Respiratory Clinical Leadership Programme

Bringing out the best in yourself and others

Next meeting:-
Influencing: Empowering a culture of change
5-6 June 2020, Kents Hill Park, Milton Keynes
News from the NHS: using policy to your advantage

Noel Baxter – PCRS Policy Lead
Saturday 9th November 2019
Inspiring best practice in respiratory care
Inspiring best practice in respiratory care

Tracey Lonergan, PCRS Policy Coordinator
Inspiring best practice in respiratory care
PCRS Opinion matters

• PCRS is the national, independent, sought after and authoritative voice representing the view from the primary and community respiratory perspective.

• We campaign and work with specialist and generalist partners to influence policy and set standards to help improve outcomes for people living with respiratory symptoms and illness in the UK.
Developing consensus and taking a position on tricky things

Poorly controlled and severe asthma: triggers for referral for adult or paediatric specialist care – a PCRS pragmatic guide

FeNO Testing For Asthma Diagnosis - A PCRS Consensus

Asthma Guidelines in Practice – A PCRS-UK Consensus

Inspiring best practice in respiratory care
Helping you to create local guidance from our briefings

PCRS briefing paper

Environmental issues in respiratory disease management

Screening for lung cancer

This document sets out the PCRS briefing on screening for lung cancer prepared by Bronwen Thompson

Category: Resource

Last Updated: 20th October 2019

Resources:

Screening for lung cancer

Listing Status: Current

The PCRS position on e-cigarettes

Based on the current evidence PCRS supports e-cigarettes as a positive option available to support people to quit tobacco smoking.

- E-cigarettes are marketed as consumer products and are proving much more popular than NRT as a substitute and competitor for tobacco cigarettes.
- The hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco.
- The available evidence to date indicates that e-cigarettes are being used almost exclusively as safer alternatives to smoked tobacco, by confirmed smokers who are trying to reduce harm to themselves or others from smoking, or to quit smoking completely.
- The use of e-cigarettes as an option to help patients quit tobacco smoking is supported by Public Health England, the RCP and RCGP.
Drive implementation of respiratory disease as ‘must do’ priority

- NHSE RightCare asthma and pneumonia - **Due**
- Respiratory Atlas of Variation - **Published 27 September**
- NHSE Respiratory Board – **Year 1**
- NICE scoping on MyCOPD app - **Initial feedback submitted 10 September**
- NICE re-opening COPD guide to assess CRP POCT in COPD – **NB input as NICE clinical adviser**
Diagnosis – accurate diagnosis as the foundation of good care/value

• Focus of working group in LHTF
• NHSEs LTP working group on breathlessness pathway
• Spirometry register…. Complex ! PCRS friendly challenge and scrutiny to ARTP/ICST, PCRS position in development…
Standards, measures, indicators and coding

- NICE asthma and COPD QOF review
- NHSE LTP Respiratory Board Metrics
- SNOMED
BTS/SIGN guideline published 24 July. PCRS issued updated briefing document to be followed soon by new PCRS asthma consensus on diagnosis and management.

NICE/BTS/SIGN guideline to go ahead – process and timelines to be discussed at BTS Winter meeting.

COPD triple therapy guideline went live on the 26th July.

BTS PR guideline: Clare Cook representing PCRS. Publication expected Q4 2020.
Inspiring best practice in respiratory care

