



Royal Liverpool & Broadgreen
University Hospitals NHS Trust



Cost of Home Parenteral Nutrition

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Where we all make a difference

Introduction

- Why has there been an increase in cost of Home Parenteral Nutrition provision?
- Impact on service demands
 - capacity versus demand
- What are the factors that affect the cost?
- How can this be measured?
- How can the NHS make cost savings without compromising care ?

Increase in patients receiving HPN

- Improved survival of complex surgical cases
- Palliative care
- Just because we can doesn't always mean we should.
- Emergence of new cohort of medical patients now receiving PN with non diagnosed bowel dysfunction

How do we measure the cost?

- Equipment/ancillaries
- Bag of Parenteral nutrition
- Deliveries
- Nursing
- Admission avoidance
- Complications

Why did the RLBUHT apply to be on the framework?

Honest Answer!

‘because it only became apparent to me following the Home Intestinal Failure Network (HIFNET) review just what we were spending on home TPN’

Pre Framework

- RLBUHT compounded HPN bags
- RLBUHT nurses trained patients to self care
- RLBUHT nurses trained district nurses to administer HPN
- RLBUHT purchase and service portable pumps
- RLBUHT contracted out for ancillaries and delivery

1st HPN Framework

- Enable hospitals to get patients home quicker on HPN (3 quotes)
- Reduce length of stay
- More responsive the palliative patients



Patient Experience

Current Problems

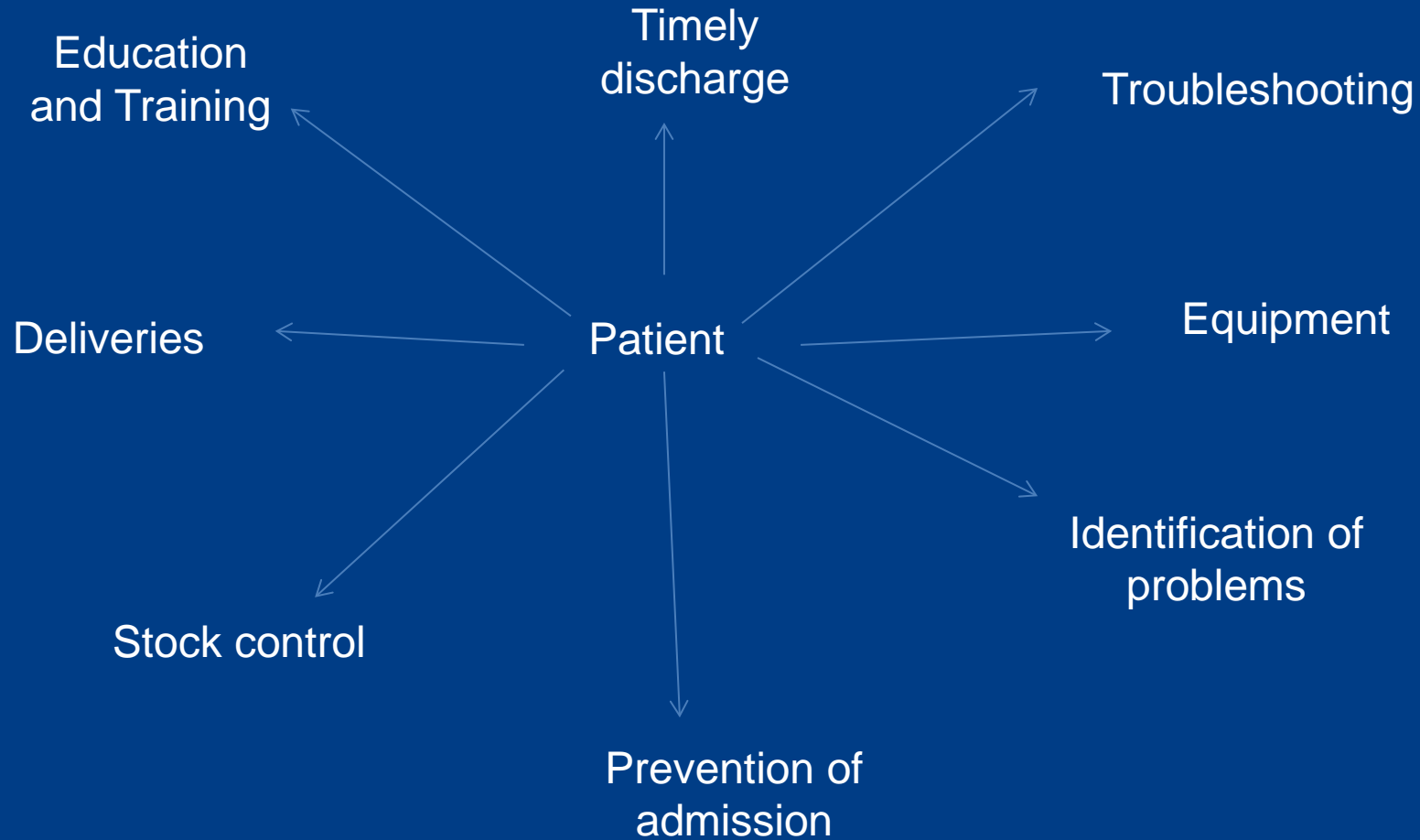
- Prolonged Admission
- Repeated hospital admissions
- Rise of Hospital Acquired Infections
- Inpatients feel disempowered
- Current model means that bags are produced fortnightly (out of trust control)
- Longer recovery times for inpatient admission

