

Using the NHS Wales Respiratory Toolkit to improve the management of respiratory conditions in Primary Care

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Background

One in twelve people in Wales has a respiratory illness and 15% of all deaths are due to respiratory disease. Wales has one of the highest rates of asthma incidence in Europe and respiratory medicine more broadly accounts for £430 million of NHS resource per annum, the fifth biggest spend by disease category.

The Respiratory Health Implementation Group (RHIG) was established in 2014 to support NHS bodies to improve the quality of services and deliver better patient outcomes. It has focussed on reducing variation in care through the introduction of national tools that help to standardise care across health boards.

Aim of project

Improve the management of asthma and COPD within South Pembrokeshire cluster using the NHS Wales Respiratory Toolkit, namely

- All Wales Asthma and COPD guidelines
- National Welsh Standards
- Quality Improvement projects
- Patient facing respiratory apps

Outline

- Identify high risk patients with asthma and COPD and review these patients as a priority
- Improve the standard respiratory review in Primary Care through an upskilled workforce
- Educate and empower the patient to self-manage their condition through improved review and use of apps
- Increase the number of patients treated according to All Wales Asthma & COPD Guidelines
- Increase the number of patients with self-management plans using both paper and digital plans

The NHS Wales Respiratory Toolkit

Aligning the National Respiratory Delivery Plan, the NHS Wales Decarbonisation plan, and the RCP's NACAP recommendations, with a range of freely accessible, digital innovations, including:

Quality Improvement Projects

1. Record generalist/healthcare professional visits to 4-7 for 90% or more of people on the COPD register by November 2021. Ensure they have an accurate record in their notes including a summary text, correct codes and appropriate SNOMED codes.
2. Evidence and cost opportunity objective variability for 90% or more of people diagnosed with asthma as determined by at least one of the following by November 2021:
 - Significant evidence of a significant FEV1 response to a short acting beta-agonist (SABA) or other initial treatment with inhaled corticosteroids (ICS)
 - Significant evidence of a significant FEV1 response to a short acting beta-agonist (SABA) or other initial treatment with inhaled corticosteroids (ICS) or prescription for ICS using medication codes in conjunction with significant reversibility
 - Evidence of significantly variable peak expiratory flow rate (PEFR)
 - Patient fractional inspired oxygen (FiO2) result
3. Review 90% or more of people with a Medical Research Council (MRC) score 3-5 pulmonary rehabilitation (PR) and evidence this with the appropriate SNOMED code in their notes by November 2021.
4. Refer 70% or more of people with a Medical Research Council (MRC) score 3-5 to pulmonary rehabilitation (PR) and evidence this with the appropriate SNOMED code in their notes by November 2021.
5. Provide 50% or more of people with asthma a personalised asthma action plan (PAAAP) and evidence this with the appropriate SNOMED code in their notes by November 2021.
6. Evidence tobacco cessation advice in the last year for 70% or more of people with asthma and/or COPD with the appropriate SNOMED code in their notes by November 2021.

National Clinical Guidelines

Educational resources delivered by local experts

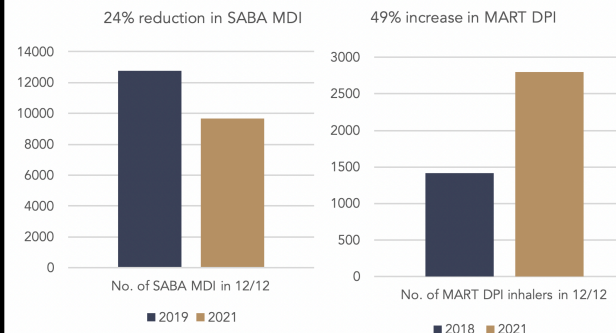
Competencies/ standards

Patient self-management apps

This integrated toolkit provides a joined-up approach from Policy to Practice, and Policy to Patient. Every healthcare professional across Wales has unlimited access to a comprehensive respiratory toolkit, including education tutorials, case-based assessments, quality improvement projects, national clinical guidelines, and patients have access to the apps.

* Anyone outside NHS Wales who wants more information about how this model might work for their team, please contact ICST admin@clinicalscience.org.uk

Results



Results from 74 patient feedback forms following asthma/COPD review

Has the review....	Y	N
Increased your understanding of your condition?	100%	0%
Increased your understanding of the cause of your symptoms and what you can do to keep yourself well?	100%	0%
Increased your understanding of the action and use of your medication?	100%	0%
Given you confidence that you are using the correct technique for your inhalers?	100%	0%

Findings

- Increased number of high-risk patients targeted and reviewed
- Decrease in number of patients prescribed 12 or more reliever inhalers
- Decrease in number of reliever inhalers prescribed overall
- Increased standard of respiratory reviews
- Increased patient understanding of and ability to manage condition
- Increased number of patients being treated in accordance with evidence based All Wales Guidelines
- Increased number of patients with worsening symptom management plan
- Increased number of patients referred to EPP COPD+ programme
- Increased smoking cessation services referral rates
- Increased collaborative working across primary and secondary care interface

Conclusion

The evidence shows us that by using the toolkit of resources developed by RHIG and ICST, a healthcare professional (in this case a prescribing pharmacist) with a specialist qualification in respiratory conditions, can improve day-to-day symptoms, reduce exacerbations, improve patient quality of life and reduced unscheduled care visits for patients with asthma and COPD.

Further information

Contact ICST at admin@clinicalscience.org.uk

NHS Wales respiratory app info at <https://healthhub.wales/>

Please contact me at dave.edwardspharmacist@gmail.com if you would like any further information