

Healthcare Policy Update

Knowing your environment to make your project relevant



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June 16/17
RL workshop, Bristol



Inspiring best practice in respiratory care

Overview

- What is important locally?
- Link to existing agendas
- Be clever with numbers
- Tailor information to local situation

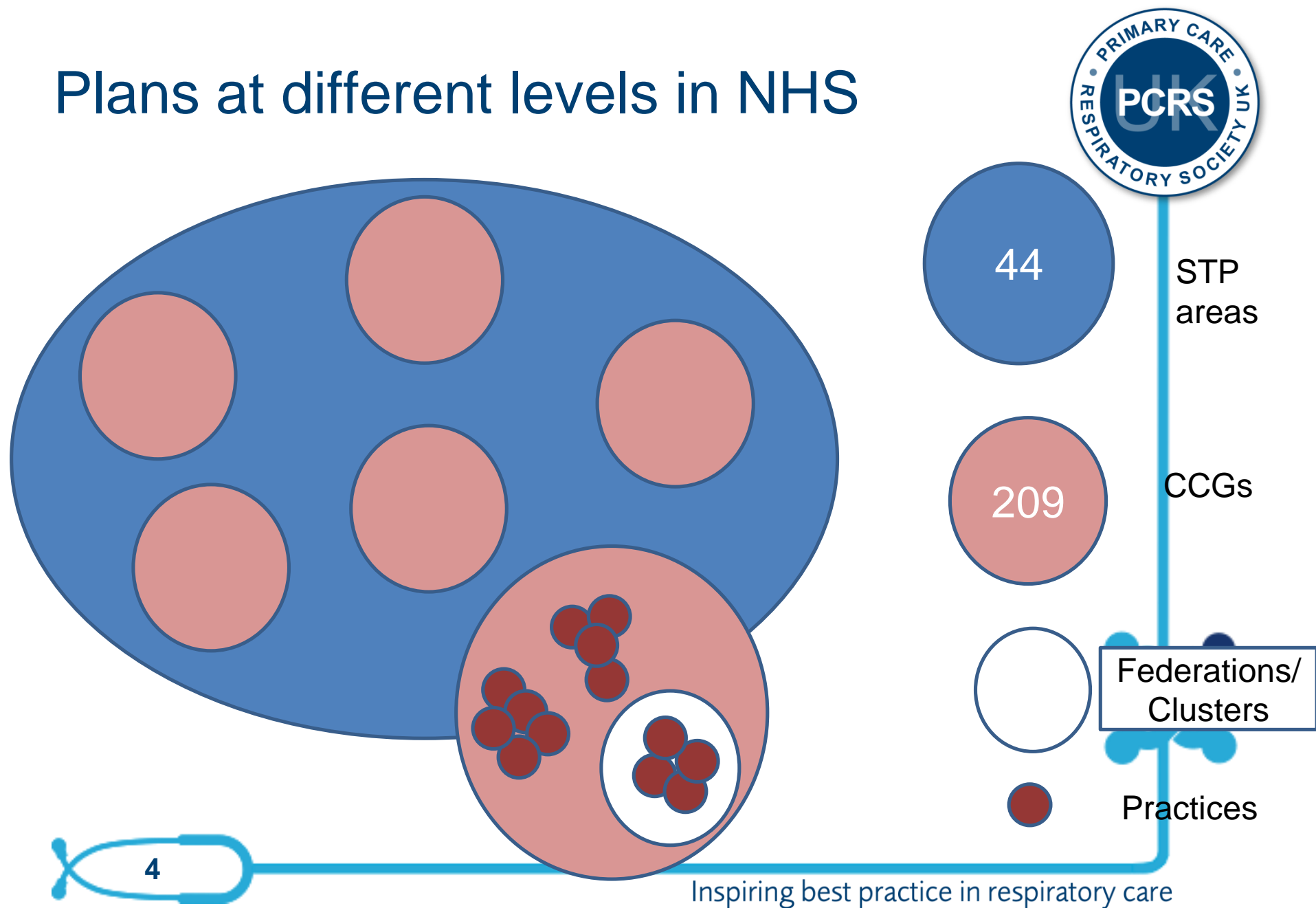


Inspiring best practice in respiratory care

What is important locally?

- What are the local priorities?
- What local data is available?
- What sources would you go to?

Plans at different levels in NHS



Potential sources

CCGs

- Annual report
- Public Prospectus
- Strategy and planning document
- Joint strategic needs assessment
- Joint health and wellbeing strategy
- Commissioning Intention Plan on a page
- Public health profiles
- Director of public health report
- Performance management framework (Isle of Wight)
- Quality and Performance framework (Tower Hamlets)

Collaborative commissioning agreement across several CCGs

Sustainability and Transformation Plans (STPs)

Local level respiratory data

- Commissioning for value – Focus packs for CCGs from RightCare
- INHALE - database of respiratory information at local level (2013/14)
- Compare your care – AsthmaUK – regional level (2013/14)
- Public health in local authorities
- Pharmaceutical adviser
- Local audits
- National COPD audit – hospital level data
- Academic health science network?
- Others?



CCG: NHS Camden CCG

[Show all practices](#)

