

CASE STUDY

Data driven dashboard

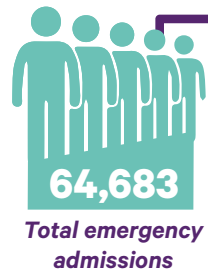
Parkinson's UK

The scenario

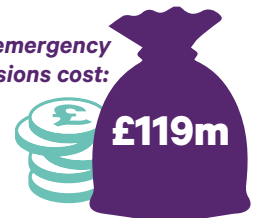
Charity Parkinson's UK wanted to understand how people with Parkinson's disease were using hospital services so that they could provide informed support to local teams in managing the condition better. It was recognised that many patients were admitted to hospital with complex issues that had not been managed effectively, meaning that patients reached a crisis point and might end up being admitted to hospital. Many of these admissions may have been avoided if more information was available to specialist healthcare professionals locally so that they could anticipate care needs earlier.



Number of people with Parkinson's admitted as an emergency:



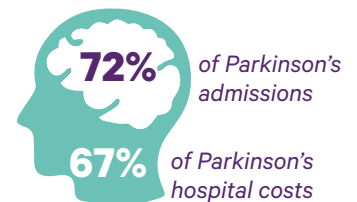
Total emergency admissions cost:



Average length of stay



Emergency care accounts for:



Many of these costs could be avoided or significantly reduced by anticipatory care of patients who are at risk. Risk stratification and proactive management is key. Specialist Parkinson's nurses and therapists can be pivotal in better managing patients. Investment in these could be a cost effective intervention.

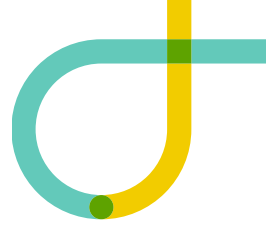
An individual area case history on next page shows how data has stimulated local action.

For more information speak to your account manager or contact our dedicated team:

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Data driven dashboard

Parkinson's UK



The outcome

A data dashboard was developed with Parkinson's UK to enable individual CCGs to understand their performance in Parkinson's management. Updating the admission data showed the common reasons for hospital admission in Parkinson's which has enabled Parkinson's UK to structure its research agenda around addressing the issues that precipitate admission.



Translating data into local action

In South Tees the Parkinson's team has been using data to help make the case for on-going service investment and development. The team realised that they were failing to meet the needs of patients with complications such as motor fluctuations, dementia and psychosis and realised that 15-minute review appointments, every six months, was no way to deal with complex issues.

With the help of a Health Foundation 'Innovating for Improvement' grant, they set up a rapid-access, community-based unit, staffed by a mix of medical, nursing, therapist and mental health services professionals. The plan was to fast-track struggling patients to the "Parkinson's Advanced Symptoms Unit" (PASU), following them up at home as required, to see if they could resolve crisis issues that might otherwise result in hospital admission (www.health.org.uk).

A range of quality metrics, coupled with patient and carer feedback was chosen to demonstrate improvements in quality of life, engagement in self-management and caregivers' strain. Financial metrics were also developed with local CCGs - to ensure that measures were meaningful to those with the power to make a change, including:

- number of emergency admissions to acute medical care or acute psychiatric care
- length of stay
- number of admissions to nursing care
- prescribing costs.

Hospital admissions were benchmarked on admissions and length of stay and included nursing home patients.

Prescribing costs were also calculated. Armed with this baseline data the unit has been able to demonstrate significant cost savings to the local CCGs and, as such, are delighted to have a fully commissioned PASU service up and running for the foreseeable future.

They are now significantly more cost-effective than many other matched CCG regions, and are optimistic that the PASU will continue to deliver excellent outcomes, both for commissioners and, more importantly, patients and carers.

If you would like to know a little more, then either visit the [Parkinson's Excellence Network \(North East & Cumbria\) site](#) or watch this [video](#).