Healthcare Policy Update

Why is national respiratory policy relevant to me?

Bronwen Thompson,
Policy adviser to PCRS-UK

De Vere Cranage estate workshop
November 11/12, 2017
Overview

- Value of understanding healthcare policy for Respiratory Leaders
- Examples of using national policy to make change happen locally
- Where to access information at local level and at national level
Influencing the development of policy

Public Health England

Health Education England

NHS England

4 regions

N S M E L

Commissioning Support Units

Health and wellbeing boards

Local Education and Training boards

Department of Health

NICE

Royal Colleges

Strategic Clinical Networks

Academic health science networks

Clinical senates

Local authorities – public health

200+ Clinical Commissioning Groups (CCGs)

Primary care

Foundation Trusts

Community Trusts

Independent and 3rd sector

Patient and public involvement

Inspiring best practice in respiratory care
Seeking to create a positive environment for respiratory disease management
Influencing implementation of policy

- Public Health England
- Health Education England
- NHS England (4 regions: N, S, M, L)
- Department of Health
- NICE
- Royal Colleges
- Local authorities – public health
- Health and wellbeing boards
- Commissioning Support Units
- Strategic Clinical Networks
- Clinical senates
- Local Education and Training boards
- Academic health science networks
- 200+ Clinical Commissioning Groups (CCGs)
- Primary care
- Foundation Trusts
- Community Trusts
- Independent and 3rd sector
- Patient and public involvement

Inspiring best practice in respiratory care
Influencing implementation of policy
Sustainability & Transformation Partnership STP
or
Accountable care organisation ACO
Influencing the development of policy

Influencing implementation of policy

Inspiring best practice in respiratory care
What drives local activities

Local plan

National/ international data → National priorities → Local priorities → Local data

National enablers → Local initiatives
National enablers: Spirometry

Improving the quality of diagnostic spirometry in adults: the National Register of certified professionals and operators

September 2016

Inspiring best practice in respiratory care
National enablers: Spirometry
NICE COPD quality standard

Quality statement 1: Diagnosis with spirometry

People aged over 35 years who present with a risk factor and one or more symptoms of chronic obstructive pulmonary disease (COPD) have post-bronchodilator spirometry. [2011, updated 2016]
Example: Raising quality of spirometry

Local plan

National/ international data → National priorities → Local priorities → Local data

Local initiatives

National enablers

NHSE documents on spirometry

ARTP revamped training scheme
Short term opportunity for funding

Local plan

- National/ international data
- National priorities
- Local priorities
- Local data
- NHSE documents on spirometry
- ARTP revamped training scheme

80 practices

STP offered £56k HEE budget for STP workforce transformation
Start of a local initiative to train one person in every practice in spirometry.

Local plan

- National/International data
- National priorities
- Local priorities
- Local data

National priorities

- National enablers
- NHSE documents on spirometry
- ARTP revamped training scheme

Local initiatives

- £12k towards spirometry training

STP offered £56k HEE budget for STP workforce transformation

80 practices

Inspiring best practice in respiratory care
National enablers

BTS Adult asthma audit 2017

Key Findings
1. Only 59% of hospitals had a specialist asthma service and only 56% had a designated clinical lead for asthma services.
2. 31% of patients had no previous admissions and 17% of patients had previously been admitted to critical care.
3. 14% of admissions were severe enough to warrant a critical care team review. 4% of patients were admitted to critical care during this admission (with 1% receiving intubation).
4. 89% had a previous diagnosis of asthma, and only 42% of those had a diagnosis supported by objective testing.
5. Only 80% of patients had a Peak Expiratory Flow reading taken on admission, and only 76% prior to discharge.
6. Smoking rates among patients admitted with asthma (27%) were significantly higher than among the general population (16%).
7. Only 68% of patients were on regular inhaled corticosteroids before the admission and 9% were on ICS but were poorly concordant. A further 15% were commenced on ICS prior to discharge.
8. 28% of patients received any care bundle and 16% received a discharge care bundle.
9. Contrary to current Guidelines, 8% were discharged without the key management intervention of inhaled corticosteroids.
National enablers
Many patients on ICS alone or in combination were undertreated owing to an inadequate number of prescriptions issued in the last year. Eighty per cent were issued fewer than 12 prescriptions a year and 38% (of 128) had fewer than four prescriptions.
Among patients that were on short-acting relievers at the time of death, 39% had been prescribed more than 12 salbutamol inhalers in the previous year and six individuals had had more than 50. Overuse of short-acting bronchodilators is a key indicator of poor asthma control and of higher risk of exacerbation and death.
Local information?

