



A simple, modular tool to help practices, clinical commissioning groups, health boards and other primary care-based groups deliver high value, patient-centred, respiratory care

# **Equipping you to:**

- √ Tackle smoking cessation
- ✓ Achieve early and accurate diagnosis
- ✓ Reduce inappropriate pharmacotherapy prescribing
- ✓ Reduce hospital admissions

## Written and edited by:

Dr Iain Small, *GP* and Respiratory Lead, Grampian
Dr Stephen Gaduzo, Chair PCRS-UK Executive, GP Cheshire
Dr Noel Baxter, GP and Respiratory Champion NHS Southwark, Member of London Respiratory Network Clinical Leadership Group
Ms June Roberts, Consultant Respiratory Nurse and Assistant
Director of Nursing, Community Services Salford Royal NHS
Foundation Trust, Respiratory Clinical Lead Advancing Quality Alliance

### Available free of charge via PCRS-UK membership

Primary Care Respiratory Society UK (PCRS-UK) is a UK-wide professional society supporting primary care to deliver high value patient-centred care.

Visit www.pcrs-uk.org for further information

### **Foreword**

Respiratory conditions such as asthma and COPD are common and have a significant impact on patients, their families and the local health economy. Yet these conditions are amenable to improvement that can lead to reductions in:

- Mortality
- Hospital admissions and unscheduled care activity
- Inappropriate drug prescribing

We also know that there is substantial variation across clinical communities in all of these variables and, for many practices, there is scope for improvement. However, the increasing demands on primary care make it increasingly difficult to find time to dedicate to devising and implementing programmes of improvement. PCRS-UK have therefore harnessed the substantial expertise of some of its leading members to develop the EQUIP programme to provide commissioners and clinicians with the practical tools and know-how to improve local outcomes.



### Modules Available

- Prevention and treatment
- Prevalence, early and accurate diagnosis
- Structured review and optimal care
- Admissions and unscheduled care
- End of life care

# Introducing EQUIP: Effecting Quality in Practice

EQUIP is a simple modular-based tool for practices, clinical commissioning groups, health boards and other groups working in primary care respiratory medicine. It provides a structured, systematic way of reviewing the respiratory care being delivered and identifies ways in which the standards of care can be optimised within a single practice or across multiple practices in a given locality.

The five modules take the interventions most likely to lead to improvement based on the National Institute for Health and Care Excellence (NICE),<sup>2</sup> Asthma and COPD Quality Standards,<sup>3,4</sup> the Department of Health Outcomes Strategy for COPD and Asthma,<sup>1</sup> the IMPRESS guide to the relative value of COPD interventions,<sup>5</sup> the BTS/SIGN guideline for the management of asthma<sup>6</sup> and Seven Steps to High Quality COPD Care/DREAM.<sup>7,8</sup> Each module is a stand-alone tool and participants can select those most appropriate to their needs.

Module		Topics	Outcomes
	Prevention and treatment	Smoking cessation Pneumococcal vaccination	Optimal 4-week quit rates in patients with long term conditions, reduced admissions, reduction in drug spend
	Prevalence, early and accurate diagnosis	Improving high-quality diagnosis Proactive case finding Identifying high-risk groups	Narrowing of variation in prevalence and trend to an increase in early diagnosis and number of patients with COPD
-	Structured review and optimal care	Optimal respiratory review Self-care Responsible respiratory prescribing Exception reporting and access Risk stratification	Cost effective care for patients with patient choice at the heart of treatment and management plan, reduced admissions
	Admissions and unscheduled care	Increase appropriate admissions whilst decreasing inappropriate admissions Avoiding readmissions Improved structured care	Optimal use of inhaler therapy, cost effective prescribing and better, safer outcomes Narrowed variation in referrals, reduced headline admission rate and reduced inappropriate admissions and reduced number of bed-days
5.	End of life care	Recognising trigger points Addressing frequent admissions Palliative care registers and holistic reviews	Improved experience for patients with COPD Reduced headline admission rate, reduced inappropriate admissions and reduced number of bed-days Improved care planning for COPD

# **Introducing EQUIP: Effecting Quality in Practice**

PCRS SOCIETY SOCIETY

Each module identifies the interventions most likely to lead to improvement and provides suggestions on and links to:

- Data sources to help you to understand how the data for your practice/group of practices compare with national data
- Audit and search tools with suggested search criteria to help practices identify key groups of high risk/high cost patients
- PCRS-UK resources including concise easy-to-follow practice improvement worksheets, quick guides, opinion sheets, nurse protocols and other tools to support the practice team
- Other evidence-based guidance other resources from appropriate credible organisations

### Available free through PCRS-UK membership

The EQUIP modules and supporting PCRS-UK tools/resources are available free of charge to PCRS-UK members.

