

## Hidden Therapy Waits Project

### Introduction

The Hidden Therapy Waits project began in spring 2007 with a view to reducing hidden therapy waits. One way of dealing with these waits is to develop 'packages of care' which ensure that health outcomes are achieved in a measurable way if both clinician and patient engage with the package. Packages of care also provide a framework which can be used to control the number of patient: clinician interventions and therefore to reduce hidden therapy waits. This report covers one project within the hidden therapy waits programme. .

- Introduction of Packages of Care to Dietetic services across Kent, Medway and East Sussex – Nutrition support.

### Introduction of Packages of Care to Dietetic Services across Kent, Medway, and East Sussex

Hidden Therapy Waits were recognised as being linked to the number of times patients are booked into Outpatient clinics and specifically to the number of times they returned for follow-up appointments. A package of care

The benefits of creating packages of care are 3 fold:

- Care is provided in a package that has a clear and agreed, entrance point, treatment process and exit point.
- All packages are governed by an agreement between practitioner and patient on the number of sessions to be delivered and the expected outcomes.
- With many therapies including obesity treatment it is recognised that treatment is often only effective within the first 6 months of treatment.

For this reason Packages of Care have been introduced in NHS Trusts. These Packages of Care are a mechanism for focusing on effective patient treatment whilst not reducing the treatment quality. Therefore Kent and Medway and East Sussex<sup>1</sup> dietitians chose to develop and implement Packages of Care.

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\*1 Brighton and Sussex University Hospitals NHS Trust, East Sussex Downs and Weald PCT, East Kent Hospital Trust, Medway PCT, Dartford and Gravesham NHS Trust, Maidstone and Tunbridge NHS Trust.

## **Method**

### **Introduction of Packages of Care to Dietetic Services across Kent, Medway and East Sussex**

A 4 step approach was taken to reducing hidden therapy waits by introducing Packages of Care:

1. To record the following:
  - a. Types of patients in Dietetic clinics
  - b. Numbers of patients in Dietetic clinics
  - c. Number of visits to outpatient clinics/patients
2. From the above data collection a decision was made about which medical conditions were being treated most regularly and therefore required a package of care developed to ensure best value to patients.

It was decided that 3 Packages of Care would be developed:

1. Diabetes
2. Nutrition Support
3. Obesity

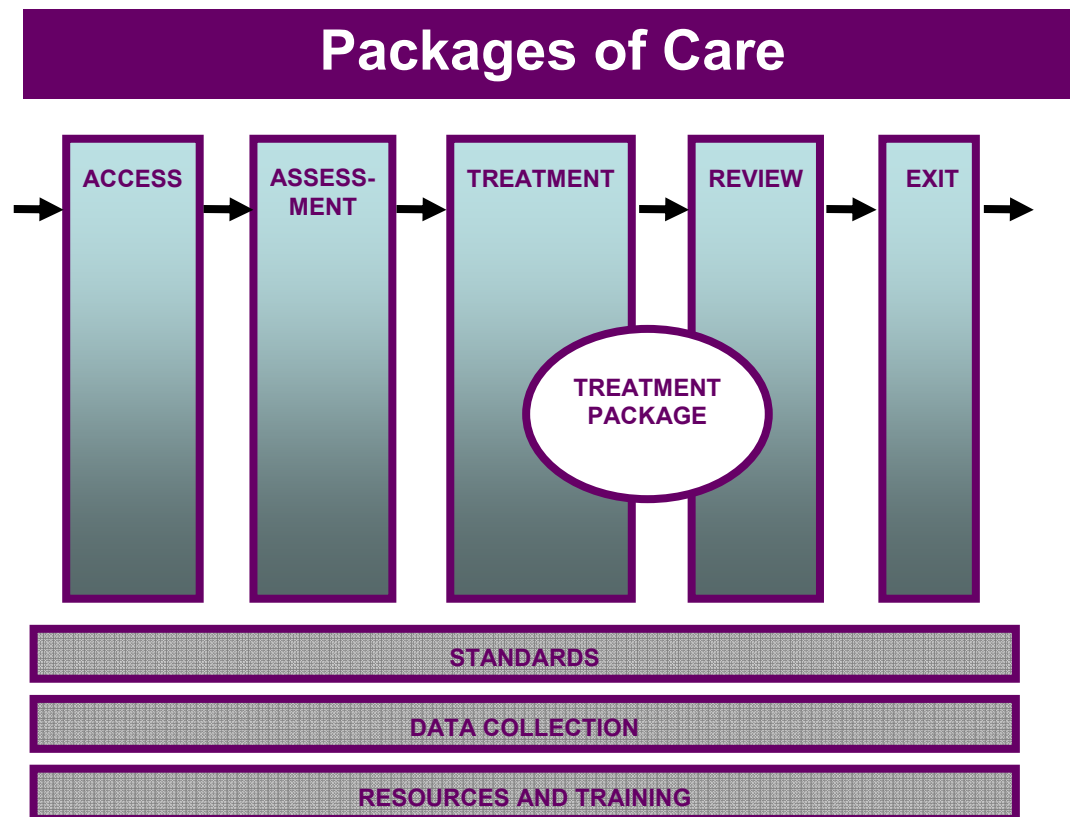
The results for the nutrition support package of care are presented in this report.

