

#ClinRL2019

@PCRSUK



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

Inspiring best practice in respiratory care



News from the NHS: using policy to your advantage

Noel Baxter – PCRS Policy Lead

Saturday 9th November 2019

Executive Committee



Helen Ashdown



Darush Attar-Zadeh



Noel Baxter



Clare Cook



Daryl Freeman



Valerie Gerrard



Katherine Hickman



Steve Holmes



Ann Hutchinson



Duncan Keeley



Vikki Knowles



Vincent Mak



Iain Small



Carol Stonham

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The Primary Care Respiratory Society

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The Primary Care Respiratory Society is committed to delivering high value patient care **for all** which we seek to achieve through:

- Campaigning to [improve](#) primary care nationally and locally
- Educating primary care health professionals on respiratory care
 - Open access to primary care research
 - Membership schemes for primary care health professionals to provide and commission high value, patient-centred care
- Promoting and disseminating real life primary care research in respiratory conditions to support policy and education activities

supporting primary care respiratory health professionals

£5 per year including

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Noel Baxter



Luke Daines



Kevin Gruffydd-Jones



Duncan Keeley



Vikki Knowles



Amanda Roberts



Graham Ryott



Carol Stonham



Alex Woodward



Tracey Lonergan, *PCRS Policy Coordinator*

NHS England and NHS Improvement



NACAP



Public Health
England

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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

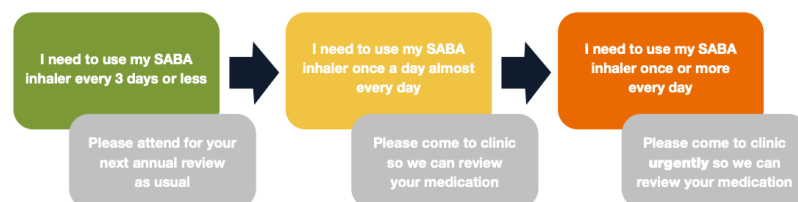
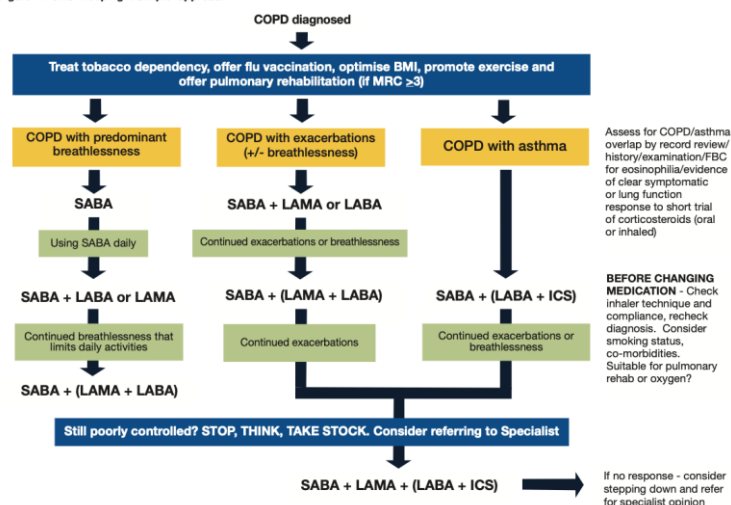


Figure 7 PCRS 'Keeping it Simple' approach



FeNO Testing For Asthma Diagnosis - A PCRS Consensus

FeNO Testing For Asthma Diagnosis - A PCRS Consensus was commissioned to set out the PCRS position on the role of FeNO testing within the context of asthma diagnosis.

