

POLICY NEWS

What is healthcare policy, why does it matter and how can we influence it?

Carol Stonham,¹ Tracey Lonergan²

¹ Executive Policy Lead, Primary Care Respiratory Society; ² Policy Coordinator, Primary Care Respiratory Society

In this article we explore what healthcare policy is, why it matters, how we as healthcare professionals can influence UK healthcare policy and why we should. Carol Stonham is our immediate past Executive Chair and leads the PCRS Policy Forum. Dr Tracey Lonergan is the PCRS Policy Coordinator and a Medical Writer with a special interest in respiratory disease.

What is healthcare policy?

The World Health Organization (WHO) defines healthcare policy as “*decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society*”.¹ Essentially, healthcare policy is the framework of priorities and goals that determines fundamental issues such as which services are provided, how, where and by whom those services are provided, which medications are approved and made available through formulary lists, and local and regional access to healthcare services.

Why is healthcare policy important?

Healthcare policy helps to shape and protect the health and well-being of our population. Fundamentally it directs the flow of funding for our health service according to the perceived areas of greatest need for our society. Healthcare policy for England is laid out in the NHS Long Term Plan, issued in January 2019.² The plan highlighted a number of major health conditions that were identified as of highest priority to improve the health of the nation – cancer, cardiovascular disease, stroke care, diabetes, respiratory disease and adult mental health services. These are in addition to the broader policy aspirations of boosting out of hospital care, reducing pressure on emergency hospital services, giving people more control over their own health and striving for a strong start in life for children and young people. Similar documents are in place for Scotland,³ Wales⁴ and Northern Ireland.⁵ Each document reflects the national healthcare priorities. In Scotland the policy priorities are focused on boosting GP numbers, investing in

general practice and district nursing and investing in training additional healthcare professionals including advanced nurse practitioners, paramedics and link workers.³ The Welsh healthcare policy priorities include striving for longer healthier and happier lives for all, enabling people to remain active and independent in their own homes for as long as possible and to deliver an equitable system which achieved equal health outcomes for all.⁴ The healthcare priorities for Northern Ireland include more support in primary care to enable more preventive and proactive care, and earlier detection and treatment of physical and mental health problems.⁵ Building capacity in communities and reducing inequalities to ensure the next generation is healthy and well has also been identified as a healthcare policy priority in Northern Ireland.

As a respiratory charity our focus is of course on the healthcare policies related to respiratory health. The NHS Long Term Plan for England defines the policy priorities for respiratory health and healthcare as being to:²

- Do more to detect and diagnose respiratory problems earlier.
- Increase the number of patients with COPD who are referred to pulmonary rehabilitation.
- Do more to support those with respiratory disease to receive and use the right medication.
- Improving our response to pneumonia.
- Enable more people with heart and lung disease to complete a programme of education and exercise-based rehabilitation.

Healthcare policy defines a vision for the future of healthcare



provision. This is important because it means that healthcare policy can change, for example, in response to major health emergencies such as a global pandemic, but also in response to input and influence from healthcare practitioners, the organisations that represent them and other healthcare organisations and charities. Indeed, input from the non-government sources is essential to bridge the gap between the priorities perceived in Westminster, Holyrood, the Senedd and Stormont and the lived experiences of healthcare practitioners and their patients.

Role of the PCRS Policy Forum

As an organisation PCRS have a dual role in relation to healthcare policy. On the one hand we are policy influencers. We are the national voice representing respiratory expertise across primary and community care. We engage with the NHS to try to ensure the right standards, supported by the appropriate policy levers, incentives and mechanisms to cascade them, are in place nationally. This is crucial to the practical delivery of high value patient-centred respiratory care by primary care health professionals locally.

Through our Policy Forum, a core team of PCRS members appointed to a place on the committee, we identify and articulate health considerations from the primary care perspective, ensure they are heard by policy makers and promote (campaign for) their integration into national and regional policies and plans. To achieve this, we undertake 5 key activities:

- Evaluating current policies that relate to primary care provision and suggest improvements or alternatives that will better meet patient needs.
- Raising awareness about what we believe are the most pressing healthcare challenges in primary care.
- Articulating new policy proposals where none exist, or they are inadequate to address healthcare issues we believe are relevant.
- Meeting with policymakers to provide clinical insight into policy proposals.
- Collaborating with other policy influencing groups to ensure a united, consistent and impactful message is delivered to policy makers.

On the other hand, we work to translate healthcare policy into clinical practice by reflecting and communicating the PCRS position and recommendations on relevant health topics in the form of PCRS Position Statements in which we describe the evidence and emphasize what we believe best practice for the NHS should be. We also work to highlight areas of educational need and form recommendations for changes to service provision or delivery in the form of PCRS Pragmatic Guides and Consensus Statements. All these materials are available via the PCRS website.

How you can get involved

If you are interested in more information about the PCRS position on respiratory health topics, you can visit our Policy page

at <https://www.pcrs-uk.org/policy>. Here you will find all our current Position Statements and Pragmatic Guides.