PCRS Campaigns & Topical

- Tobacco dependency e.g. COPD and Smoking indicators in QOF (position supported by ASH and BLF), PCRS submitted to Govt Green Paper on social care
- E-cigarettes – Responding to media, ERS, USA events
- Green Agenda – New PCRS position paper
NHSE Long Term Plan (LTP)
<table>
<thead>
<tr>
<th>CVD-Cardiac</th>
<th>Deliverables in 19/20</th>
<th>Outputs in 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>CVDPREVENT audit</td>
<td>Data collection from CVDPREVENT available in March 2020</td>
<td></td>
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<tr>
<td>Implementation of AF patient optimisation delivery model in 23 selected CCG sites.</td>
<td>Evaluation of effect of AF optimisation demonstrator programme</td>
<td></td>
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<tr>
<td>HF/HVD workforce and training requirements are defined</td>
<td>Define diagnostics workforce capacity and training requirements and agree trajectories.</td>
<td></td>
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<tr>
<td>Develop QOF Quality Improvement (QI) module</td>
<td>GPs incentivised to make quality improvements for managing heart disease.</td>
<td></td>
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<tr>
<td>Develop campaign to rebrand and promote cardiac rehabilitation.</td>
<td>Publication of guidance for NHS professionals relating to liability when involved in bystander CPR.</td>
<td></td>
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<tr>
<td>Establish a programme for London to be a world leading city for survival from out of hospital cardiac arrest (OHCA).</td>
<td>Proposals agreed with London region Publication of guidance for NHS professionals relating to liability when involved in bystander CPR.</td>
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<table>
<thead>
<tr>
<th>Stroke</th>
<th>Deliverables in 19/20</th>
<th>Outputs in 19/20</th>
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</thead>
<tbody>
<tr>
<td>Stroke rehabilitation pilot sites agreed</td>
<td>Agreed process for the identification and evaluation of stroke pilot sites</td>
<td></td>
</tr>
<tr>
<td>Identification of the necessary changes to SSNAP, including prioritised phasing, and scheduling of necessary changes.</td>
<td>Publication of the health outcomes modelling tool to drive acute reconfiguration. Publication of the thrombectomy outcomes modelling tool.</td>
<td></td>
</tr>
<tr>
<td>Establishment of Integrated Stroke Delivery Networks Thrombectomy credentialing to be operational.</td>
<td>Publication of the national stroke evidence base and case for change, and ISDN specification Publication of geographical modelling to support local decision making as to location of stroke centres.</td>
<td></td>
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<tr>
<td>Stroke skills and capabilities framework developed and available</td>
<td>HEE host skills and capabilities framework online</td>
<td></td>
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<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Deliverables in 19/20</th>
<th>Outputs in 19/20</th>
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</thead>
<tbody>
<tr>
<td>Commissioning support available for expansion of pulmonary rehabilitation (PR) and quality assured spirometry.</td>
<td>Publication of suite of resources to promote patient referral to PR Publication of resources on spirometry to ensure spirometry testing forms part of a diagnostic pathway within a PCN footprint.</td>
<td></td>
</tr>
<tr>
<td>Agree the criteria for distributing the 2020-21 targeted funding for PR and Spirometry.</td>
<td>Pulmonary rehab services suitable for targeted funding support identified.</td>
<td></td>
</tr>
<tr>
<td>New QOF indicator for spirometry developed for commencement in April 2020</td>
<td>GPs incentivised to improve COPD and asthma management</td>
<td></td>
</tr>
<tr>
<td>New structured medicines reviews for clinical pharmacists and new pharmacy quality scheme for community pharmacists</td>
<td>Publication of PCN structured medicines review service specification and community pharmacy quality scheme.</td>
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Respiratory Workstreams

- Community Acquired Pneumonia
- Early and accurate diagnosis
- Pulmonary rehabilitation
- Medicines optimisation
- Flexible learning
- Breathlessness
## Metrics – How will LTP know how it is doing?

<table>
<thead>
<tr>
<th>Tranche</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>What we can do now based on data available. This covers published metrics, available within 6 months or data sources available to analytical team.</td>
</tr>
<tr>
<td>2</td>
<td>What we might be able to do in the future (next 1-2 years) due to new data coming in or where IG issues can be resolved to make data available.</td>
</tr>
<tr>
<td>3</td>
<td>Areas that require further work and research to develop into a metric or where there is no data available at present.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Workstream</th>
<th>Metric</th>
<th>Related outcome</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early and accurate diagnosis</td>
<td>COPD: reported to estimated prevalence (ratio)</td>
<td>Reduction in undiagnosed respiratory conditions</td>
<td>PHE</td>
</tr>
<tr>
<td>Pulmonary rehabilitation</td>
<td>Unplanned [bed days / 0 day admissions / 1+ day admissions] per 100,000 age-sex standardised population for COPD exacerbations within 180 days of discharge</td>
<td>Reduction in avoidable hospital admissions due to better self-management by patients</td>
<td>SUS+ data</td>
</tr>
<tr>
<td>Medicines optimisation</td>
<td>Excess SABA prescribing</td>
<td>Reduction in inappropriate / unnecessary use of medicines</td>
<td>NHS BSA</td>
</tr>
<tr>
<td>Medicines optimisation</td>
<td>Prescribing frequency of prednisolone 5mg tablets</td>
<td>Reduction in inappropriate / unnecessary use of medicines</td>
<td>NHS BSA</td>
</tr>
</tbody>
</table>
NHSE RightCare Respiratory

