

REPORT TO THE PBC GOVERNANCE COMMITTEE TO BE HELD ON: 8TH JULY

Enclosure:	(to be completed by CEO office)				
Subject:	Coeliac LES				
Lead Director:	Sue Price				
Lead Officer:	Anna Hammond				
Recommendation:	For Approval	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>	For Information

PURPOSE OF THE REPORT:

This report is from Westgate Practice in Lichfield and forms part of their practice based commissioning plan for 2008/9. The document outlines a proposal for the implementation of a practice based service to provide follow up care for people with coeliac disease.

KEY POINTS:

Each patient who has received a diagnosis of coeliac disease will be invited to the practice for an annual review. This review will be multi disciplinary including an appointment with the nurse and the pharmacist. A range of tests will be taken, an evaluation of diet compliance will be made and the review will also provide the opportunity for general health promotion.

The costs of the proposal are £5,247 for a six month pilot. This includes some clinical time to develop and evaluate the pilot, as well as the costs for delivering the annual review for all patients at the practice who have a diagnosis of coeliac disease.

CORPORATE OBJECTIVES:

Strategic theme: 3 and 4

RESPONSIBLE COMMITTEE:

NAME:
APPROVED at cmte: YES/NO Date of Cmte:

IMPLICATIONS:

Legal and/or Risk	
Standards for Better Health	3
Financial	£5,247 to be funded from PBC pump priming funding
Training	Practice level training/awareness
PBC	Presented by PBC
Patient Engagement & safety	

RECOMMENDATIONS / ACTION REQUIRED:

The governance committee are asked to: approve the proposal
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PROJECT INITIATION DOCUMENT

Date: June 2009

Project Name: Primary care coeliac service
Project Lead: Anna Hammond
Organisation: Westgate Practice

Background to the Project:

Locally, diagnosis and ongoing follow up care for patients with coeliac disease varies. Pathways of care have not been clearly defined and as a result patients sometimes receive little or no follow up. Historically patients with suspected coeliac disease were referred for consultant diagnosis and subsequent follow up care. Following changes in medical practice/technology it is now possible for the GP to diagnose the disease in primary care.

Croydon PCT have implemented a LES which has improved the management of this service as part of PBC. They identified that follow up care does not require specialist input and value was limited of attendance at hospital. Westgate practice would like to adapt this LES and trial it at a practice level and evaluate outcomes.

This proposal is for a LES to fund follow up care for patients within the practice. Each patient with a diagnosis will be invited to the practice for a multi-disciplinary annual check up.

The practice will:

- Maintain a coeliac register
- Review patients annually (pharmacist and nurse)
- Ensure diet compliance
- Check there are no new symptoms
- Test for; FBC, TFT, Ca, LFT, B12, folate, ferritin.
- Carry out blood pressure, BMI, female contraceptive use
- Provide general health promotion e.g. alcohol, smoking
- Assess need for DEXA scan.
- Review of education and medication
- *Patients with complex or uncertain presentations/ investigations may need to be referred to secondary care for diagnosis and or follow up care.*

The practice currently has 42 patients with a diagnosis of coeliac disease. The prevalence of coeliac disease is thought to be 1%, which would suggest that the practice are currently under diagnosing the problem. This proposal is for a 6 month pilot where all those patients with an existing diagnosis will be invited for an appointment. It is thought that an additional cohort of patients may be diagnosed over the year, following increased awareness at a practice level. This number has been estimated at 30.

The payment mechanism would be £65 for a follow up appointment (the cost of a follow up in secondary care is £79). In addition funding is requested for the initial development of the project within the practice. All this will be requested from pump priming funding.

Follow up for 42 patients currently known to the practice*	£2,730
Follow up for 30 patients who are not currently diagnosed *	£1,950
Costs of GP time to evaluate, design protocols etc.. 6 hours at £76.5 per hour	£459
Costs of general manager time 3 hours at £30 per hour	£90
Costs of nursing time, 1 hour at £18 per hour	£18
Total cost	£5,247

* Please note invoices will be made quarterly for those patients actually seen.

In addition to the cost per patient there will be 10 hours of GP time and 4 hours of general managers time. This is ££765 and £120.

Objectives		
<ul style="list-style-type: none"> Improve follow up care for people diagnosed with coeliac disease through a practice based service. 		
In Scope:		Out of Scope:
<ul style="list-style-type: none"> Practice patients who have already been diagnosed with coeliac disease Patients are diagnosed with coeliac disease over the course of the 6 month pilot 		
Deliverables:		
<ul style="list-style-type: none"> Improved patient education Improved awareness of the disease within the practice Savings within secondary care budgets More cost effective prescribing Multi-disciplinary working 		
Timescales - key dates		
Project Start Date: July 2009		Project End Date: February 2010
Post Project Review Date: March 2010		1st Outcomes Review Date: November 2009
Key Milestone Dates including any Checkpoint Reviews:		
<ul style="list-style-type: none"> July 09 – consideration by PEC and PBC governance August 09 – finalise pathways and research September 09 – implementation at practice level including in house education session September 09 – invite first cohort of patients for review. 		
Anticipated Outcomes		
<ul style="list-style-type: none"> Increased number of patients receiving follow up care (historical pattern of follow up care to be established with patient at annual review) Reduced number of patients receiving follow up care in hospital 		
Measure	Baseline	Target
Number of patients receiving annual check ups	0	50
Number of patients attending secondary care for follow ups	TBC	
Number of patients with coeliac disease referred for dexam scans	TBC	
Number of patients invited to primary care for annual check up with existing diagnosis of coeliac disease	0	42
Roles & Responsibilities		
Name	Role	Responsibility
Dr John James	Clinical lead	Define clinical pathways and advise on implementation

Christine Gentle	Managerial lead	Implement processes within the practice
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