We always welcome input from our members to alert us to emerging policy-related issues and challenges. Indeed, we rely of our Policy Network of around 25 to 30 members who are our 'ear to the ground' across the four nations and who input to and help shape our policy influencing work. Also from the Policy page, you can contact Tracey Lonergan, our Policy Coordinator, if you have a policy-related issue for the Policy Forum to consider, would like to be involved in the Policy Network or be alerted when positions become available on the Policy Forum.

There is nothing mystical about policy influencing, all you

need is an opinion on how care is delivered and how it could be delivered better. It is only by speaking up that we can bring about change.

References

1. World Health Organization. Health system governance. Available at: https://www.who.int/health-topics/health-systems-governance#tab=tab_1. Accessed December 2022.
2. NHS. The NHS Long Term Plan. Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>. Accessed December 2022.
3. Scottish Government. Health and social care delivery plan. December 2016. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2016/12/health-social-care-delivery-plan/documents/00511950-pdf/00511950-pdf/govscot%3Adocument/00511950.pdf>. Accessed December 2022.
4. Welsh Government. A healthier Wales: Our plan for health and social care. Available at: <https://gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf>. Accessed December 2022.
5. Northern Ireland Government. Health and wellbeing 2026 – Delivery Together. May 2017. Available at: <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>. Accessed December 2022.

National Asthma and COPD Audit Programme (NACAP)

Wales primary care audit – So what...now what?

Rachael Andrews, Katherine Hickman

¹ Royal College of Physicians (RCP) and NACAP, ² Chair of PCRS Executive, Respiratory Lead for West Yorkshire ICB and Primary Care Lead for National Asthma and COPD Audit Programme (NACAP)

National audit data on the care and management of people with asthma and COPD by Welsh general practices is routinely collected and reported on every 18 months by the National Asthma and COPD Audit Programme (NACAP). This audit is called the Wales primary care audit and NACAP recently released its 2021 audit report (<https://www.rcp.ac.uk/projects/outputs/wales-primary-care-clinical-audit-report-2021>) covering care between April 2020 – July 2021.

As many of us will know, it is all well and good collecting and reporting on audit data but relating that data to actual people living with asthma and COPD, who are routinely seen in general practice, is much more challenging.

This is where quality improvement (QI) comes in.

The Health Foundation states that QI is 'about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them'. In doing this, people are empowered to look at audit data differently, and start to think of it as people they see, rather than numbers on a page.

Although NACAP cannot assist with the time and permission elements mentioned in this quote, it can support practices with the skills and resources they need for QI.

QI and the Wales primary care audit

The Wales primary care audit recommends six improvement









priorities. Supported by national standards and guidance, these come with measurable targets to support small steps of change.

Individual practice level data is also available via the Data Health and Care Wales (DHCW) GP information portal (<http://isdapps.wales.nhs.uk/pcip>). The portal presents participating Welsh practices with their own audit data alongside national, local health board (LHB) and cluster results to provide a better idea of performance and, most importantly, to identify areas where improvement is needed.


In addition to this, NACAP has also worked with the Institute for Clinical Science and Technology (ICST) to develop a set of six open-source QI project videos and a bespoke on-demand NACAP QI toolkit (<https://icst.org.uk/casestudies/the-official-nacap-quality-improvement-toolkit/>) which general practices in Wales and West Yorkshire can access and use to plan, implement, and track QI projects.

Recommended improvement priorities

In order to start making small steps towards improvement, primary care practices in Wales should:

1	Record quality assured post-bronchodilator spirometry ratio <0.7 for people on the COPD register. Ensure they have an accurate record in their notes, including a spirometry trace, correct ratio and appropriate SNOMED code*. National target for Wales: 40% or more of people on the COPD register by April 2023.	
2	Evidence and code* appropriately objective variability for people diagnosed with asthma as demonstrated by at least one of the following: > Spirometric evidence of a significant FEV1 response to a short-acting beta-2 agonist (SABA) or after a trial of treatment with inhaled corticosteroids (ICS) (increase of 12% or more + 200mL response to beta-2 agonist or ICS). > Oral corticosteroids (OCS) or prescription for ICS using medication codes in conjunction with significant reversibility > Evidence of significantly variable peak expiratory flow rate (PEFR) (>20% variability after ≥twice daily for 2-4 weeks) > Positive fractional exhaled nitric oxide (FeNO) result. National target for Wales: 80% or more of people with asthma by April 2023.	
3	Ask parents about second-hand smoke exposure and provide very brief advice (VBA) at their child's asthma review. Evidence with the appropriate SNOMED code* in the child's notes. National target for Wales: 20% or more of parents who have children and/or young people with asthma by April 2023.	
4	Refer people with COPD and a Medical Research Council (MRC) breathlessness score 3–5 to pulmonary rehabilitation (PR) and evidence this with the appropriate SNOMED code* in their notes. National target for Wales: 70% or more of people with COPD by April 2023.	 
5	Provide people with asthma with a personalised asthma action plan (PAAP) (written or electronic) and evidence this with the appropriate SNOMED code* in their notes. National target for Wales: 50% or more of people with asthma by April 2023.	 
6	Evidence an inhaler technique check in the last year for people with asthma and/or COPD with the appropriate SNOMED code* in their notes. National target for Wales: 70% or more of people with asthma and/or COPD by April 2023.	