Practice: F83006 - Ampthill Practice

Crowndale Health Centre, 59 Crowndale Road, London, NW1 1TN

TIMELINE

Export data

Summary PDF



Map



Population



Spine charts



Bar chart



Trends



Scatter plot



Definitions

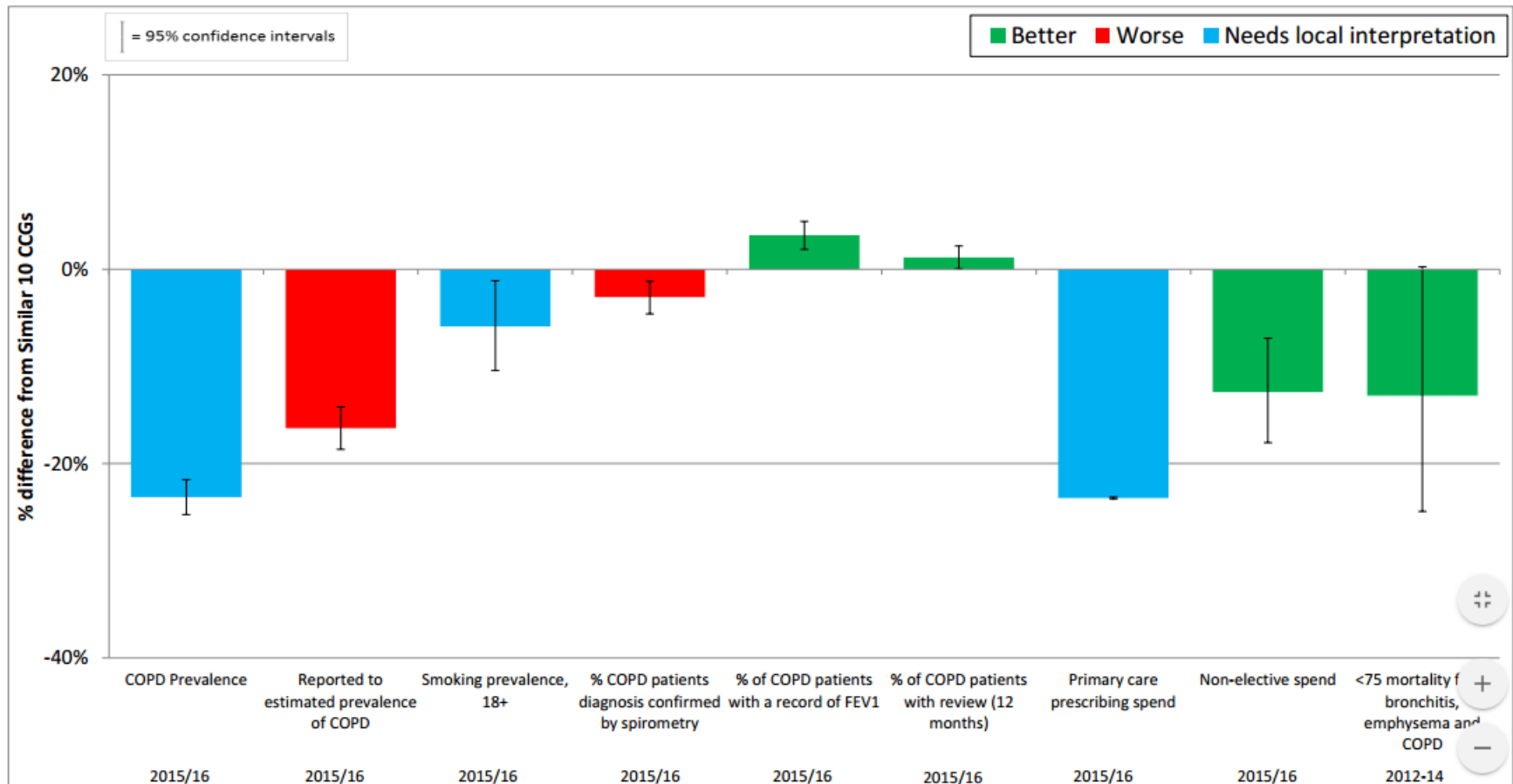
Topic: Respiratory Disease

Comparator: CCG

Significantly different from England average
No significant difference from England average
Significance not calculated

Indicator	Period	Practice Count	Practice Value	CCG Value	England Value	England Lowest	England Range	England Highest
COPD: QOF prevalence (all ages)	2013/14	115	▲ 1.6%	1.1%	1.8%	0.0%		9.3%
Exception rate for COPD indicators	2013/14	39	9.0%	8.8%	11.5%	0.0%		100%
Asthma: QOF prevalence (all ages)	2013/14	359	4.9%	3.9%	5.9%	0.0%		11.7%
Exception rate for asthma indicators	2013/14	17	3.6%	3.5%	6.5%	0.0%		100%
Estimated smoking prevalence (QOF)	2013/14	1,492	24.0%	18.5%	19.1%	0.7%		82.6%
Exception rate for smoking indicators (for indicators 2014/15 onwards)	-	-	-	-	-	-	-	-
GP patient survey: smoking prevalence	2013/14	24	22.2%	19.6%	17.1%	0.0%		80.1%
GP patient survey: ex-smoking prevalence	2013/14	22	20.9%	23.9%	27.6%	1.0%		53.1%
COPD002: Diagnosis conf. by spirometry (den. incl. exc.)	2013/14	30	▼ 83.3%	84.0%	81.6%	0.0%		100%
COPD003: assessed using MRC dyspnoea score last 12mths (den. incl. exc.)	2013/14	103	89.6%	86.5%	80.4%	0.0%		100%
COPD004: Record of FEV1 in last 12mths (den. incl. exc.)	2013/14	96	▼ 83.5%	82.9%	74.5%	0.0%		100%
COPD005: Patients w. MRC dyspnoea score >=3 w.oxygen saturation value (last 12mths) (den.incl.exc.)	2013/14	41	80.4%	94.0%	92.7%	0.0%		100%
COPD007: Influenza immunisation given 1 Aug - 31 Mar (den. incl. exc.)	2013/14	93	80.9%	81.7%	81.9%	0.0%		100%
AST002: with measures of								

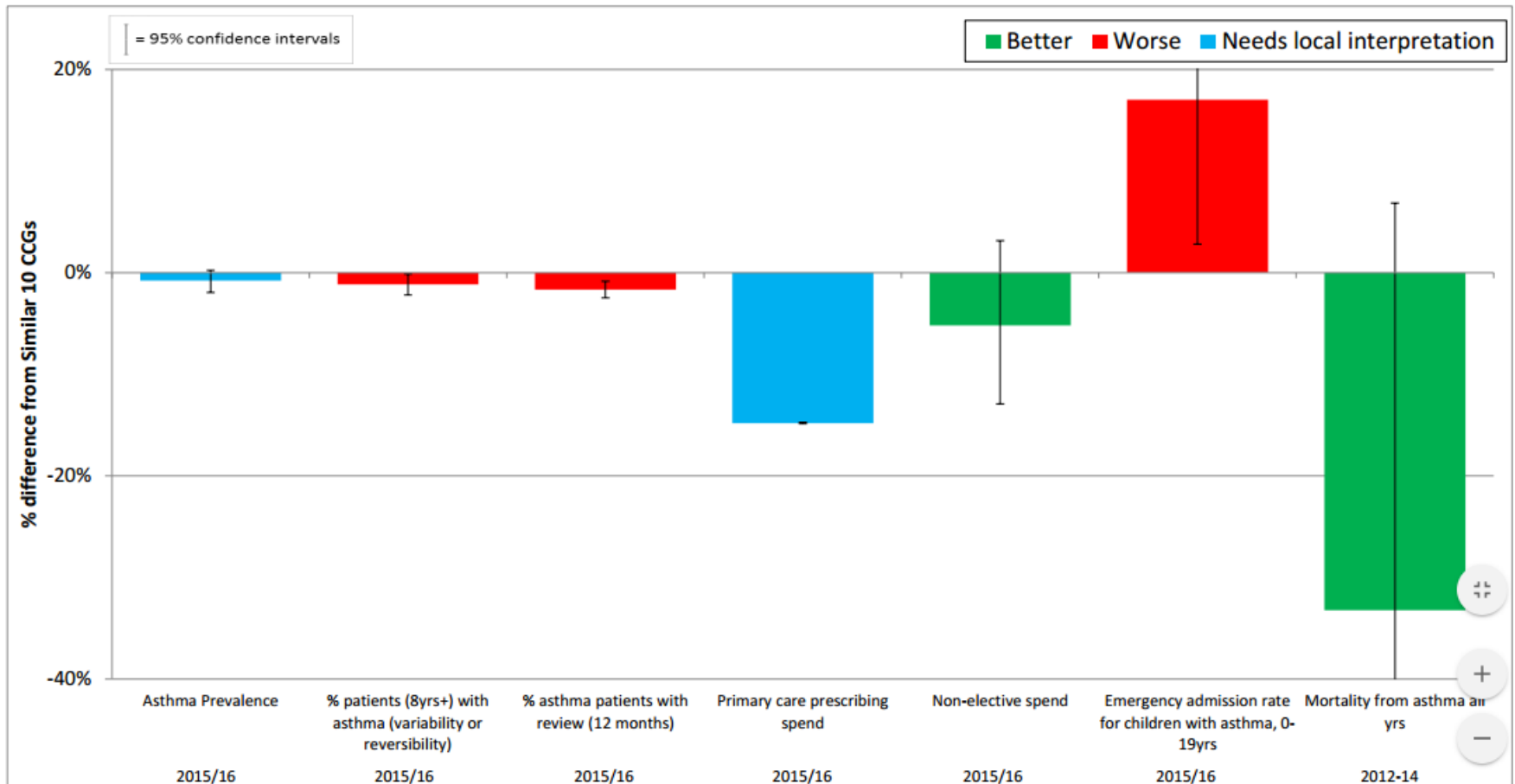
COPD pathway



NICE guidance:

<http://pathways.nice.org.uk/pathways/chronic-obstructive-pulmonary-disease>

Asthma pathway



NICE guidance:

<http://pathways.nice.org.uk/pathways/asthma>

Complex patients - Co-morbidities



Of the 367 patients admitted for Gastro intestinal, 115 patients were admitted for a Neurological condition and 102 patients were admitted for a Circulation condition.

