficient patient care.

Outcomes

The Homecare project pilot saw very high levels of uptake, with 116 patients having started on treatment since the project began in November 2016. As of April 2018, 89 had completed treatment, with 45 reaching 12 weeks post-treatment. Of these 45, 43 have achieved SVR (96%) and treatment failed for two patients (4%). The Homecare service was not associated with a distinct group of patients, with no significant differences in age, gender, genotype or

Published May 2018

treatment regimen among patients who opted for Homecare than among patients treated in the hospital clinic.

Three patients withdrew from the study for reasons unrelated to Homecare and one transferred back to hospital care. Nottingham University Hospitals Trust distributed feedback questionnaires to 89 Homecare patients, with 24 completed and returned (27%). All respondents stated that the service had lived up to or exceeded expectations and was particularly valued by patients living far from the hospital.

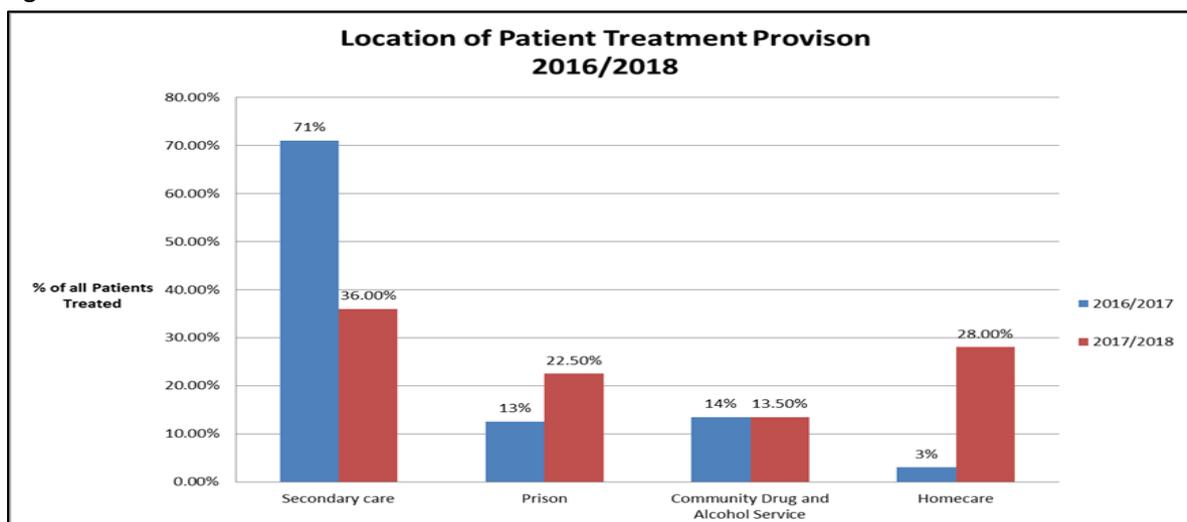
As well as being popular with patients, the Homecare project had positive financial results, with the average cost of treating a patient via Homecare £218 less than treating a patient in secondary care, with a full cost breakdown available in Figure 1.

Figure 1

	Average Secondary care pathway cost	Homecare pathway cost (Average delivery distance 14 miles)	FINANCIAL SAVINGS
Initial Consultant Appointment	£200 (consultant appointment)	£200 (consultant appointment)	AVERAGE SAVING PER PATIENT VS SECONDARY CARE: £218
Starting treatment	£76 (Nurse appointment)	£28.47 (delivery fee)	Other costs per year: Homecare coordinator - £15940
TW4	£76 (Nurse appointment)	£28.47 (delivery fee)	Number of patients needing to be treated a month via Homecare rather than secondary care to cover cost of coordinator: = 6 (£15940/Saving).
TW8	£76 (Nurse appointment)	£28.47 (delivery fee)	
PTW12	£76 (Nurse appointment)	£0.60 (postage)	Homecare coordinator can treat up to 15 patients a month on average.
Total	£504	£286	

**Based on a patient being given 12 weeks of treatment.*

Figure 2



Published May 2018

The project has also benefited the ODN by relieving pressure on hepatitis services in secondary care, allowing specialist teams to focus on patients with severe co-morbidities, and freeing up time to develop models of community care for hepatitis C patients who find mainstream services difficult to access.

Future aims

Nottingham University Hospitals NHS Trust plans to expand the service by replicating the service across the ODN area (with spoke sites in Derby and Lincoln). There are also plans to replicate the service within primary care and local pharmacies. The service needs to be built into commissioning plans to have a tariff associated with delivery of the Homecare service. This would secure the longevity of the service and ensure the cost savings described above are passed on to commissioners.

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