There is a myriad of information and resources available via the toolkit, including template QI projects focussing on the audit improvement priorities (and projects on other areas of asthma and COPD care can be self-set by the individual or practice). Project targets and timescales can also be set to suit the individual or team working on them depending on their resource and capacity.



QUALITY IMPROVEMENT
The official NACAP Quality Improvement Toolkit

[Find out more](#)

Asthma (adults) Learning

- 10491 MAKING A DIAGNOSIS OF ASTHMA
- 10010 LONG TERM MANAGEMENT OF ASTHMA
- 10493 FRACTIONAL EXHALED NITRIC OXIDE

Chronic Obstructive Pulmonary Disease Learning

Checking Second Hand Smoke Exposure

Paediatric Asthma Annual Review

QI projects are built as a TWO-PART component

PART 1

Setup

Here you set up and understand the project, ensuring you have everything in place to start your project

PART 2

Project

Here you have all the tools and resources to keep track of your progress towards completing the project successfully

BETTER SETUP. BETTER SUCCESS

Getting started

- Getting started >
- Readiness >
- Your capacity >
- Alignment >
- Communication pack >
- Milestone Map >

Setup complete

17% (2/11)

Better setup, better success.

Why is this important?

Data collected from GP practices across Wales suggest that only 76.3% adult patients and 67.4% children and young adult patients on the Asthma registers have evidence of any tests results that can be used to support their diagnosis.

This QI project will ensure that the Asthma register is coded correctly, and every patient who has no evidence of a

Where to start?

National targets can seem challenging to meet, particularly when services are still trying to navigate the post-COVID landscape. NACAP therefore recommends that Welsh general practices make use of their own data via the GP information portal to identify one or two key areas where they think they can realistically make change.

The QI toolkit then gives the ability to take the ‘one person at a time’ approach and supports the user to do something rather than nothing (particularly if time is short). A user can say to themselves ‘I have some time – what does this look like in terms of my patients?’ and then plan the project based on that. Making these small changes for two or three patients a week can then create positive habits in care, building confidence, which then creates a ripple effect in the care being provided to others.

For English general practices not involved in the Welsh audit and whom do not have access to the toolkit, we suggest using the data from your own systems in conjunction with the audit reports to gauge performance against national Wales averages (where appropriate) and to identify where asthma and COPD care could be better. All codes and analysis scripts used to analyse the data are in the public domain (https://github.com/NationalAsthmaCOPDAudit/primary_care2021), allowing others to replicate this work in their locality.

The Primary Care Respiratory Society (PCRS-UK) also has resources available for general practices to use for QI in the delivery of asthma and COPD care. Please see examples below or go to www.pcrs-uk.org/resources for more information.

Strength in numbers

As with most things, there is strength in numbers when it comes to QI. Practices wishing to initiate QI projects on their asthma and COPD care should involve the GPs, practice managers, nurses, pharmacists and the receptionist and administrative staff. They should also work with someone with asthma or COPD who can provide a patient perspective and involve them in a wider project team to support each other, discuss and resolve challenges and, most importantly, celebrate success. This again will facilitate positive habits, build confidence, and create the ripples of QI change.

Lastly, but by no means least, we encourage practices and their teams to enjoy it. You are working to make a difference – an important difference. A difference which people with asthma and COPD deserve.

If you would like more information about NACAP and its Wales primary care audit, please contact the NACAP team at nacap@rcp.ac.uk.

Acknowledgements

Data for the Wales primary care 2021 audit made use of anonymised data held in the Secure Anonymised Information Linkage (SAIL) databank and was accessed and analysed by the BREATHE data hub and Imperial College London (ICL) teams. We would like to acknowledge the data providers who make anonymised data available for research.

Reporting outputs including the GP information portal, ISCT platform and national reports were produced with the support of Data Health and Care Wales (DHCW), Institute for Clinical Science and Technology (ICST) and Royal College of Physicians (RCP) corporate communications and publications teams respectively.

Quality assured spirometry	https://www.pcrs-uk.org/resource/spirometry
Very Brief Advice for Tobacco Dependency	https://www.pcrs-uk.org/resource/tobacco-dependency-pragmatic-guide
Pulmonary Rehabilitation & addressing deconditioning	https://www.pcrs-uk.org/assessing-and-reversing-effects-deconditioning
Personal Asthma Action Plans	https://respiratoryacademy.co.uk/resources/how-to-complete-a-personalised-asthma-action-plan-clin/
Inhaler Technique	https://www.pcrs-uk.org/resource/inhaler-devices