*For more details on how to interpret the following table, please refer to the last slide of this pack "Complex Patients - How to interpret co-morbidities table"

Main conditions	Co-morbidity 1	Co-morbidity 2	Co-morbidity 3	Co-morbidity 4	Co-morbidity 5
Gastro intestinal	Neurological	Circulation	Cancer	Respiratory	Genito Urinary
367 patients	115	102	94	88	79
Circulation	Neurological	Gastro intestinal	Respiratory	Genito Urinary	Cancer
362 patients	111	102	87	62	50
Neurological	Gastro intestinal	Circulation	Respiratory	Genito Urinary	Trauma and Injuries
334 patients	115	111	85	79	67
Cancer	Gastro intestinal	Respiratory	Infectious diseases	Neurological	Genito Urinary
306 patients	94	82	67	56	51
Respiratory	Gastro intestinal	Circulation	Neurological	Cancer	Genito Urinary
302 patients	88	87	85	82	66

Improvement opportunities



This table presents opportunities for quality improvement and spend differences for a range of programme areas. These are based on comparing NHS Bristol CCG to the best / lowest 5 CCGs. A quantified unit is only shown when the opportunity is statistically significant at the 95% confidence level.

Disease Area	Spend	£000	Quality	Quantified Opportunity
Musculoskeletal System Problems (Excludes Trauma)	<ul style="list-style-type: none"> Spend on elective and day-case admissions Spend on non-elective admissions Spend on admissions relating to fractures where a fall occurred 	3,721 281 618	<ul style="list-style-type: none"> MSK - Rate of bed days % patients 75+ years with fragility fracture treated with BSA Hip replacement, EQ-5D Index, average health gain Hip fractures in people aged 80+ % fractured femur patients returning home within 28 days 	2,958 40 75 21 58
Neurological System Problems	<ul style="list-style-type: none"> Spend on non-elective admissions 	2,096	<ul style="list-style-type: none"> Neurological - Rate of bed days Patients with epilepsy on drug treatment and convulsion free, 18+ 	5,624 59
Respiratory System Problems	<ul style="list-style-type: none"> Spend on elective and day-case admissions Spend on non-elective admissions 	282 372	<ul style="list-style-type: none"> Respiratory - Rate of bed days Reported to estimated prevalence of COPD % of COPD patients with review (12 months) % patients (8yrs+) with asthma (variability or reversibility) % asthma patients with review (12 months) Emergency admission rate for children with asthma, 0-19yrs % of COPD patients with a diagnosis confirmed by spirometry 	4,530 3,039 108 191 1,085

Note: 'Spend on admissions relating to fractures where a fall occurred' is a sub-set of Trauma and Injuries non-elective spend and is not included in the spend for overall MSK non-elective admissions. This indicator as well as 'Rates of hip fractures', 'Emergency readmissions to hospital within 28 days for patients: hip fractures' and '% patients returning to usual place of residence following hospital treatment for fractured femur' may appear in the improvement opportunities table for both Trauma & Injuries and MSK table. This is due to them being in the Trauma & Injury pathway as well as the Osteoporosis pathway. Opportunities for these five indicators have only contributed to the headline; 'Spend', 'Outcomes' (and hence 'Spend and Outcomes') for MSK only.

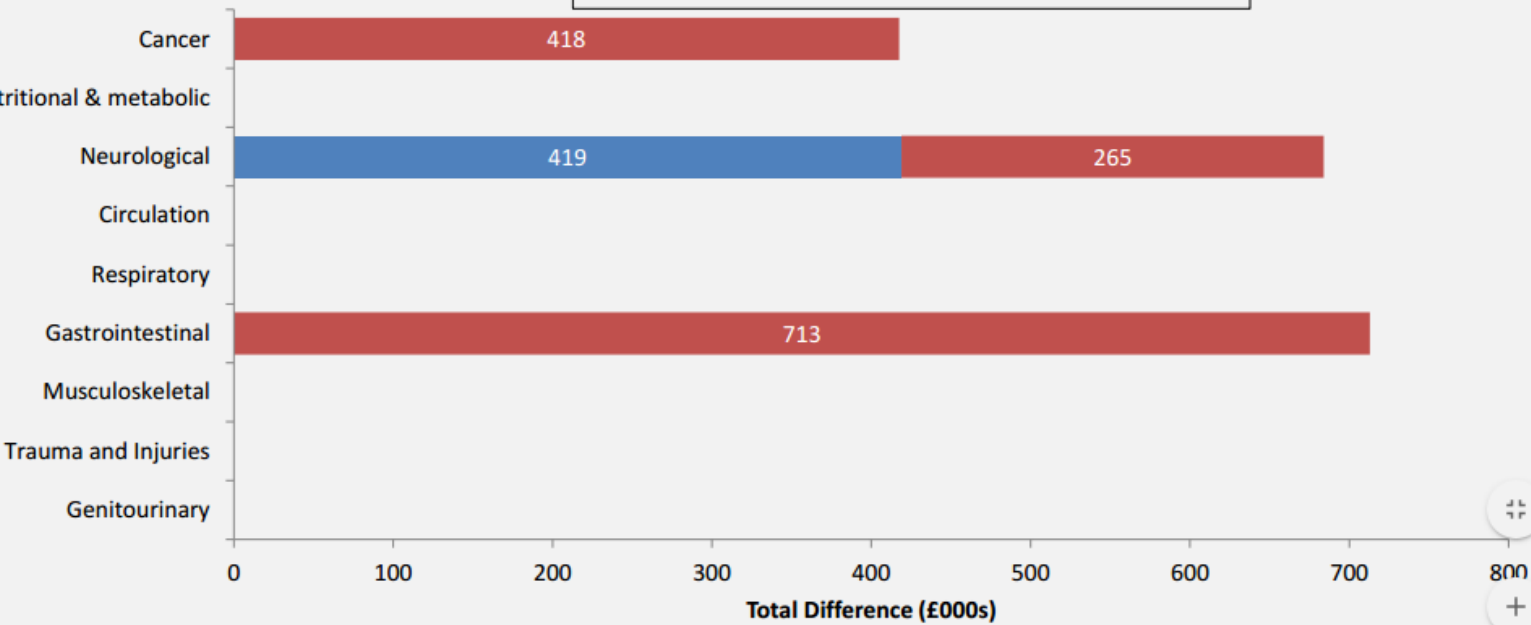
How different are we on spend on elective admissions?



