NEW MODELS OF CARE IN PRACTICE

MULTISPECIALTY COMMUNITY PROVIDER VANGUARD

TOWER HAMLETS TOGETHER

Amongst many other initiatives, this vanguard has established a new community kidney service which uses technology to help identify and treat patients either at risk of kidney disease or already living with the condition.

This is an important area for the vanguard as high rates of hypertension and diabetes in east London's population are associated with higher than UK average progression to end stage kidney disease, and higher rates of mortality and morbidity due to associated cardiovascular disease.

A new consultant-led weekly e-clinic has been set up specifically for kidney disease. If a GP suspects a patient may have issues with their kidney function, they now have immediate access to a specialist in a virtual online clinic who can provide instant feedback on the best way to manage the patient either in the community or with more specialist care where needed. Technology is also used to identify patients who are at risk and they are also treated by the new service.

This is reducing the need for patients to be referred to the hospital service to get advice and dramatically reducing the time patients wait for treatment.

KEY FACTS IN NUMBERS

In 2015, the average wait for a renal clinic appointment was 64 days, using the new e-clinic, the average wait has dropped to five days.

Since the e-clinic was introduced in December 2015, a high number of referrals are managed without the need for a hospital appointment and where patients do need to attend a renal clinic at the hospital the wait has been reduced from 64 days to just five days.

Further information: To learn more about the work of the vanguards and the new care models programme visit **www.england.nhs.uk/vanguards** or join the conversation on Twitter using **#futureNHS**

ROBERT'S STORY

This service is improving the lives of patients like Robert who is being treated with lithium for a bipolar disorder and ramipril for diabetes. He also suffers high blood pressure. Robert went to see his GP feeling unwell and blood tests showed his lithium level was too high and his renal function was deteriorating. The GP was able to link with the community chronic kidney disease clinic where a renal consultant reviewed Robert's patient records before advising changes to his medication. The GP made the changes and Robert's kidney function rapidly improved and he felt much better. Without the seamless sharing and reviewing of medical records it is likely Robert's condition would have continued to deteriorate. The rapid action taken by his GP meant he avoided an outpatient appointment or hospital admission, which also reduced the pressure on the wider health system.

Local Government Association
NHS Clinical Commissioners
NHS Confederation
NHS Providers