Outpatient parenteral antimicrobial therapy in a changing NHS: challenges and opportunities

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ABSTRACT – Up to 4% of inpatients are in hospital solely to receive intravenous antimicrobial therapy. Outpatient parenteral antimicrobial therapy (OPAT) offers the opportunity for improved efficiency and patient choice through early discharge from hospital or admission avoidance, while maintaining quality of care. OPAT aligns well with key priorities in the new NHS and in this article I explore how new developments in the national healthcare context might be exploited to promote the ongoing evolution of OPAT in the UK.

KEY WORDS: home infusion therapy, OPAT, intravenous antibiotic therapy

Introduction

Outpatient parenteral antimicrobial therapy (OPAT) is the administration of intravenous (IV) antimicrobial treatment in the community or outpatient setting as an alternative to inpatient care. Its use for appropriate patients reduces length of hospital stay or prevents admission. OPAT has been shown to be clinically and cost effective in the NHS setting1 and is also preferred by patients. Its potential both to improve patient care and choice, and to reduce costs is increasingly being recognised across the hospital and community sectors in the UK, and numerous new services are being established. OPAT is now cited as one of five options for antimicrobial prescribing in the Department of Health’s guidance on antibiotic stewardship.2 One particular area in which interest in OPAT is expanding is acute medicine services, and the Society for Acute Medicine has recently established a national OPAT working group.

Outpatient parenteral antimicrobial therapy can be delivered by a visiting nurse, at an ambulatory care centre or via patient self-administration. It can be used for relatively uncomplicated infections for which IV therapy is required, such as cellulitis and resistant urinary tract infections; these cases are increasingly managed through nurse-led care, with a defined treatment protocol and limited physician input.3 Patients who require more protracted courses of antibiotics for complex infections, such as endocarditis, bone and joint infections, and neurosurgical infections, are increasingly being trained to self-administer therapy. This offers increased freedom to fit treatment around other activities and also the possibility of giving multiple daily doses of IV antimicrobial agents.4

Despite its clear benefits, OPAT is associated with increased clinical risk,5,6 since patients have significant infections and are under more limited medical and nursing supervision compared to inpatient care. Complications may result from the underlying infection itself, other co-morbidity, the antimicrobial therapy or the intravenous line. In light of the recent expansion of OPAT in the hospital and community settings, a new set of national OPAT practice guidelines was published earlier this year7 as part of a larger national OPAT project coordinated by the British Society for Antimicrobial Chemotherapy (BSAC).8 These good practice recommendations were developed through expert opinion from a wide range of stakeholders, supported by a thorough literature review, and national consultation. They explore five key areas relating to service design and OPAT team membership (including the recommendation that the team includes an infection specialist), patient selection, antimicrobial management, patient and outcome monitoring, and clinical governance. These five key areas provide pragmatic guidance for developing and benchmarking OPAT services in any context in order to ensure high-quality care and minimal clinical risk.

The national context

The NHS is facing severe financial pressures, with a reduction in funding in real terms over the course of the current spending review. Not only is there pressure due to the national and global economic situation, but demands on resources are increasing due to the changing demographic profile in the UK, the increasing complexity of healthcare and high public expectations. In this climate, it is not surprising, therefore, that a key government priority is to promote efficiency – that is, to do ‘more with less’. In addition, the NHS in England and Wales is undergoing one of the most significant restructuring programmes in its history, as set out in the Health and Social Care Act 2012. The introduction of a new system for commissioning services will have a major impact on purchaser–provider relationships at a local level, while the new principle of ‘any willing provider’ enhances competition and opens the door to the private sector increasing its share of the healthcare market. Provision of ‘care closer to home’ is an ongoing focus. The key principles of this are that services should be organised around the interests of patients rather than institutions, should be locally relevant rather than taking a ‘one-size-fits-all’ approach and should involve provision of ‘seamless care’ by working across traditional boundaries through the development of integrated services.9,10

Opportunities for outpatient parenteral antimicrobial therapy

The current climate offers substantial opportunities for the expansion and progression of OPAT in three key areas:
ally, it is therefore essential to develop a funding system – ideally OPAT may cost the same, or even more than, inpatient care is taken into account. In real terms at a local level, therefore, excess bed days, and the additional cost of OPAT attendances and terms of the healthcare resource grouping (HRG), trimpoint and ratification ‘on the ground’ once the treatment episode is considered in addition to the two settings – that is, the infection expertise and inpatient care are integrated services offer the opportunity to combine the strengths of the specialist OPAT tariff and commissioning framework.

Conclusions

The current national context offers considerable opportunities to expand and develop OPAT locally and nationally. However, a concerted effort is needed to capitalise on these opportunities, including the development of supportive financial structures, a willingness to work across organisational boundaries at a local level and a need for collaboration of the OPAT ‘body’ in order to influence government policy and coordinate development of OPAT nationally.

References