PILOT OF ENHANCED GP MANAGEMENT OF PATIENTS WITH MEDICALLY UNEXPLAINED SYMPTOMS

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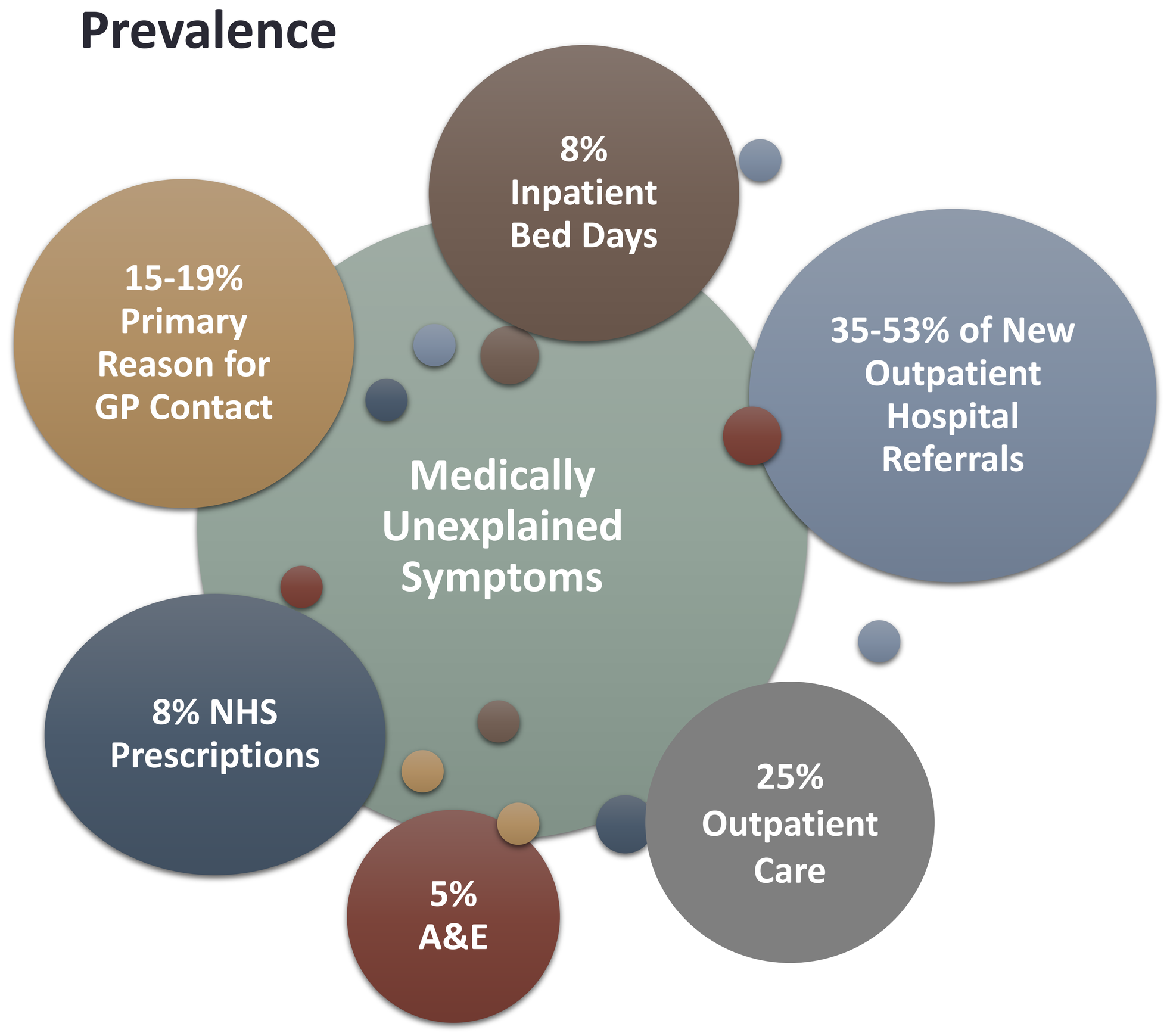
BACKGROUND