Asthma Guidelines in Practice – A PCRS-UK Consensus

Asthma Guidelines in Practice – A PCRS-UK Consensus was commissioned to provide clarity on aspects of diagnosis, management and monitoring of asthma that are uncertain due to differences between current national guidelines. The article has been written by Dr Luke Daines (GP and Academic Clinical Fellow, University of Edinburgh), in conjunction with GP colleagues, Duncan Keeley, Kevin Gruffydd Jones, Steve Holmes and nurse colleagues, Val Gerrard and Carol Stonham. It is based on the recently published PCRS-UK briefing paper (see https://pcrs-uk.org/sites/pcrs-uk.org/files/BriefingAsthmaGuidelines_V3.docx). This article focuses on mild/moderate asthma, for severe asthma please see British Thoracic Society/ Scottish Intercollegiate Guideline Network. 2016. British Guideline on the Management of Asthma. Available from: <http://www.sign.ac.uk/assets/sign153.pdf>

Helping you to create local guidance from our briefings



PCRS briefing paper

Environmental issues in respiratory disease management



Asthma carbon footprint 'as big as eating meat'

...Many people with **asthma** could cut their carbon footprint and help save... people with **asthma** in the UK. The research looked at the environmental impact.... Switching to a different type of inhaler can be complicated for people with **asthma**...

Screening for lung cancer

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

[Read more](#)

Category: Resource

Last Updated: 20th October 2019

Resources:

 [Screening for lung cancer](#)

Listing Status: Current

The PCRS position on e-cigarettes²⁶

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



National guidelines Including COPD and asthma

- 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



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)



Respiratory Delivery Board

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2019-20 Deliverables



	Deliverables in 19/20	Outputs in 19/20
CVD-Cardiac	CVDPREVENT audit	Data collection from CVDPREVENT available in March 2020
	Implementation of AF patient optimisation delivery model in 23 selected CCG sites.	Evaluation of effect of AF optimisation demonstrator programme
	HF/HVD workforce and training requirements are defined	Define diagnostics workforce capacity and training requirements and agree trajectories.
	Develop QOF Quality Improvement (QI) module	GPs incentivised to make quality improvements for managing heart disease.
	Develop campaign to rebrand and promote cardiac rehabilitation.	Publication of guidance for NHS professionals relating to liability when involved in bystander CPR.
	Establish a programme for London to be a world leading city for survival from out of hospital cardiac arrest (OHCA).	Proposals agreed with London region Publication of guidance for NHS professionals relating to liability when involved in bystander CPR
Stroke	Stroke rehabilitation pilot sites agreed	Agreed process for the identification and evaluation of stroke pilot sites
	Identification of the necessary changes to SSNAP, including prioritised phasing, and scheduling of necessary changes.	Publication of the health outcomes modelling tool to drive acute reconfiguration. Publication of the thrombectomy outcomes modelling tool.
	Establishment of Integrated Stroke Delivery Networks Thrombectomy credentialing to be operational.	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.
	Stroke skills and capabilities framework developed and available	HEE host skills and capabilities framework online
Respiratory	Commissioning support available for expansion of pulmonary rehabilitation (PR) and quality assured spirometry.	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.
	Agree the criteria for distributing the 2020-21 targeted funding for PR and Spirometry.	Pulmonary rehab services suitable for targeted funding support identified.
	New QOF indicator for spirometry developed for commencement in April 2020	GPs incentivised to improve COPD and asthma management
	New structured medicines reviews for clinical pharmacists and new pharmacy quality scheme for community pharmacists	Publication of PCN structured medicines review service specification and community pharmacy quality scheme.



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?



Tranche	Description
1	What we can do now based on data available. This covers published metrics, available within 6 months or data sources available to analytical team.
2	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.
3	Areas that require further work and research to develop into a metric or where there is no data available at present.

Workstream	Metric	Related outcome	Source
Early and accurate diagnosis	COPD: reported to estimated prevalence (ratio)	Reduction in undiagnosed respiratory conditions	PHE
Pulmonary rehabilitation	Unplanned [bed days / 0 day admissions / 1+ day admissions] per 100,000 age-sex standardised population for COPD exacerbations within 180 days of discharge	Reduction in avoidable hospital admissions due to better self-management by patients	SUS+ data
Medicines optimisation	Excess SABA prescribing	Reduction in inappropriate / unnecessary use of medicines	NHS BSA
Medicines optimisation	Prescribing frequency of prednisolone 5mg tablets	Reduction in inappropriate / unnecessary use of medicines	NHS BSA

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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