A value is only shown where the opportunity is statistically significant at the 95% confidence level

If this CCG performed at the average of:

Similar 10 CCGs Lowest 5 of similar 10 CCGs

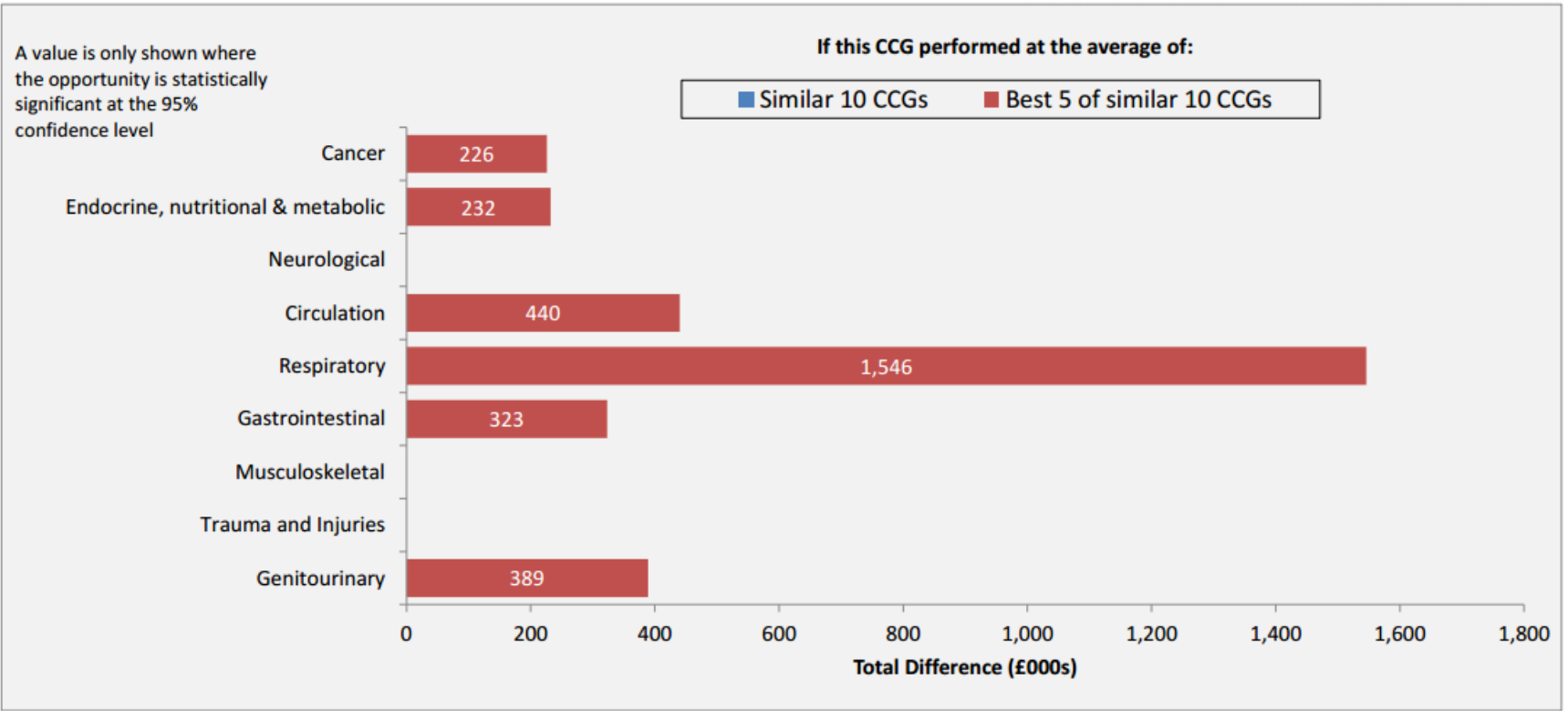


The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack

How different are we on spend on non-elective admissions?



The spend data presented above uses Secondary User Services Extract Mart (SUS SEM) and is from financial year 2015/16.

The calculations in this slide are based on expenditure on admissions for any primary diagnoses that fall under the listed conditions (based on Programme Budgeting classifications which are in turn based on the World Health Organisation's International Classification of Diseases). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

CCGs can explore this expenditure in more detail using the Commissioning for Value Focus Packs. For example, Neurological expenditure contains Chronic Pain, and the focus pack breaks this down by different types of Pain. CCGs should consider whether these admissions should be considered alongside other programmes e.g. CVD, Gastrointestinal, Musculoskeletal problems.