Medically Unexplained Symptoms

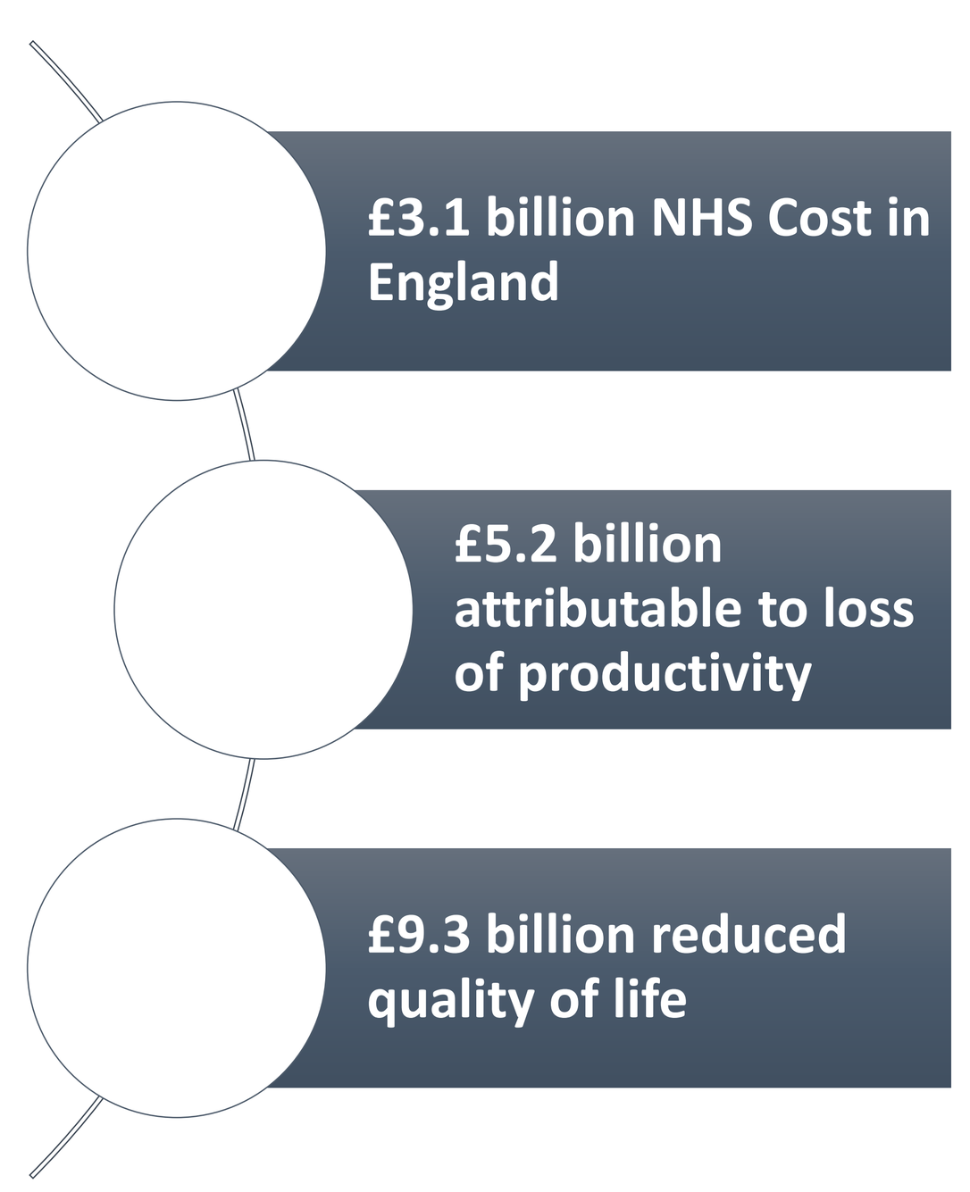
Definition

The term 'medically unexplained symptoms (MUS)' are physical symptoms that cannot be explained by organic pathology, which distress or impair the functioning of the patient. Patients often present with physical symptoms that cannot be explained even after thorough investigation. Other terms used to describe this patient group include: Functional Somatic Syndrome (FSS), Illness Distress Symptoms (IDS), Idiopathic Physical Symptoms (IPS), Bodily Distress Syndrome (BDS) and Medically Unexplained Physical Symptoms (MUPS).