3. A series of cross Kent, Medway and East Sussex workshops were organised to facilitate the process of developing the Packages of Care.
4. The Registered Dietitians undertook a review of the evidence for treating each of the identified conditions. This evidence was then used to develop draft 1 of a package of care.

Research into effective Packages of Care development indicated that a Package of Care must have the following characteristics:

- It can be described
- It can be measured
- There is a definitive outcome

Underpinning these characteristics is a definitive model



Underpinning this model are standards, a data collection process and resources/training.

In a series of 3 workshops from January to April 2008, Dietitians throughout Kent, Medway and East Sussex worked on developing and writing the 3 Packages of Care. In order to do this they first reviewed the best evidence available to support each Package of Care. The next step was to use the evidence to develop a package that mirrored the structure defined above and specifically focused on

- One defined patient group
- Entry point to Package of Care
- Agreed number of follow-ups and treatment package
- Exit point from the Package of Care

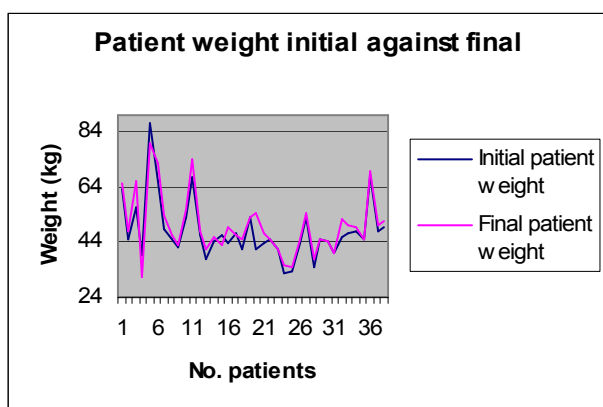
Draft 1 of all three packages of care were completed in 2008. All 6 services throughout Kent, Medway and East Sussex agreed to go back to their bases and pilot draft 1 for 6 months.

After 6 months the data from the trials in each of the PCT/Trusts was collected. The data was collated and reported back to the PCTs/ Trusts. Based on this data final versions of the 3 packages of care were written.

## Results

The results here summarise the nutrition support package of care.

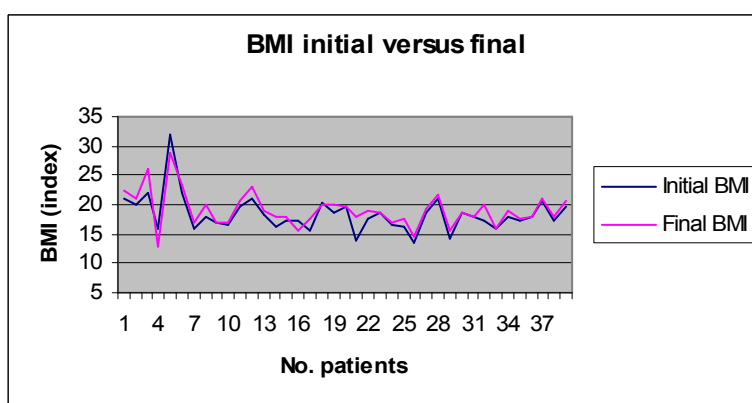
### **Weight of patients who completed the nutrition support package of care**



**Graph 3**

In Graph 3 weight change over the six month period is plotted against patient for all the completed packages of care, 39 in total. Thirty-seven patients maintained or increased their weight during the pilot phase, two patients lost a small amount of weight.