Membership of PCRS-UK costs just £59 and, in addition to access to the EQUIP improvement modules and a wealth of supporting resources, provides

- Regular e-alerts, newsletters and publications providing the latest news and information relevant to primary care respiratory medicine
- Substantial member discounts at the PCRS-UK annual national primary care respiratory conference
- Opportunity to apply for the PCRS-UK Quality Award - recognising quality care in practice and build on improvements made through the EQUIP modules
- Respiratory clinical leadership development through national/regional training workshops and ongoing support
- · Support to create and implement a respira-

tory interest group or network (with access to PCRS-UK regional leads/champions).

Individuals can join PCRS-UK at http://www.pcrs-uk.org/join. Clinical commissioning groups, health boards and other primary care-based groups wishing to use the EQUIP modules and supporting PCRS-UK resources across a group of practices can bulk purchase PCRS-UK memberships for participating practices. In order for a practice to have the right to use the PCRS-UK EQUIP programme, there needs to be a named member of PCRS-UK within the participating practice. To discuss your requirements contact us at info@pcrs-uk.org

#### References

- Department of Health. An outcomes strategy for people with chronic obstructive pulmonary disease (COPD) and asthma in England. 18 July 2011. https://www.gov.uk/government/publications/anoutcomes-strategy-for-people-with-chronic-obstructivepulmonary-disease-copd-and-asthma-in-england
- National Institute for Health and Care Excellence (NICE). Guideline for the management of COPD. http://guidance.nice.org.uk/CG101
- National Institute for Health and Care Excellence (NICE). Quality standard for asthma. http://publications.nice.org.uk/quality-standard-for-asthma-gs25
- National Institute for Health and Care Excellence (NICE). Chronic obstructive pulmonary disease quality standard. http://guidance.nice.org.uk/QS10
- IMPRESS. IMPRESS guide to the relative value of COPD interventions. http://www.impressresp.com/index.php?option=com\_do cman&task=doc\_view&gid=51&Itemid=82
- British Thoracic Society and Scottish Intercollegiate
  Guidelines Network. Guideline for the management of
  asthma. https://www.brit-thoracic.org.uk/guidelines-andquality-standards/asthma-guideline/
- National Institute for Health and Care Excellence (NICE). Seven steps to high quality COPD care. Passport to successful patient engagement. http://www.nice.org.uk/media/5B0/19/NHSNorthWest-Poster.pdf
- PCRS-UK. DREAM Top ten tips for COPD care. http://www.pcrs-uk.org/resource/dream

EQUIP, DRAFT version 01, Date of Expiry 10 September 2014

This series of modules are prepared in DRAFT format, for commissioning groups and members to use as part of a PILOT test.

Feedback is sought from users of these modules based on effectiveness, accuracy, completeness, usefulness and outcomes.

Please submit your feedback direct to tricia@ pcrs-uk.org

Authors: Noel Baxter - London, Stephen Gaduzo - Cheshire, Iain Small - Aberdeen,

June Roberts - Cheshire **Editor:** Dr Stephen Gaduzo

### © Primary Care Respiratory Society UK

The Primary Care Respiratory Society is a registered charity (Charity No: 1098117) and a company limited by guarantee registered in England (Company No: 4298947). VAT Registration Number: 866 1543 09. **Registered Offices**: PCRS-UK, Unit 2, Warwick House, Kingsbury Road, Curdworth, Sutton Coldfield, B76 9EE **Telephone**: +44 (0)1675 477600 **Facsimile**: +44 (0) 121 336 1914 **Email**: info@pcrs-uk.org **Official Publication**: Primary Care Respiratory Medicine http://www.nature.com/npjpcrm/

The Primary Care Respiratory Society UK (PCRS-UK) is grateful to AstraZeneca UK Ltd, Boehringer Ingelheim Ltd/Pfizer Ltd, Chiesi Ltd, GlaxoSmithKline, MSD UK, Napp Pharmaceuticals and Teva UK Ltd for the provision of educational grants to establish the development of the PCRS-UK Quality Improvement Programmes and its resources. The PCRS-UK wishes to acknowledge the ongoing support of AstraZeneca UK Ltd, Boehringer Ingelheim Ltd, Chiesi Ltd and GlaxoSmithKline in the continued development of this programme in 2014.

Correct at date of revision: April 2014. Sponsorship details correct at time of publication