Acute Demand Service

WBOP PHO
Western Bay of Plenty Primary Health Organisation
Tungia te Ururua, kia tupu Whakaritorito te tupu O te harakeke

Introduction

The BOP DHB has entered into a new 'Acute Demand Service' agreement with the WBoP PHO. The new service has a much more dominant focus on caring for patients in primary care where appropriate rather than in hospital. This has meant a significant change to what has been known as the Coordinated Primary Options (CPO) service. Given this, it is important that you study and understand the changes set out in this paper.

The Acute Demand Team

The new Acute Demand Service (ADS) will include four new team members, as well as the existing administrative team of Liz Knowles (formally Bassett) and Donna Durning who coordinate the referrals for CPO/ADS, Skin Surgery and Breast Imaging.

The new team consists of an Aged Residential Care (ARC) Nurse Practitioner (Louise Fowler), a new ARC Clinical Projects Nurse (recently advertised), a new ARC clinical pharmacist (Pauline McQuoid), and a new Acute Demand Specialty Nurse (Ruth McChesney). All of whom will have a focus on acute demand in their respective speciality.

The Acute Demand Services

GP Referrals to the Acute Demand Service

The current CPO services will remain, but the term "CPO" will no longer be used. The service will now be known as the Acute Demand Service (ADS). GPs can still refer to the existing services using the Best Practice WBOP CPO Forms for:

- Cellulitis management – using the Bay Nav Cellulitis Pathway
- DVT ultrasound
- DVT management
- Dehydration management
- Other acute radiology (chest x-ray, plain x-ray and ultrasound)

New ADS Service: Community Acquired Pneumonia (CAP) – using Bay Nav CAP Pathway

A Bay Navigator Community Acquired Pneumonia (CAP) pathway will be released shortly. A key component to the pathway will be the use of a CRB-65 score to designate the severity of CAP. A chest x-ray may be requested but is not routinely recommended in a community setting. A chest x-ray may be appropriate when the diagnosis is unclear, where there is dullness to percussion or other signs of an effusion or collapse, or when the likelihood of malignancy is increased, such as in a smoker over 50 years.

Once the CAP Pathway is released, a GP referral process for community acquired pneumonia (CAP) can be accessed by links under Best Practice 'WBOP CPO Forms' – 'Resources' to link direct to the CAP Pathway and the CAP criteria for referral to ADS. Unfortunately we are unable to develop an electronic form in time for the start of the new pneumonia service, but an interim solution is for the GP to forward clinical notes to the WBoP PHO ADS Referral Coordinators (Liz and Donna) detailing the required criteria of CRB-65 score.

If a GP follow-up is required, then this should occur within 72 hours. Funding of the follow-up will be at the same rate as for the cellulitis oral management GP follow-up costing.

Radiology

The terms of the new Acute Demand Service agreement require changes to how radiology services are utilised. The dominant requirement is that any radiology shall avoid an admission to hospital.

The Clinical Committee, and others, have considered papers for what is the best clinical practice in this area. That consideration informs us that a chest x-ray in patients with an acute lower respiratory tract infection does not substantially impact on the best management of most cases.

So, what is new for many radiology requests formally delivered under CPO? The capacity of Tauranga Hospital Radiology Department to undertake less acute radiology is much improved. Wait times are much shorter than previously experienced by general practice. The Midland electronic radiology referrals have assisted in this efficiency.

These changes will see a major reduction in the volume of radiology utilisation for the new ADS and it is believed it will settle to about 30% of service volume. This will then free up resources to be assigned to other much needed-services such as CTU. A renal pathway is to occur.

Emergency Department Referrals to the Acute Demand Service

The new agreement has a specific objective – to reduce admissions to Tauranga Hospital. Central to this is the re-direction of patients identified with Ambulatory Sensitive Hospitalisation (ASH) conditions back to primary care from the Emergency Department (ED). Some are referring to these as Hospital re-directs.

The Acute Demand Nurse, Ruth McChesney has recently commenced work in ED. This will not be a permanent placement and eventually Ruth will be working in Primary Care in other areas of Acute Demand e.g. St John's Ambulance.

The ED nurse role is to enable the re-direction of ASH cases by working closely with ED clinicians. To begin, the focus will be on the existing Acute Demand Service conditions of cellulitis and dehydration (gastro etc.). Pneumonia and COPD will be included in the services once Ruth has established relationships and administrative processes are seen to be effective.

ED Referral Pathway to the ADS and General Practice

ED will identify suitable patients to be re-directed to the ADS. They will fax a referral to the ADS Referral Coordinators (Liz and Donna).

The coordinators will then refer the patient to their general practice. If the patient's practice does not have the capacity to provide the care at the time, the care shall be provided by Accident and Healthcare (AHC) and/or the WBoP PHO Health and Wellness Service.

In year one, the volume of activity will not be substantive. General Practices will not be required to manage many cases. The agreement allocation, of 373 cases from ED in total across the entire WBoP, is very few on a weekly basis.

The ADS will be contacting each GP practice to identify the best point of contact for these cases when they receive a phone call from ADS to arrange care.

Patients referred to general practice by the ADS shall not incur a cost. The ADS shall meet the cost of this referral. General Practice will forward an appropriate itemised invoice to ADS for payment of these costs and where appropriate clinical notes.

Any queries or further information requests arising from this memorandum shall be directed to Sue Matthews. If a practice would prefer a visit to discuss the new processes please contact:

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