Prevalence



Cost



SYMPTOMS AND DIAGNOSIS

Symptoms

- ☑ Headache
- ☑ Shortness of Breath, palpitations
- ☑ Fatigue, weakness, dizziness
- ☑ Pain in the back, muscles, joints, extremity pain, chest pain, numbness
- ☑ Stomach problems, loose bowels, gas / bloating, constipation, abdominal pain
- ☑ Sleep disturbance, difficulty concentrating, restlessness, slow thoughts
- ☑ Loss of appetite, nausea, lump in throat
- ☑ Weight change

Diagnosis

- Chronic Pain
- Fibromyalgia
- Somatic Anxiety / Depression
- Irritable Bowel Syndrome
- Chronic Fatigue Syndrome
- Myalgic Encephalomyelitis
- Post-viral Fatigue Syndrome

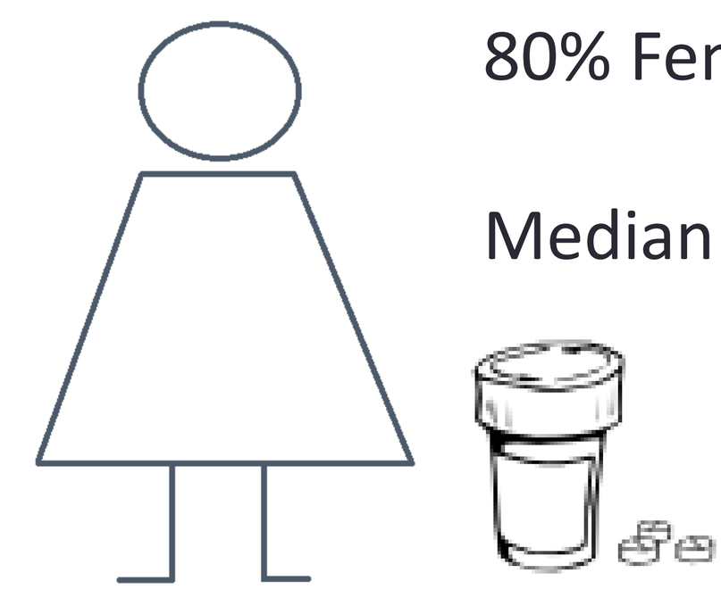
BARNET BOROUGH (2011 STATISTICS)

Population	356,386 [52% F; Mdn Age 37]
GP Practices	68 [373,715 registered]
NHS Providers	4
Barnet CCG Deficit 2013/14	£43.4m
Good health	33% [34.2%]*
Economically Active, Unemployed	8.4% [7.8%]*
Incapacity benefits	3% [4%]*
Day-to-Day Activities Limited a Lot	6.6% [8.3%]*

*National rate

PROJECT DISCOVERY

To determine the cost of healthcare for MUS patients, we selected 10 patients from St George's Medical Practice. We reviewed the primary and secondary care costs for period covering April 2011 to September 2012. Table 1 compares our data to the NHS Commissioning Support (CSU) 2008/9 MUS pilot project conducted at 3 London based GP practices.



80% Female

Median Age 44 years

Antidepressants, analgesia, inhalers, anxiolytics, laxatives, antiemetic, antihistamines, antisecretory & mucosal protectants, antiepileptic (neuropathic pain)

Table 1: Comparison of Project Discovery Data at One Barnet GP Practice to NHS CSU 2008/9 MUS Pilot Project at Three London based GP Practices