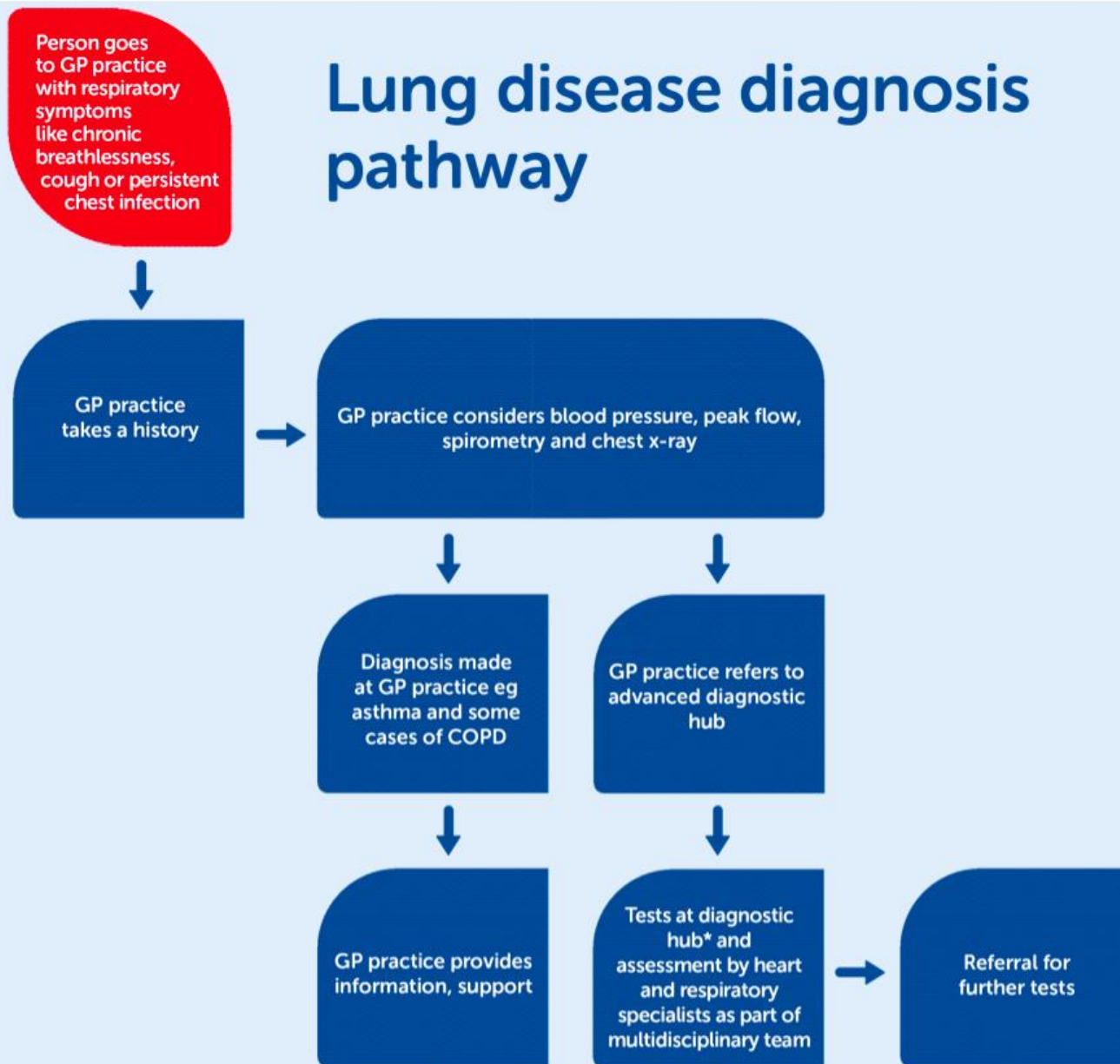
Action Plans

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





Lung disease diagnosis pathway



The 2nd Atlas of variation in risk factors and healthcare for respiratory disease in England, 2019

[Help](#)[Print](#)[Share](#)

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

[CCG peers ON](#)[CCG peers OFF](#)[NHS Region filter](#)[Data download](#)[Metadata download](#)

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](#)