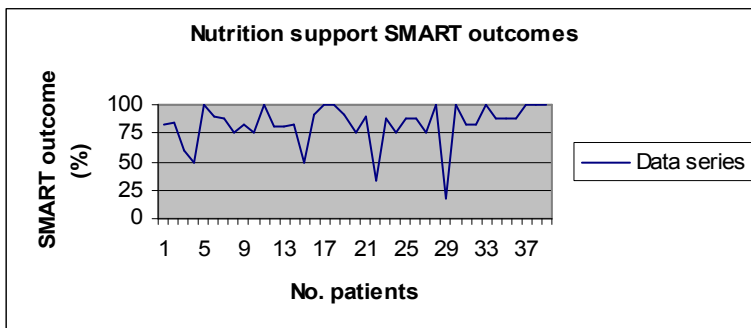
### **BMI of patients who completed the nutrition support package of care**



**Graph 4**

In Graph 4 body mass index over the six month period is plotted against patient for all the completed packages of care, 39 in total. Eight patients maintained their body mass index, two patients decreased their body mass index and 29 patients increased their body mass index during the pilot phase.

## % SMART outcomes achieved by patients who completed the nutrition support package of care



**Graph 5**

Each nutrition support patient was required to take action on SMART outcomes which had been agreed between the patient and the therapist as part of their package of care. On average each patient agreed 3 – 4 outcomes with the therapist. Graph 5 plots the percentage of SMART outcomes achieved against patient over the six month period for all the completed packages of care, 39 in total. Thirty-four patients achieved 75% or greater than 75% of their SMART outcomes. Only two patients achieved less than 50% of their SMART outcomes.

### Discussion

Packages of care are an important part of the process of developing a World Class Service. This discussion focuses on what went well in the development of the packages of care; what did not go so well and what can be improved. The discussion finishes with a recommended approach to the development of packages of care.

Deciding on the defined patient group proved a challenge. The characteristics of an appropriate group were that the patient numbers would be sufficiently importance and large in number that the commissioners would be interested in purchasing the package of care.

Actually defining the patient group was a challenge. Initially three definitions were agreed upon:

### **Nutrition support**

These guidelines are to be used for all adult patients:

- Over 65 years old
- Non specific weight loss
- Outpatient, care home or domiciliary visit referrals

The nutrition support package of care was changed to include all patients with weight loss over sixty five years old.

**Clearly defining the patient group i.e. *all patients who require nutrition support with an age greater than 65 years*, is the most important step in writing a package of care.**

All three packages of care required that each patient was assessed prior to being put onto the package. This meant that departments had to restructure their clinics and add in longer assessment appointments. This restructuring of the of the clinic times was not anticipated during the early development of the packages of care. The result was that it took some time to organise the changes in appointment times resulting in the delaying of the pilot phase of the packages of care.

**It is important to consider all aspects of the implementation of a package of care as early as possible in the development phase.**

The clinical outcomes of the pilot phases of the nutrition support package of care were positive.

The objective of this piece of work was to introduce packages of care for the treatment of patients who are obese and those that need nutrition support.

The package of care for patients requiring nutrition support produced the most striking clinical outcomes. The features of the package that supported the achievement of these outcomes were:

- **A clearly defined target patient group**
- **A target patient group that did not exclude a large number of people**
- **A clear entry point into the package of care**
- **A clear exit point from the package of care**
- **Clear and evidence based outcome measures**

These criteria provided a clear pathway through which the patient could be managed and by which outcomes could be recorded. Both the obesity and diabetes packages of care demonstrated the above criteria but the nutrition support package of care is the best example of these criteria working to produce the desired outcome, literally a 'package of care'.

In summary there are key criteria that contribute to the successful development and implementation of a package of care

These are:

1. Factors that contribute to successful development of a package of care

- **Agreement with the commissioning team on the desired patient outcome**
- **Clearly defined target patient group (including inclusion and exclusion criteria)**
- **A target patient group that does not exclude a large number of people**
- **A clear entry point into the package of care**
- **Clinical assessment based on desired outcomes**
- **Clinical treatment based on agreed evidence based clinical outcomes**
- **Appropriate resources being in place**
- **Clear recording of outcomes against clear evidence based clinical outcome measures**
- **A clear exit point from the package of care**
- **Clear and evidence based outcome measures**

**A full check list is provided in Appendix 1**

2. Factors that contribute to successful implementation of a package of care:

- **Sign up to the package of care from all *stakeholder* groups**
- **Management of patients expectations**
- **Consider all aspects of the implementation of a package of care as early as possible in the development phase**

**Appendix 1**  
**Factors that contribute to the successful development of a package of care**  
**(checklist)**

Stage of treatment	What needs to be developed	Achieved or not
Access	Inclusion criteria	
	Exclusion criteria	
	Referral forms / criteria	
Assessment	Clinical measures	
	Assessment form	
Treatment	Aims and objectives of treatment	
	Treatment process	
	Resources for dietitian	
	Resources for patient	
Outcomes	Agreed outcomes	
	Record of outcome measures	
Discharge	Specific length appointments	
	Specific number of appointments	