	Project Discovery: St George's Medical Practice (18 month period)		NHS Commissioning Support Unit 2008/9 MUS Pilot (24 month period)	
	n=10	Average/patient	n=227	Average/Patient
Overall contacts	171	17	8,990	~40
GP Contacts	159	-		
Nurse Contact	5	-		
HCA Contact	7	-		
National Average		*5 per capita*		
Cost for GP time	£1433/2years*	£71.67/year*	£307k**	£1,352**
Investigations	101*	10*	74 per month	~8
Secondary care activity	88	~9	1,077 appts.. over 1 year	9 appointments
Secondary care cost	£21,947‡	£1463/year‡	£700k	£1,541/year
- Inpatient care	£11,417	-	£250k	-
- Outpatient care	£8,018	-	£83k	-
- A&E	£2,512	-	£20k	-
Total Spend	£23,380†	£1,535/year†	£1million £42,000/month	£2,218/year £1690/year*

*Price based on £171.67 per registered patient for GMS contract; **Price based on estimated cost of £34 per GP contact; ‡Excluding zero cost / non-PBR atts; †Price excludes investigation costs

Projected Annual Healthcare Cost for Patients with MUS in Barnet

PROJECT AIMS AND OBJECTIVES

- To pilot a commissioner initiated, enhanced GP management service for patients with MUS in primary care. Refer to Figure 1 for details.
- The pilot will be carried out at selected Barnet GP practices (approximately 15) managing a minimum of 10 patients with MUS over 12 months.
- To identify patients with MUS using an electronic risk stratification tool 'The Nottingham Tool' with a review of the generated list at a multidisciplinary (MDT) GP practice meeting for the final patient selection.
- To enhance post-graduate GP training by providing education and training workshops and focused work group meetings on the management of MUS.
- The project will also test the assertion that identification and management of MUS would result in savings to commissioning budgets.

ENHANCED GP MANAGEMENT OF PATIENTS WITH MUS

The model of care (see Fig. 1) we propose for the management of patients with MUS will purpose to build patient **resilience** and assist in the **recovery** process [Fig.3]. During patient consultations, the GP will apply the principles of the 'Cycle of Change' [Fig. 2] using various skills and techniques learned in the education and training workshop. Response to treatment will be measured using quality of life surveys compared pre- and post-pilot. This will ultimately lead to patient **'self-management'**, **'Keeping Well'** and **'Keeping independent'.** Also, at each pilot GP practice there will be one allocated GP to deliver the MUS service, this will allow for consistency and continuity of care.