Local initiatives

Local priorities

Local data

National/international data

National priorities

Local plan

Local initiatives

National enablers

Inspiring best practice in respiratory care
Sources of local level information
Total respiratory spend – Solihull

Respiratory - Spend

- Total Spend
  - Solihull: £28,851
  - Best 5: £26,337
  - Difference: £2,514

- Elective Spend
  - Solihull: £4,075
  - Best 5: £3,034
  - Difference: £1,041

- Non-elective Spend
  - Solihull: £24,746
  - Best 5: £21,634
  - Difference: £3,112

Per 1,000 age-sex weighted population

95% confidence intervals

NSS: Not statistically significant
Primary care prescribing spend – Solihull

Respiratory - Primary Care Prescribing Spend

- Obstructive Airways Disease
  - Solihull: £6,002
  - Best 5: £1,208
- Asthma
  - Solihull: £11,603
  - Best 5: £10,856

How different are we?

£204k
£192k

Medicines Optimisation Dashboard: [https://www.endpdp.nhs.uk/workpack/pa/pcr-dash/]
Innovation Scorecard: [https://www.endpdp.nhs.uk/workpack/innovation/innovation-scorecard/]

NHS RightCare CFP Respiratory Focus pack

95% confidence intervals:
NS: Not statistically significant

*An opportunity to "BEST" CFPs can investigate further whether this reflects a true opportunity e.g. for stopping at more than 3 years old or triaging to other indicators.
Respiratory spend – non-elective admissions – Telford

Respiratory - Spend on non-elective conditions

- Obstructive Airways Disease
  - Telford and Wrekin: £3,152
  - Best 5: £3,883
  - How different are we?: £213k

- Asthma
  - Telford and Wrekin: £1,144
  - Best 5: £500
  - How different are we?: £68k

*Where an opportunity is NSS/CCG’s can investigate further whether this reflects a true opportunity e.g. by looking at more than 1 year’s data or translatable with other indicators.
Potential savings – non elective admissions - Bham sth/ctrl
Savings on prescribing Bham sth/ctrl

What are the potential savings on prescribing?

Potential Prescribing Savings
If this CCG performed at the average of:

<table>
<thead>
<tr>
<th>Category</th>
<th>Similar 10 CCGs</th>
<th>Best 5 of similar 10 CCGs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>623</td>
<td>586</td>
</tr>
<tr>
<td>Endocrine, nutritional &amp; metabolic</td>
<td>98</td>
<td>272</td>
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<tr>
<td>Neurological</td>
<td>112</td>
<td>31</td>
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<tr>
<td>Circulation</td>
<td>67</td>
<td>161</td>
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<tr>
<td>Respiratory</td>
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<td>31</td>
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<tr>
<td>Gastro Intestinal</td>
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<td>Musculo Skeletal</td>
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<tr>
<td>Trauma and Injuries</td>
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<tr>
<td>Genito Urinary</td>
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</tbody>
</table>

A value is only shown where the opportunity is statistically significant.
Highlighting areas for focus

Headline opportunity areas for your health economy

Spend & Outcomes
- Circulation
- Respiratory
- Genito Urinary
- Trauma and Injuries
- Mental Health

Outcomes
- Genito Urinary
- Maternity
- Circulation
- Mental Health
- Trauma and Injuries

Spend
- Respiratory
- Circulation
- Musculoskeletal
- Neurological
- Trauma and Injuries

A note on the methodology used to calculate your headline opportunities is available on our website:
https://www.england.nhs.uk/comm-for-value/

NHS Birmingham South and Central CCG

Inspiring best practice in respiratory care
Highlighting areas for focus

Headline opportunity areas for your health economy

http://www.rightcare.nhs.uk/index.php/commissioning-for-value/#Focus

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NHS Birmingham South and Central CCG

Inspiring best practice in respiratory care
### Snapshot of respiratory guidance expected in coming months

<table>
<thead>
<tr>
<th>#</th>
<th>Guidance Description</th>
<th>Release Date</th>
<th>Authority</th>
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<tbody>
<tr>
<td>3</td>
<td>Asthma guideline – diagnosis and monitoring</td>
<td>October 31 2017 – delayed</td>
<td>NICE</td>
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<tr>
<td>4</td>
<td>Asthma management guideline</td>
<td>October 31 2017 – delayed</td>
<td>NICE</td>
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<td>5</td>
<td>Spirometry commissioning guidance</td>
<td>Oct 2017?</td>
<td>NHSE</td>
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<td>6</td>
<td>Right Care – Optimal Value Solutions project for COPD</td>
<td>Dec 2017?</td>
<td>Right Care</td>
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<td>7</td>
<td>COPD audit - Wales primary care report No. 2</td>
<td>Dec 14 2017</td>
<td>RCP</td>
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<td>8</td>
<td>Mesothelioma guideline</td>
<td>late 2017</td>
<td>BTS</td>
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<td>COPD audit - Pulmonary rehab rept</td>
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<td>Diagnosis innovations mtg report</td>
<td>Late 2017</td>
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<td>11</td>
<td>Asthma Care report</td>
<td>Early 2018</td>
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Primary Care Respiratory UPDATE

www.pcrs-uk.org/pcru

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Plus ...
E alerts
6 mins to understand the NHS

In summary ……