Improvement opportunities

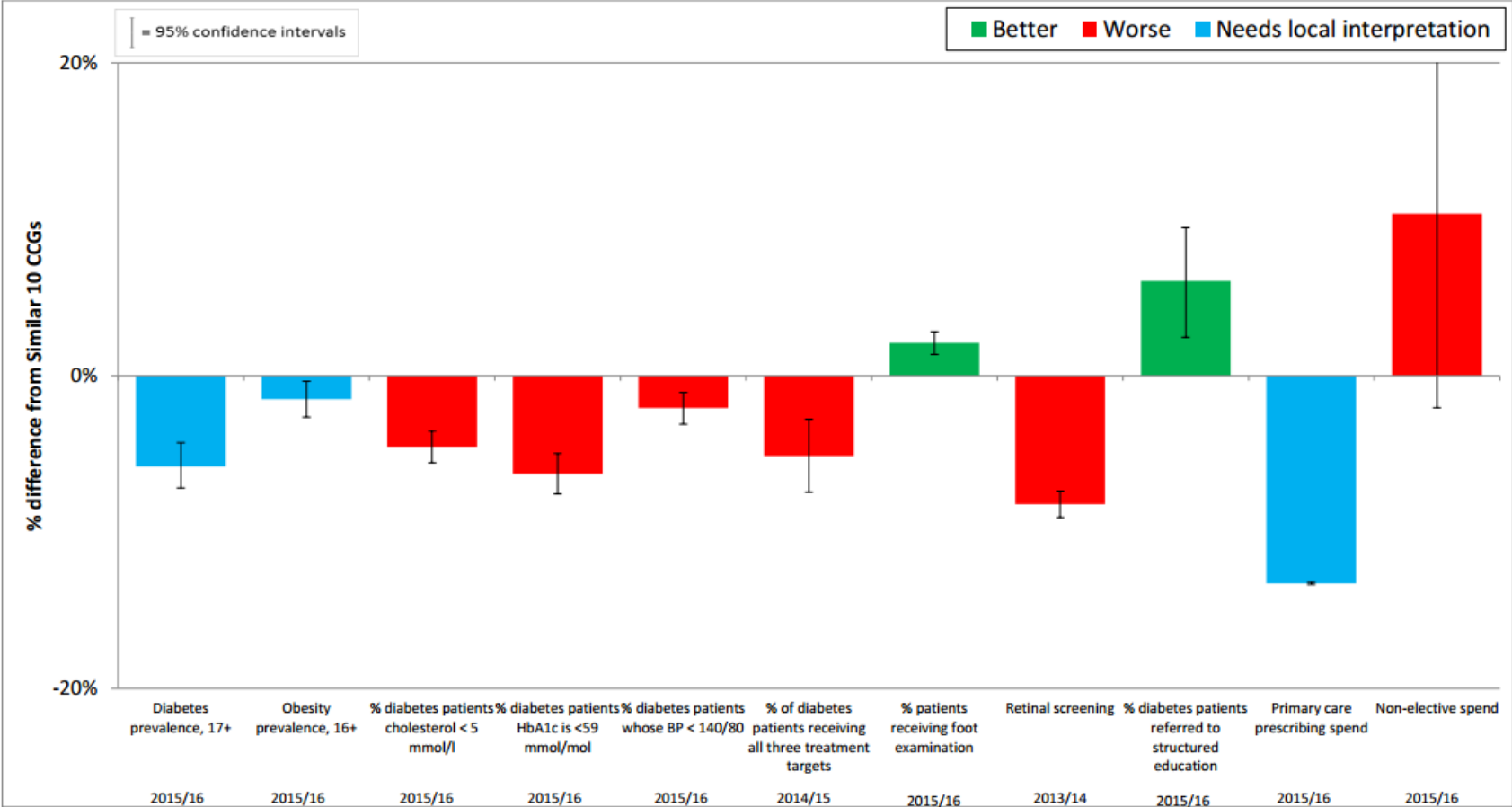


This table presents opportunities for quality improvement and spend differences for a range of programme areas. These are based on comparing NHS Nottingham City CCG to the best / lowest 5 CCGs. A quantified unit is only shown when the opportunity is statistically significant at the 95% confidence level.

Disease Area	Spend	£000	Quality	Quantified Opportunity
Musculoskeletal System Problems (Excludes Trauma)	<ul style="list-style-type: none"> Spend on primary care prescribing 	128	<ul style="list-style-type: none"> Knee replacement, EQ-5D Index, average health gain Hip replacement emergency readmissions 28 days Hip fractures in people aged 65+ 	47 5 21
Neurological System Problems	<ul style="list-style-type: none"> Spend on elective and day-case admissions Spend on primary care prescribing 	685 99	<ul style="list-style-type: none"> Neurological - Rate of bed days Emergency admission rate for children with epilepsy aged 0-17 years Patients with epilepsy on drug treatment and convulsion free, 18+ 	1,590 29 117
Respiratory System Problems	<ul style="list-style-type: none"> Spend on non-elective admissions Spend on primary care prescribing 	1,546 488	<ul style="list-style-type: none"> Respiratory - Rate of bed days Mortality from bronchitis, emphysema and COPD under 75 years Reported to estimated prevalence of COPD % of COPD patients with a record of FEV1 % asthma patients with review (12 months) % of COPD patients with a diagnosis confirmed by spirometry 	1,104 20 1,714 72 143 47

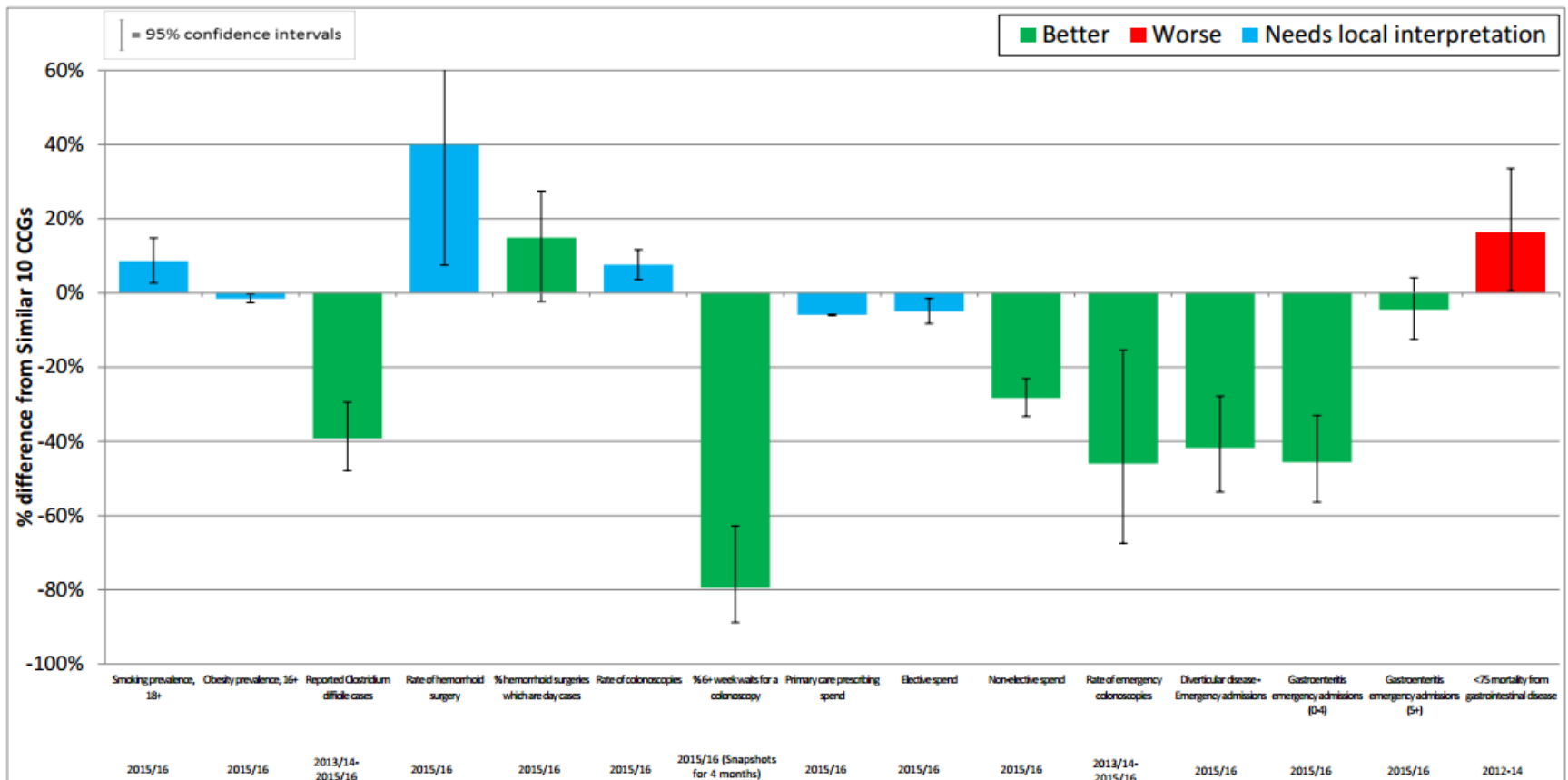
Note: 'Spend on admissions relating to fractures where a fall occurred' is a sub-set of Trauma and Injuries non-elective spend and is not included in the spend for overall MSK non-elective admissions. This indicator as well as 'Rates of hip fractures', 'Emergency readmissions to hospital within 28 days for patients: hip fractures' and '% patients returning to usual place of residence following hospital treatment for fractured femur' may appear in the improvement opportunities table for both Trauma & Injuries and MSK table. This is due to them being in the Trauma & Injury pathway as well as the Osteoporosis pathway. Opportunities for these five indicators have only contributed to the headline; 'Spend', 'Outcomes' (and hence 'Spend and Outcomes') for MSK only.

Diabetes pathway



NICE guidance:
<http://pathways.nice.org.uk/pathways/diabetes>
PRIMIS Toolkit:

Lower gastrointestinal pathway



Note: It is anticipated that emergency admissions for Diverticular Disease of Intestine will increasingly be treated with drainage rate lines, with a gradual decrease in resection rates lines. CCGs are advised to examine their procedure rates and how they can move towards performing more resections.

