Executive summary of Joint Working Outputs

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Project title	"Integrated Multidisciplinary Team approach for management of HF patients utilising a digital platform (vMDT)".
Duration	6 months
Project partners	NHS Lincolnshire CCG (now ICB) and AstraZeneca
What was the issue to be addressed?	The aim and objectives of this project were to: • Support redesign of patient flow through community and secondary care heart failure services • Implement vMDT service in SW Lincolnshire locality • Allow patient access to specialist services closer to home • Reduction in long waiting times to be seen by a 'specialist' • Drive improvement of understanding within primary care to effectively manage HF patients. Education support for multiple stakeholders within primary care • Opportunity to provide access for approx. 360 pts over 6 months via vMDT clinics. Weekly vMDT (15 patients per week)
What were the results?	The actual outcomes for the project were as follows: **Patients:** 1. Patients living with Heart Failure experience less symptoms, and reduced symptoms for longer, giving them a better quality of life. 2. The majority of care is delivered closer to home within a familiar setting. 3. Patients feel more confident in managing their condition and have improved access to support when they need it. **Healthcare Professionals and Organisations:** 4. Improved clinical knowledge and care of patients living with Heart Failure. 5. Better access and trust in clinicians involved in patients care through improved integration. 6. A more efficient and less frustrating system that is no longer dogged by ineffective admin practice. 7. More robust decision making around end of life/ palliative patients. **Lincolnshire ICB:** 8. Reduced gap in patient health and healthcare inequalities across the K2 Federation.

	9. A documented model that can be effectively rolled out across the county 10. Improved quality of life and mortality markers as the pathway develops over 3 – 5 years 11. Less reliance on secondary care services, ensuring specialist support is more readily available when required. 12. Improved prescribing to ensure patient care is optimised. 13. Achieving the NICE recommendation regarding access to an MDT for management of patients with HF. 14. Long term reduction from projected trend of admissions for people living with Heart Failure. 15. Improved cost effectiveness, and use of resources.