Figure 1: MUS Pilot Service Model

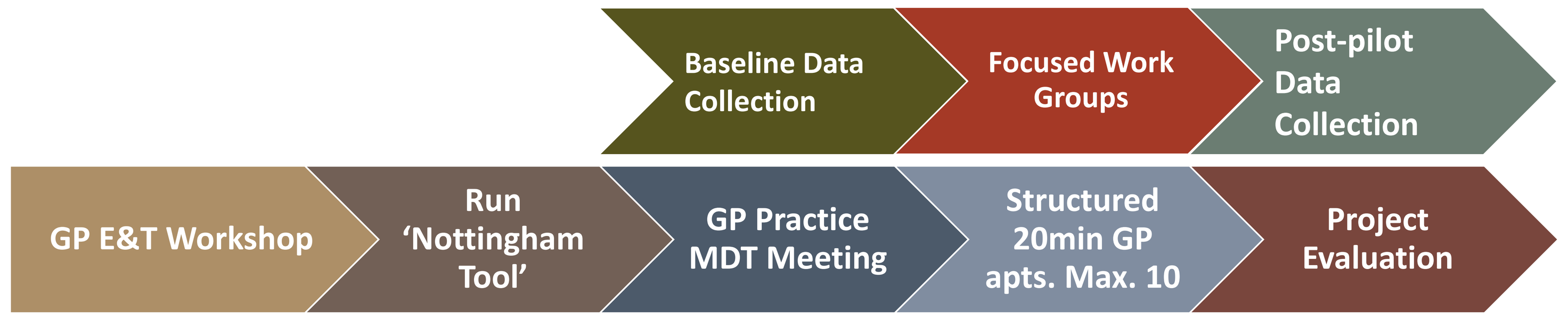


Figure 2: Cycle of Change

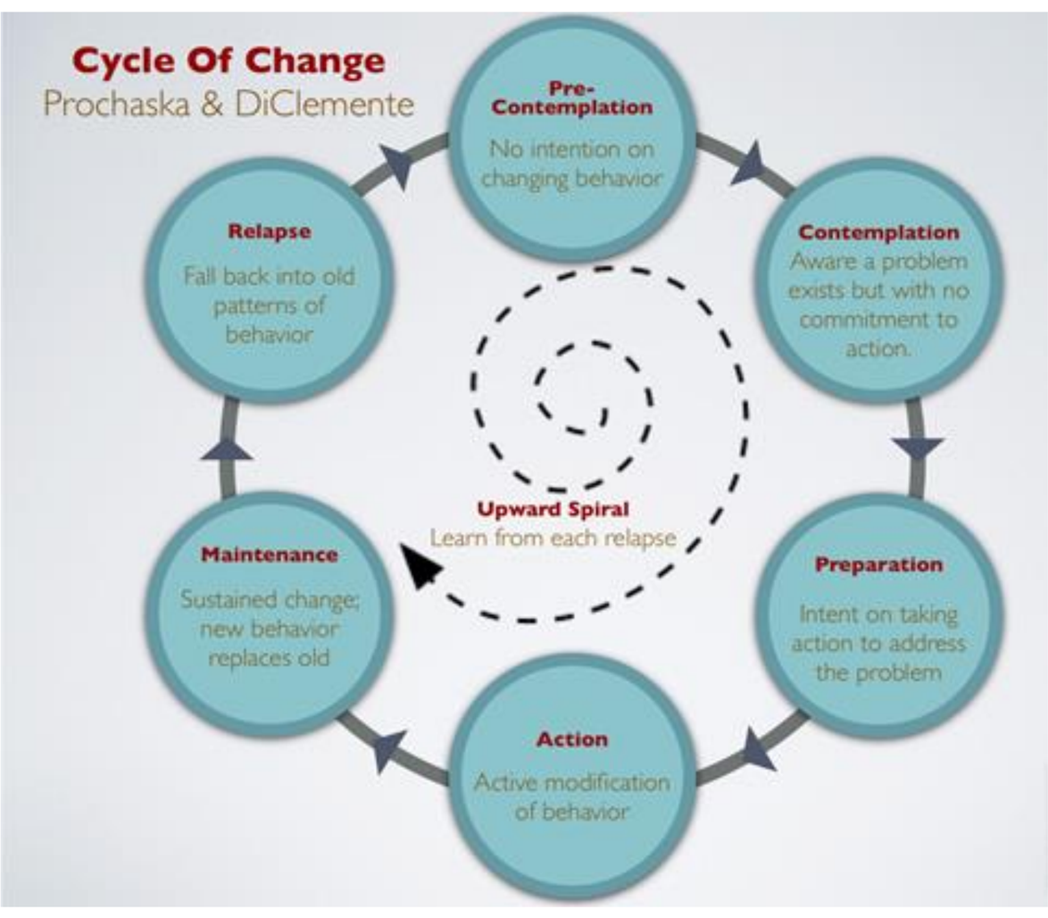
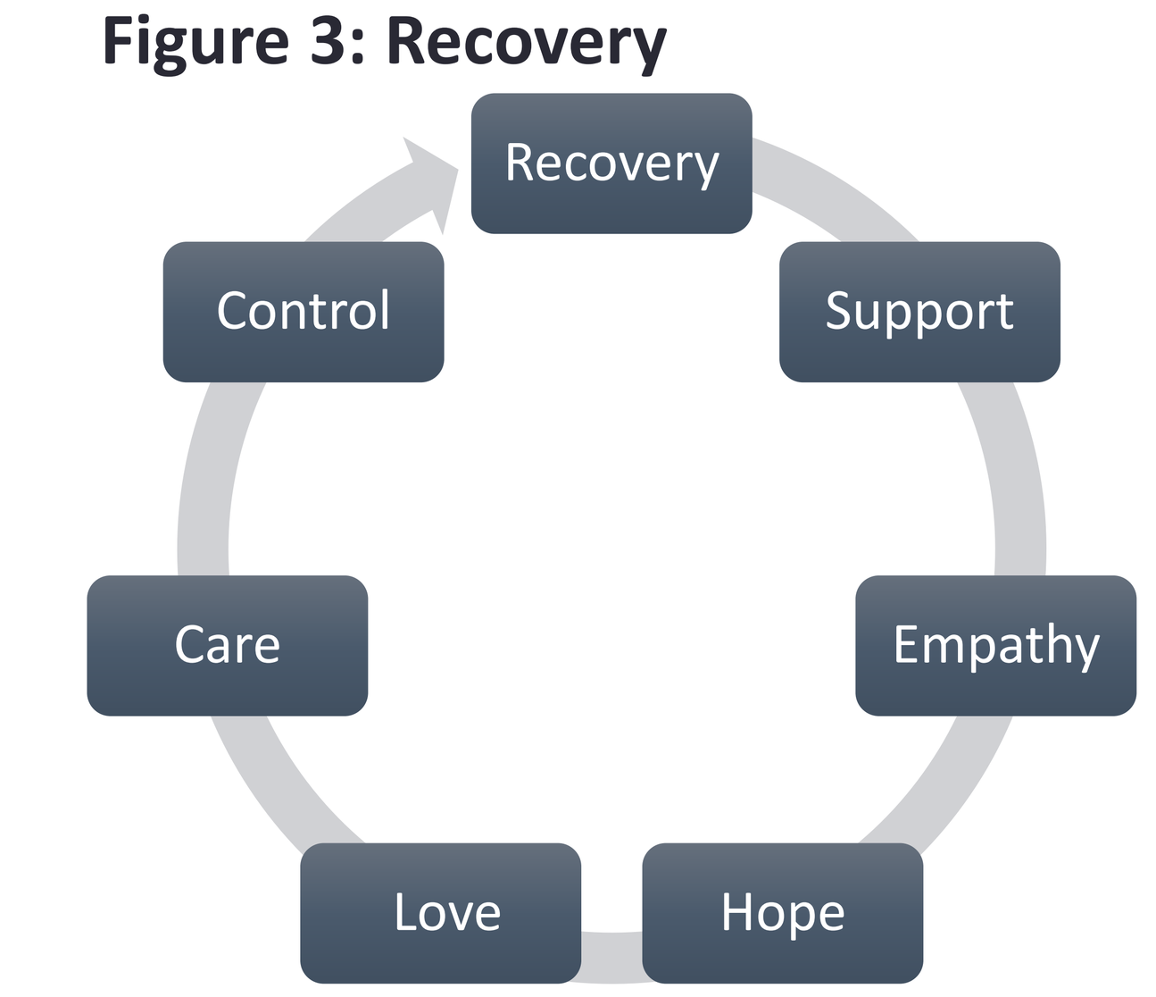