Solution with home team

- Reduce LOS
- Admission Avoidance
- Reduced risk at home
- Patient have more control over their healthcare
- New model will mean that bags can be modified very quickly < 48 hours – Optimising Nutrition
- Enhanced recovery

National HPN Framework

- Commissioned by NHS England to improve standards and access to Home Parenteral Nutrition (HPN) services for adult and children in England.
- All aspects of HPN, compounding, delivery, ancillaries and specialist nursing
- For treatment of patients at home on parenteral nutrition



Patient centre care

- Patients receiving a delivery of HPN from the trust weekly/fortnightly.
- Listen to our patients' what do they truly want
- Patients being trained at home following a shorten hospital admission using same ancillaries we use in hospital



Patient/Carer Support

- Single phone number
- 24 hour on call support run by the RLBUHT Nutrition nursing Team, with access to on-call Gastroenterology/Biochemist.
- Fitting the service around patients and their lives, not expecting patients to fit around our service

- 7 day service
- Active Multi Disciplinary Team – Weekly Meetings
- Flexibility to get palliative and complex patient home from hospital

Patient's responsibilities

- Polite and courteous
- Good communication about your needs (change due to holiday/appointments)
- Stock rotation and control – appropriate use/no longer used
- Blood monitoring

Patient Contract

- Agreeable to monitoring
- Clinic attendance
- Care of equipment
- Negligence, misuse or failure to observe any instructions or training concerning the use of the equipment
- Non compliance with prescribed therapy

Timely Discharge

- Effectively same team, awareness of patients' needs early on in their journey
- Capacity to adjust therapy in order to facilitate safe discharge.
- Flexibility to get palliative and complex patient home from hospital safely effectively and promptly.

Deliveries

- Drivers competencies (extra cost)
- Training/commitment
- Scheduled
- Failed delivery
- Out of hours/emergency (is it necessary)
- Patient's responsibilities

Equipment

- What does the patient actually need?
- Portable pump – which one? How do you decide? One pump for one patient?
- Ruck sac? Wheels? Car charger? Desk top charger?
- Fridge – size/space/maintenance/recycle
- Patients' responsibilities

Stock control

- Do we actually know what stock our patients' have?
- What do they use it for? (stoma care??)
- Changes to the ancillary list on the framework
- Trying to get national agreement when we don't share same protocols/dressing type/etc..

Stock control

- Prevention of stock piling
- Out of date/stock taking
- Particularly in self caring patients
- Do you review patient's ancillary lists when you revise your protocol?
- Risk of not having available stock items
- Tool box/spare pumps

Ancillaries

- Standard connection/disconnection packs
- Dressing change packs
- Same ancillaries for inpatients/outpatients
- Based on current evidence and practice guidelines for preventing infection
- Gloves – significant cost savings

Medication

- Inappropriately supplied by the homecare companies instead of GPs or HPN centres
- New framework identifies revised list