Colonoscopies are one of 15 key diagnostic tests which the NHS Constitution states less than 1% of patients should wait more than 6 weeks for. CCGs which achieve good performance compared to

What is important nationally?

- NHS outcomes framework / Public health outcomes framework
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- Best practice tariff - COPD
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 - National Review of Asthma Deaths (May 2014)

Under 75 mortality from respiratory disease

nhs-out-fram-ind-feb-17-dash.pdf

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Indicator summary for domain 1: Preventing people from dying prematurely - Improvement areas only

Indicator title	Latest data available	Indicator value	Unit	Change over latest time period	Change over last five years	Latest findings
Domain 1 Improvement areas						
1.1 Under 75 mortality rate from cardiovascular disease	2015	74.0	per 100,000 population	Statistically Similar	Significantly Improved	Significant reduction of 64.2 deaths between 2003 and 2015. Value decreased significantly in most years of the time series although rate of decrease has slowed in recent years.
1.2 Under 75 mortality rate from respiratory disease	2015	34.0	per 100,000 population	Significantly Deteriorated	Statistically Similar	Significant increase of 2.1 deaths between 2014 and 2015 which goes against the falling trend up to 2014. Significant reduction of 7.0 deaths since 2003.
1.3 Under 75 mortality rate from liver disease	2015	18.3	per 100,000 population	Statistically Similar	Statistically Similar	Upward trend over time although yearly increases not usually significant. Significant increase of 1.7 deaths since 2003.
1.4 Under 75 mortality rate from cancer	2015	136.4	per 100,000 population	Statistically Similar	Significantly Improved	Downward trend over time although yearly reductions not always significant. Significant reduction of 29.4 deaths since 2003.
1.4.i One-year survival from all cancers	2015	70.4	%	Not Tested - Similar	Not Tested - Improved	Indicator continues to increase by very small amounts each year, from 59.2 per cent at the start of the time series (for 1997 follow ups). Value has improved by 4.9 per cent over the last 5 years.
1.4.ii Five-year survival from all cancers	2015	49.9	%	Not Tested - Similar	Not Tested - Improved	Similar trend to one-year cancer survival. Small increases each year, from 41.4 per cent at the start of the time series (for 2001 follow ups). Value has improved by 6.2 per cent over the last 5 years.
1.4.iii One-year survival from breast, lung and colorectal cancer	2012	69.5	%	Not Tested - Similar	Not Tested - Improved	Small increases each year, percentage has increased from 61.6 in the 1997 follow up data. This indicator is now on hold due to a methodology review.
1.4.iv Five-year survival from breast, lung and colorectal cancer	2012	51.4	%	Not Tested - Similar	Not Tested - Improved	Small increases each year, percentage has increased from 44.2 in the 2001 follow up data. This indicator is now on hold due to a methodology review.
1.4.v and vi One- and Five-year survival from cancers diagnosed at stage 1&2	Indicators to be developed			No Data	No Data	Data not yet available
1.5.i Excess under 75 mortality rate in adults with serious mental illness	2014/15	370.0	SMR percentage	Significantly Deteriorated	Significantly Deteriorated	The Mental Health Mortality Rate (MHMR) was 270.0 per cent higher than the general population mortality rate in 2014/15 and inequality is growing - MHMR was 226.7 per cent higher in 2009/10.
1.5.ii Excess under 75 mortality rate in adults with common mental illness	Indicator to be developed			No data	No data	Data not yet available
1.5.iii Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services	Indicator to be developed			No data	No data	Data not yet available
1.6.i Infant mortality	2014	3.6	per 1,000 live births	Not Tested - Improved	Not Tested - Improved	Rate improving gradually over time, has decreased from 5.7 in 1999.
1.6.ii Five-year survival from all cancers in children	2014	80.9	%	Statistically Similar	Statistically Similar	Indicator generally increasing over time since 1990 although values fluctuate by year.
1.7 Excess under 60 mortality rate in adults with a learning disability	Indicator to be developed			No data	No data	Data not yet available

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Unplanned admissions in under 19s – incl asthma

Indicator summary for domain 2: Enhancing quality of life for people with long-term conditions

Indicator title	Latest data available	Indicator value	Unit	Change over latest time period	Change over last five years	Latest findings
Domain 2 Overarching indicators						
2 Health-related quality of life for people with long-term conditions	Jul15-Mar16	0.741	mean EQ-5D score	Not Tested - Similar	Not Tested - Similar	Indicator value has been stable since it was first published in 2011-12, falling by only 0.3 per cent over the last five years.
Domain 2 Improvement areas						
2.1 Proportion of people feeling supported to manage their condition	Jul15-Mar16	64.3	%	Not Tested - Similar	Not Tested - Deteriorated	Small decreases each year, from 66.7 in 2011-12. Latest value is very similar to the previous year.
2.2 Employment of people with long-term conditions	Jul-Sep 16	12.6	% gap	Not Tested - Similar	Not Tested - Deteriorated	No clear trend at the moment. The lowest value was an 11.2 percentage point gap in Q1 2010, but it has fluctuated between roughly 12 and 14 percentage points in recent years.
2.3.i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	2015/16	812.4	per 100,000 population	Significantly Deteriorated	Significantly Deteriorated	The indicator was generally improving up to 2011/12 but the admission rate has increased since then. Rates have significantly increased by 0.6 per cent over the latest year and by 1.3 per cent over the last 5 years.
2.3.ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s	2015/16	311.7	per 100,000 population	Significantly Improved	Significantly Improved	The indicator can fluctuate between years by up to 10.7 per cent but over the last ten years, the number has reduced significantly by 19.9 per cent.
2.4 Health-related quality of life for carers	Jul15-Mar16	0.800	mean EQ-5D score	Not Tested - Similar	Not Tested - Similar	Indicator value has deteriorated slightly since it was first published, from 0.815 in 2011-12. This represents a fall of 1.8 per cent over a five year period.
2.5.i Employment of people with mental illness	Jul-Sep 16	34.4	% gap	Not Tested - Similar	Not Tested - Improved	The value can fluctuate between quarters but overall it continues to trend downwards. The size of the gap has reduced by 6.1 percentage points over the last 5 years.
2.5.ii Health-related quality of life for people with mental illness	Indicator to be developed			No Data	No Data	Data not yet available
2.6.i Estimated diagnosis rate for people with dementia	2014/15	61.4	%	Not Tested - Improved	Not Tested - Improved	Indicator value has increased by at least 1.6 percentage points each year. The year on year increase was larger than normal in 2014/15, a change of 8.9 percentage points.
2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Indicator to be developed			No data	No data	Data not yet available
2.7 Health-related quality of life for people with three or more long-term conditions	Jul15-Mar16	0.463	mean EQ-5D score	Not Tested - Similar	Not Tested - Improved	Improvement between 11/12 and 12/13 and mean score has fallen slightly since then but remains higher than 11/12 indicator value.