Figure 3: Recovery



PROJECT OUTCOMES AND BENEFITS

There are several benefits that could be realised from implementing this project. These are as follows:-

- Improved outcomes for patients with MUS, better patient experience
- Improved quality of life
- Improved GP-Patient relationship
- Reduced GP secondary and tertiary referrals
- Reduced unnecessary GP and hospital investigations and prescribing of medicines
- Reduced GP appointments and out of hours appointments to A&E or GP.

NHS CSU Pilot: ⇩33% GP appointments.; ⇩25% investigations. & £8,120/month gross savings in secondary care

Barnet Potential Savings: £30 million per year gross savings in secondary care costs alone based on 19% (71k persons) prevalence rate for MUS in primary care. The GP led service increases the potential costs savings when compared to other services offered.

CONCLUSIONS

There is a high prevalence of patients with medically unexplained symptoms presenting to primary and secondary care services. Patients with MUS are high healthcare service users having a major impact to our local health economy and health outcomes. GPs are well placed to manage MUS patients as this patient group are 50% more likely to attend primary care. We believe that our proposed enhanced management of care by the GP will result in both market and non-market benefits. This proposal has gained approval from the NHS Barnet CCG Primary Care Strategy and Implementation Board, QIPP Board and the NCL Programme Board for the 2013/14 financial year.

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