Education and training

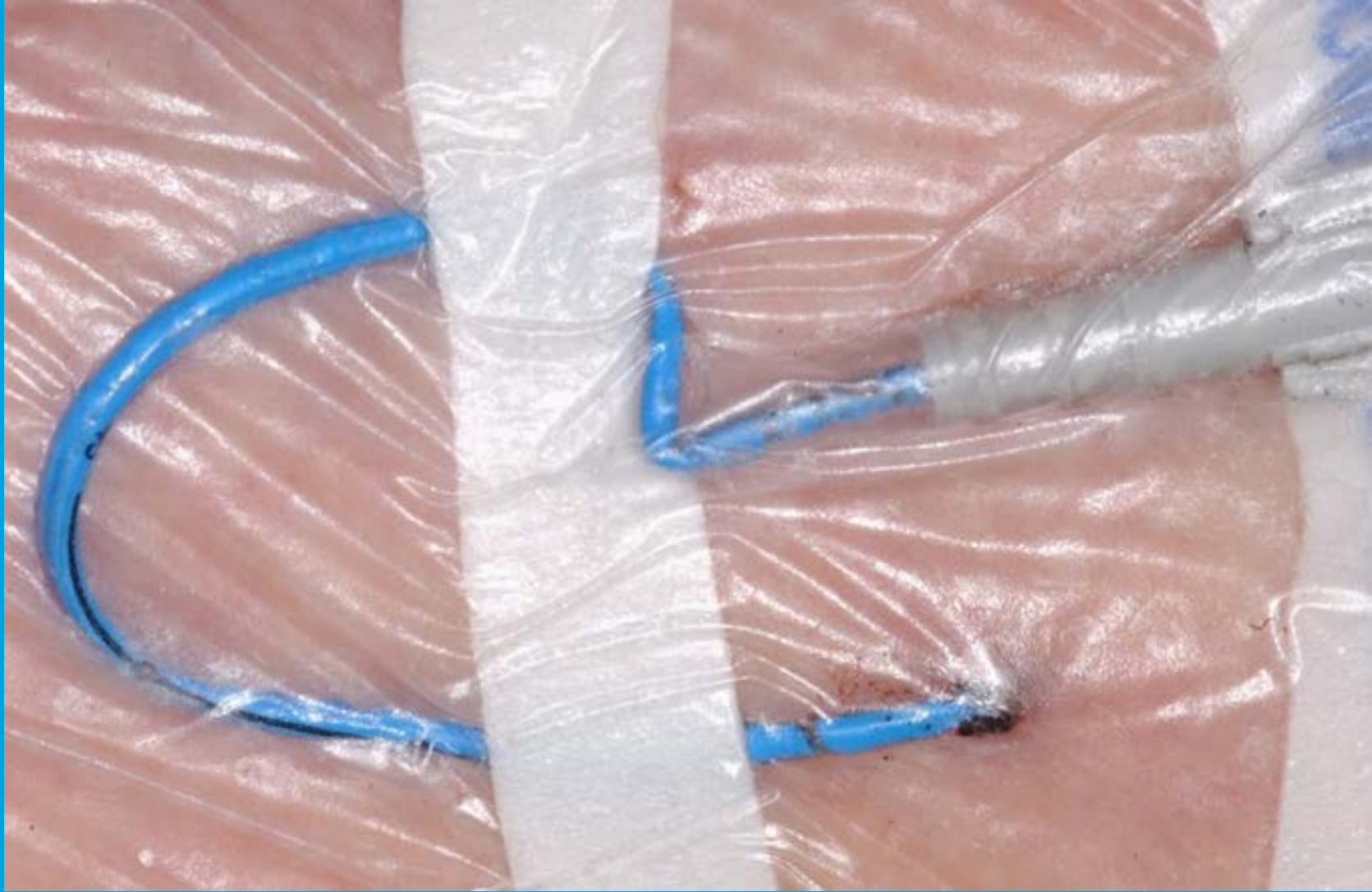
- Portable pump – empower our patients
- Robust Peer review processes (patient/carers/homecare team) to stop complications occurring and inappropriate use of equipment.
- New framework – initial allowance of 28 hours for patients/carers training.

Identification of complications

- RLBUHT trained in HPN and IV therapy
- All cannula/administer IV fluids to a Standard Operational Policy (SOP)
- Blood sampling/Blood culture
- IV therapy as required
- Prevention of admission
- Communication with accepting team if admission required

Trouble shooting

- Trained in what to look for and supported
- Confidence in trouble shooting and clinical decision making
- Management structure/Nutrition Team
- Access to hospital team support within 12hours.