Emergency admissions – children with LRTI

Indicator summary for domain 3: Helping people to recover from episodes of ill health or following injury

Indicator title	Latest data available	Indicator value	Unit	Change over latest time period	Change over last five years	Latest findings
Domain 3 Overarching indicators						
3a Emergency admissions for acute conditions that should not usually require hospital admission	2015/16	1,318.9	per 100,000 population	Significantly Deteriorated	Significantly Deteriorated	This indicator continues to deteriorate, it has increased by 34.2 per cent over the last 10 years.
3b Emergency readmissions within 30 days of discharge from hospital	2011/12	11.78	%	Statistically Similar	Significantly Deteriorated	Indicator has gradually increased over the time series. The first data point was 9.48 in 2002/03. This indicator is currently on hold due to a methodology review.
Domain 3 Improvement areas						
3.1.i Total health gain as assessed by patients for elective procedures - Physical health-related procedures	Indicator to be developed			No data	No data	Data not yet available
3.1.ii Total health gain as assessed by patients for elective procedures - Psychological therapies	Indicator to be developed			No data	No data	Data not yet available
3.1.iii Recovery in quality of life for patients with mental illness	Indicator to be developed			No data	No data	Data not yet available
3.2 Emergency admissions for children with lower respiratory tract infections	2015/16	422.7	per 100,000 population	Significantly Deteriorated	Significantly Deteriorated	This indicator is currently deteriorating, the value has increased by 39.2 per cent over the last 10 years.
3.3 Survival from major trauma	Indicator to be developed			No data	No data	Data not yet available
3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	Indicator to be developed			No data	No data	Data not yet available
3.5.i Hip fracture: Proportion of patients recovering to their previous levels of mobility at 30 days	2015	37.0	%	Significantly Improved	Significantly Improved	Indicator value increased significantly in 2015 for the third year running, it has increased by 42.9 per cent over the time series. No further updates will be made to this indicator as the 30 day source data has been discontinued.
3.5.ii Hip fracture: Proportion of patients recovering to their previous levels of mobility at 120 days	2015	61.2	%	Significantly Improved	Significantly Improved	Indicator value increased significantly in 2015 for the third year running, it has increased by 25.7 per cent over the time series. Updates will continue for this indicator.
3.6.i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2015/16	82.7	%	Not Tested - Similar	Not Tested - Similar	Relatively little change over the time series. First data point was 82.7 per cent in 2011/12.
3.6.ii Proportion offered rehabilitation following discharge from acute or community hospital	2015/16	2.9	%	Not Tested - Deteriorated	Not Tested - Deteriorated	Relatively little change over the time series, although the indicator value fell from 3.1 to 2.9 per cent between 2014/15 and 2015/16.
3.7.i Decaying teeth	Indicator to be developed					Data not yet available
3.7.ii Tooth extractions due to decay for children admitted as inpatients to hospital, aged 10 years and under	2015/16	425.0	per 100,000 population	Significantly Improved	Significantly Improved	Indicator has fluctuated over the 5 year time series but has seen improvements of -8.0 per cent over the latest year and -4.6 per cent over the last 5 years.



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- The Battle for Breath - BLF
- Respiratory Atlas of Variation
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Best practice tariff for COPD 2017/19

- to improve the proportion of patients who receive specialist review of their care within 24 hours of emergency admission for an exacerbation of COPD and who also receive a discharge bundle before leaving hospital
 - **Specialist input** has been shown to improve outcomes as well as the adherence to evidence-based care processes in managing COPD exacerbations. However, only 57% of people admitted to secondary care receive specialist input in to their care within 24 hours of admission.
 - Patients who receive **discharge bundles** were more likely to receive better care than those who do not receive discharge bundles. However, only 68% of providers report using discharge bundles.



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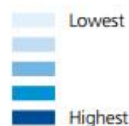
PROBLEMS OF THE RESPIRATORY SYSTEM

Map 22: Rate of COPD emergency admissions to hospital per population by CCG

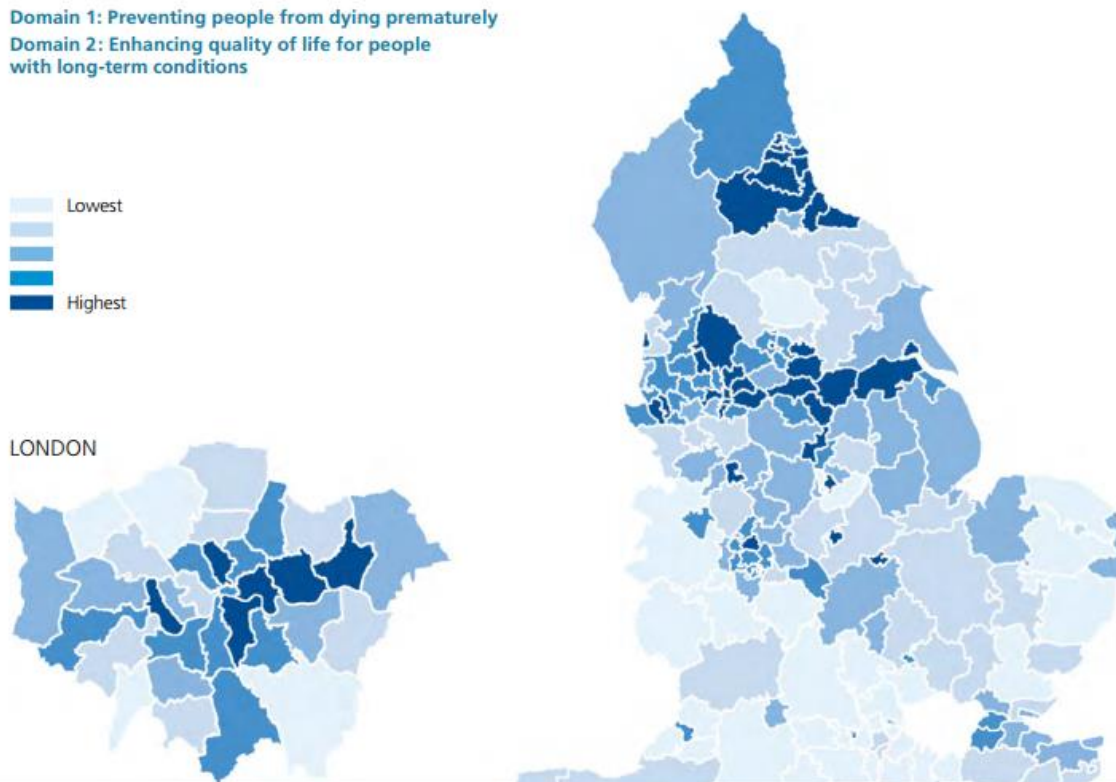
Directly standardised rate, adjusted for age and sex, 2012/13

Domain 1: Preventing people from dying prematurely

Domain 2: Enhancing quality of life for people with long-term conditions



LONDON



Be clever with numbers and visuals

- 1000 people a year in England die from asthma
- 10-12% of children have asthma



Be clever with numbers

- 1000 people a year in England die from asthma
- 10-12% of children have asthma
- 3 people die of asthma every day
- 1 person dies every 8 hours
- In every classroom there may be 3-4 children with asthma
- In a school of 1000 children, there may be 100 children with asthma



Be clever with numbers

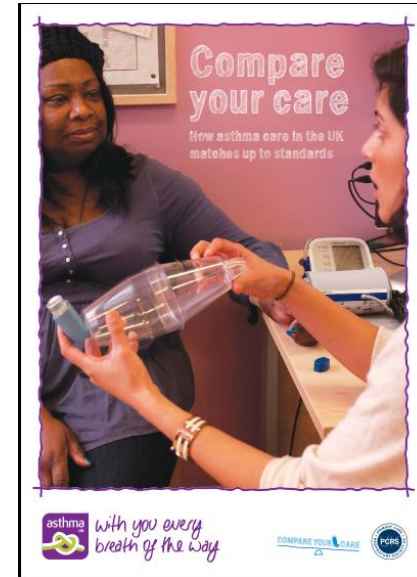
- There are 94,000 admissions a year for COPD every year
- 65,000 people a year are hospitalised for asthma
- Since you left home yesterday, there will have been 200 admissions for people with COPD
- And by the time you leave here today, there will have been 450 admissions across the country
- In the UK, someone is hospitalised every 8 minutes.



