

# Lean Care

NHS East Surrey Clinical Commissioning Group  
Surrey and Sussex Healthcare NHS Trust

## Brief Description

Crohn's disease and Ulcerative Colitis are inflammatory bowel diseases with variable disease intensity and intermittent disease flares.

## Reasons for the change

- Improve disease remission and patient quality of life.
- Improve synchronising expert intervention to disease flares.
- Increase disease modifying therapy uptake.

## Intended outcomes

- Improve patient involvement in disease management
- Reduction in hospital admissions
- Reduction in inflammatory bowel disease operations

## Organisations

Dr Azhar Ansari- Gastroenterologist

IBD nursing team at East Surrey Hospital led the Hear, Intervene, Therapy (HIT) model of care supported by East Surrey CCG.

## Outline of service model

The conventional diary outpatient model of care does not time correlate patient disease flares with timely expert support. The advice and therapy time lag allows disease progression. More active disease leads to complications, hospital admission and operations.

The Hear, Intervene and Therapy (HIT) model of care involves:

### Hear

Patient's self-report disease activity via Patient Knows Best web database. The IBD nursing team "hear" and respond.

### Intervene

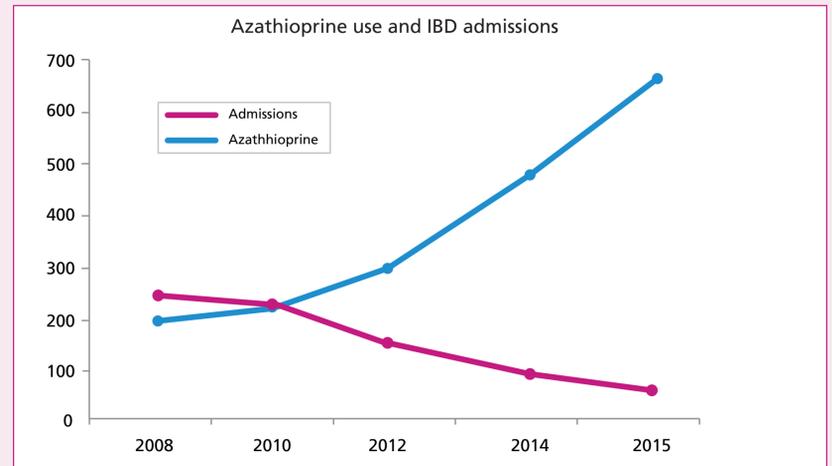
The Inflammatory Bowel Disease Nursing Team provides expert timely therapeutic advice and builds patient trust.

### Therapy

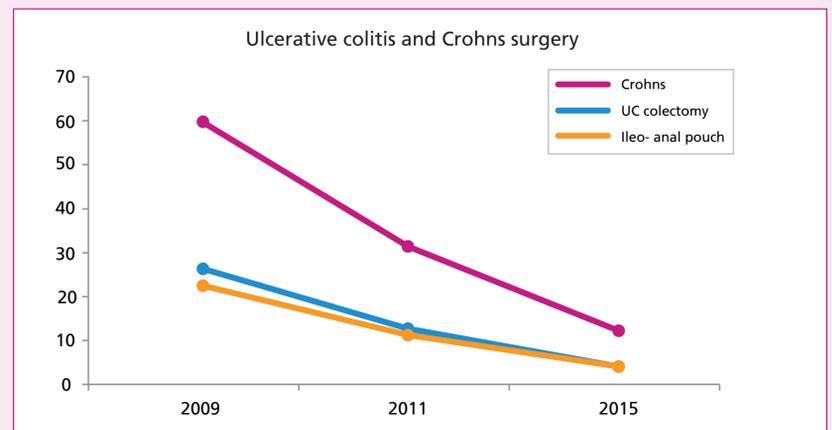
Disease modifying therapy with low dose Azathioprine and Allopurinol for individuals with moderate to severe inflammatory bowel disease is well tolerated and helps maintain disease remission. Identifying and treating a greater proportion of patients with disease modifying therapy reduces hospitalisations and operations.

The Azathioprine and Allopurinol prescribing and monitoring shared care support from Primary Care facilitates the IBD team focus on patients with disease exacerbations.

## Progress to date



The Lean Care model for 3,180 patients with inflammatory bowel disease and 650 patients treated with low dose Azathioprine and Allopurinol therapy has reduced the operation rate by 80% and reduced the admissions by 80%.



The low dose Azathioprine and Allopurinol therapy has an improved efficacy with reduced side effects and improved patient outcomes.

In the UK, it had been estimated that at least 115,000 people have Crohn's disease (NICE guideline CG 152, 2012) and around 146,000 have a diagnosis of ulcerative colitis (NICE guideline CG166, 2013). However, modern data suggests that this burden has risen to 620,000 individuals (250,000 with Crohn's disease the rest Ulcerative Colitis) (IBD Standards 2013).

Based on NICE benchmarking tool 13% of patients with Crohn's disease and 11.5% of adult patients with ulcerative colitis would be expected to require anti-TNF therapy. At East Surrey Hospital 88 (2.8%) of 3180 IBD patients use anti-TNF therapies at a cost of approximately £1 million/year. The NICE benchmarking analysis would predict 377 patients and an approximate cost of £4 million/year.

This work requires additional commissioning support. The important costs are associated with 1) increased need for monitoring to support safe use of immunosuppression (2,000 x £25) and a the rapid IBD nurse response to patient request for advice (1300 x £60), prescriptions (400x£25), IBD nurses (4x £40k) and Patient Knows Best software (£30,000) a total investment of approximately £240k. The additional costs are partially offset by a reduction in conventional outpatient appointments (500/year) and avoidance of hospitalisations.

## Contact details

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