MDT approach

- Patient Electronic Notes (PENs)
- Bi weekly MDT
- Patient information leaflets
- Informing GP
- Access by HPN team to blood results/letters
- Reduced clinic attendance

Enhanced patient care

- 7 day working
- RLH nurse competencies/HPN competencies
- All nurses known to us (core and bank nurses)
- Proactive/confident in IV access care
- Clinical assessment skills
- Reactive to patients' needs
- Holistic
- Approachable and contactable



Where are we up to?

- Early days
- HPN coordinator and administrator in post
- Project manager
- Nursing team – bank nurses
- Aseptic unit – new build
- Delivery company

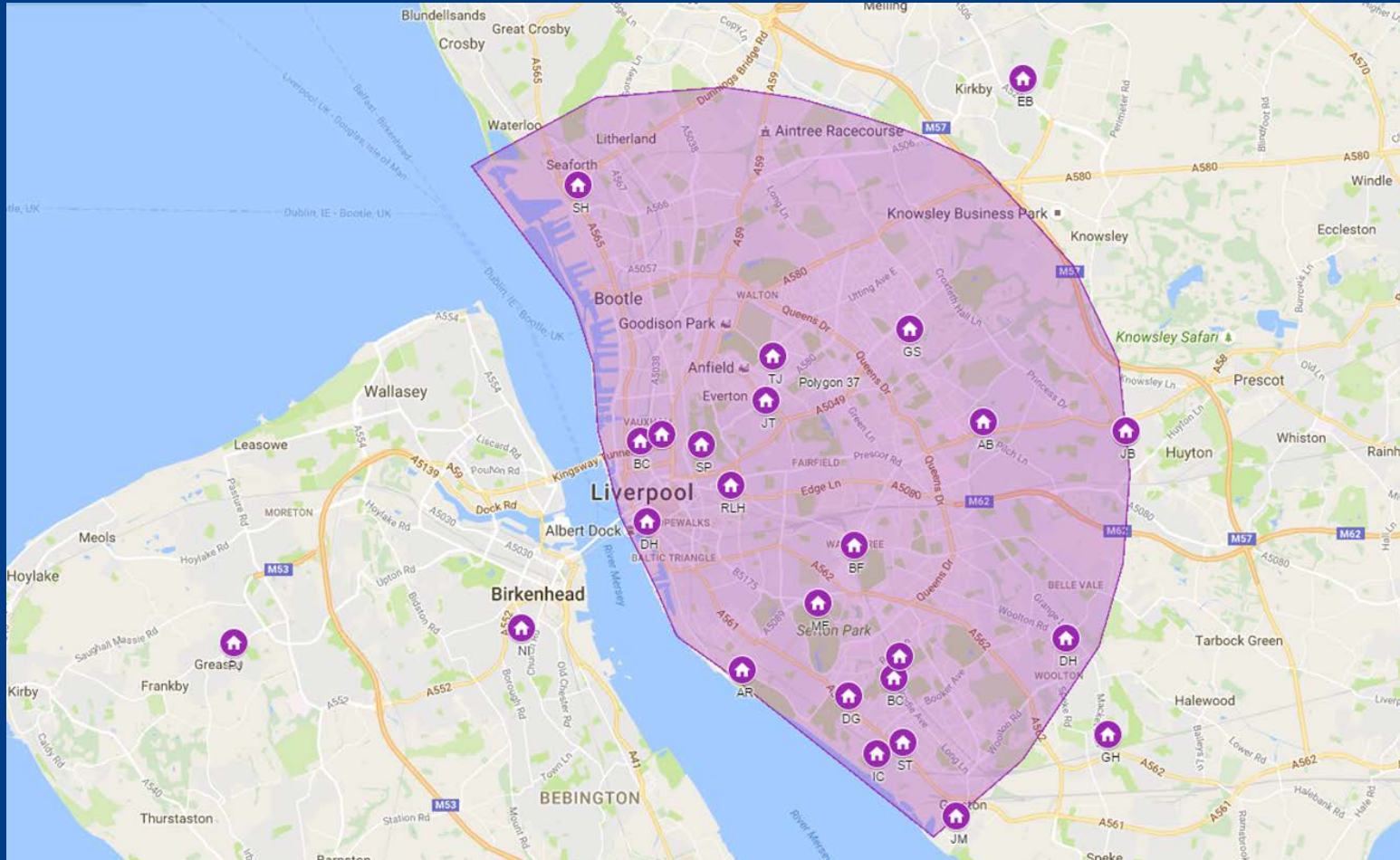


Summary

- Aim to improve HPN provision
- Cost effective
- Robust
- Patient centred



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Thank you.

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