The power of a good visual



Up to a third of people make mistakes with inhalers that can mean their treatment is less effective.



People without an action plan are **four times more likely** to need to go to hospital for their asthma.

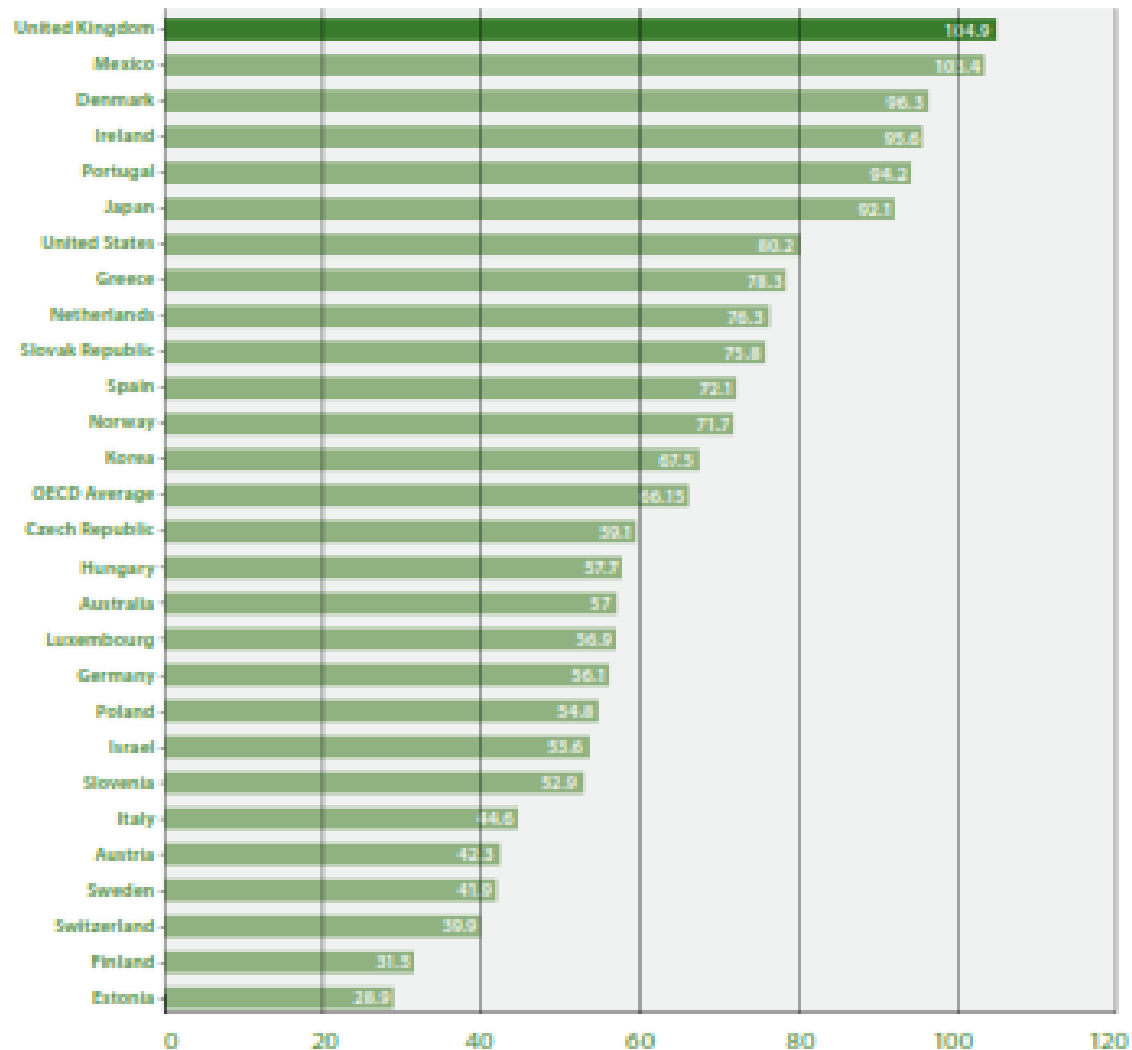


Key findings

- Lung disease is one of the top three killer diseases in the UK
- 115,000 people a year die from lung disease - 1 person every 5 minutes
- Mortality figures are roughly the same as 10 years ago, yet heart disease has fallen 15%
- 1 in 5 people in the UK have been diagnosed with a lung disease
- Every day, 1,500 new people are diagnosed with a lung disease



Respiratory deaths per 100,000 population, 2010 (standardised rates)



Tailor information to local situation

- Base numbers on 3 million population vs 64 million in UK
- Highlight health priorities in Wales
- Highlight local priorities in Healthboards



Tailor the numbers to local situation

People with COPD and
MRC score of ≤ 3 should
be referred to PR
programme

No. people in CCG likely to
need PR

Current levels of PR
provision in CCG

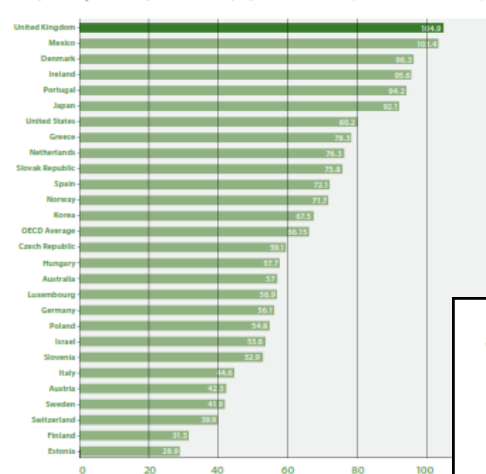
Tell a story

NHS outcomes framework

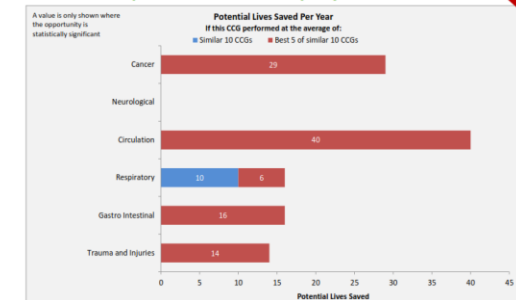
Priority to reduce premature deaths from respiratory disease



Respiratory deaths per 100,000 population, 2010 (standardised rates)



What are the potential lives saved per year?



To note: Lives saved only includes programmes where mortality outcome have been considered appropriate

NHS Bedfordshire CCG

In conclusion

- Find out what is important locally
- Link to national and local agendas wherever possible
- Be clever with numbers and visuals
- Tailor information to local situation
- Tell a story



Inspiring best practice in respiratory care