- Respiratory Baseline Assessment
- Case Finding
- Medicines
- PR
- Diagnosis
Chronic Obstructive Pulmonary Disease: Case Finding

Reported to estimated prevalence

- Range: 26% to 107%
- National average: 67%
- 93 (58%) CCGs achieved a reported to estimated prevalence greater than or equal to the national average
- 12 (13%) reported achievement of 90% and above

Potential RightCare Opportunity

- Range: 171 to 9,437
- National average: 1,370
- 52 (32%) CCGs had no potential opportunity calculated

Action Plans

- 112 (70%) CCGs reported actions to improve case finding
Chronic Obstructive Pulmonary Disease: Diagnosis

Association for Respiratory Technology and Physiology (ARTP) Training

- 101 (63%) CCGs provided a nil response to the number of ARTP trained staff
- Range: 1 to 85
- National average: 13
- 40 (66%) CCGs reported less than the national average ARTP trained staff

Action Plans

- 106 (66%) CCGs reported actions to improve the number of ARTP trained staff
Lung disease diagnosis pathway

Person goes to GP practice with respiratory symptoms like chronic breathlessness, cough or persistent chest infection

GP practice takes a history

GP practice considers blood pressure, peak flow, spirometry and chest x-ray

Diagnosis made at GP practice eg asthma and some cases of COPD

GP practice refers to advanced diagnostic hub

Tests at diagnostic hub* and assessment by heart and respiratory specialists as part of multidisciplinary team

Referral for further tests

GP practice provides information, support

* Minnesota protocol

Map 1a: Variation in percentage of people aged 18 and over self-reporting as smokers by CCG

Select a geography to display:
- Clinical Commissioning Group (2018 Groups)
- Clinical Commissioning Group (2017 groups)
- Lower-tier Local Authority
- Upper-tier Local Authority
- NHS Area Team
- Strategic Health Authority

By Clinical Commissioning Group (2018 Groups)

Map 1a: Variation in percentage of people aged 18 and over self-reporting as smokers by CCG

- 2018
- 2017
- 2016
- 2015
- 2014
- 2013
- 2012

Significantly higher than England - 99.8% level
Significantly higher than England - 95% level
Not significantly different to England
Significantly lower than England - 95% level
Significantly lower than England - 99.8% level

Data download
Metadata download

NHS Hull CCG: 26.1
NHS Bradford City CCG: 24.5
NHS Barking and Dagenham CCG: 22.4
NHS Ashford CCG: 21.5
NHS North East Lincolnshire CCG: 21.2
NHS Blackpool CCG: 21.1

Clinical Commissioning Group

Inspiring best practice in respiratory care
Quality and Outcomes Framework (QOF) 2020/21

Likely to be disappointing ...

BUT

There are some approved indicators
Single menu of indicators

The NICE indicator menu includes general practice and CCG level indicators by clinical area.

Use the filters to display indicators by type or subject - or filter by both, for more specific results.

About NICE Indicators

Filter by indicator type:
- All

Filter by subject:
- Asthma

Home / News / NICE publishes new asthma and COPD indicators

Post date: Tuesday, 13th August 2019

NICE has published new indicators for asthma and COPD, part of a suite of new indicators, which will inform negotiations for the 2020/21 QOF in England.

A review of the current QOF indicators for asthma and COPD was agreed following NHS England’s 2018 review of the QOF.

PCRS representatives have been at the table in discussions about these indicators and fed into consultation process.

https://www.nice.org.uk/standards-and-indicators/index/
Primary Care audit report January 2020?

England option seemingly rejected / review in 2 years?
How can you help PCRS to influence?

We source members from a range of backgrounds to either represent PCRS or provide as an individual the best and current thinking to inform guidelines whether they be NICE, BTS or SIGN.
Help us form our opinion

• Look out for the new PCRS Opinions web page and news item in In Touch
• Are we missing something that needs a position or consensus?
• Do we need to update something sooner than we say we are planning
• Could you be a policy wonk? Look out for the advert...

Noun. **policy wonk** (plural **policy wonks**) (politics, government) A person who studies or develops strategies and **policies**, especially one who has a keen interest in and aptitude for technical details.
PCRS Opinion in PCRU

Policy Round-Up

A summary of the latest developments in the UK health services, including any major new reports, guidelines and other documents relevant to primary care respiratory medicine

Tracey Lonergan, PCRS Policy Coordinator and Noel Baxter, Executive Policy Lead for PCRS
Respiratory Clinical Leadership Programme

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