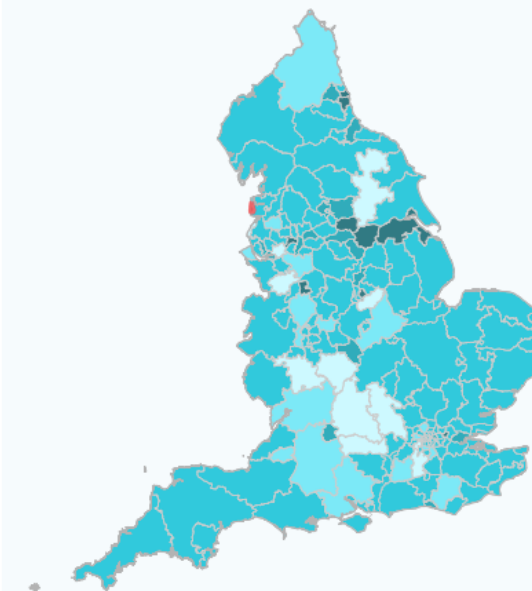
Significantly higher than England - 99.8% level

Significantly higher than England - 95% level

Not significantly different to England

Significantly lower than England - 95% level

Significantly lower than England - 99.8% level

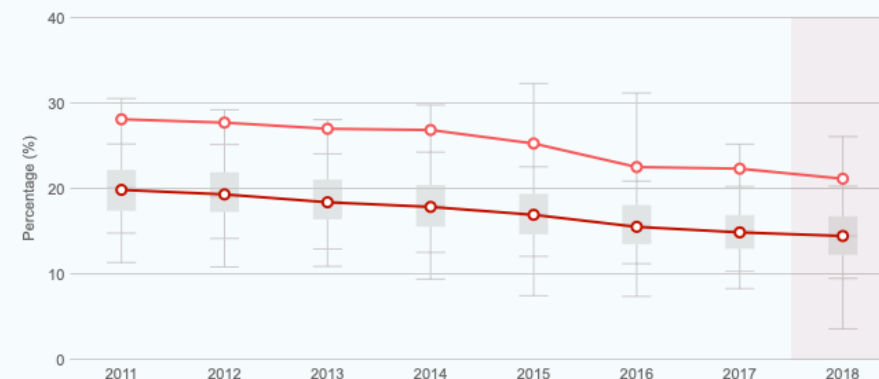


Contains Ordnance Survey data © Crown copyright and database right 2019. Contains National Statistics data © Crown copyright and database right 2019.

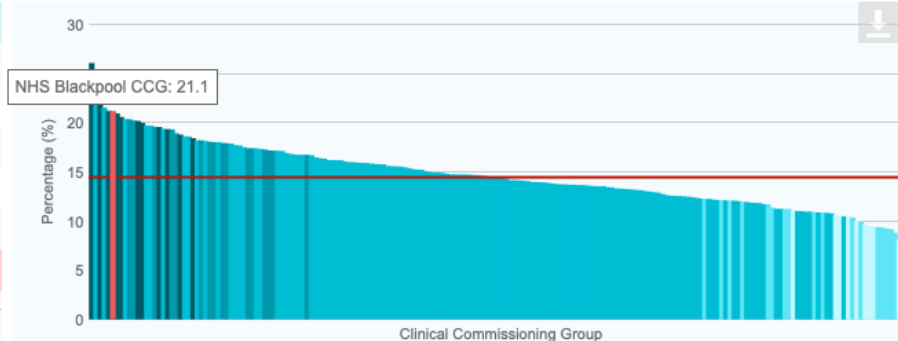
Area name	Value
● NHS Hull CCG	26.1
● NHS Bradford City CCG	24.5
● NHS Barking and Dagenham CCG	22.4
● NHS Ashford CCG	21.5
● NHS North East Lincolnshire CCG	21.2
● NHS Blackpool CCG	21.1
● NHS North Yorkshire CCG	20.4

Clear ✕ Filter ✕

▶ ◀ ▶▶ 2011 2012 2013 2014 2015 2016 2017 2018



	2011	2012	2013	2014	2015	2016	2017	2018	
Max-Min (Range)	19.2	18.4	17.2	20.4	24.8	23.8	16.9	22.5	No significant change
95th-5th percentile	10.4	11.0	11.1	11.7	10.5	9.7	9.9	10.8	No significant change
75th-25th percentile	4.8	4.6	4.6	4.9	4.7	4.6	3.9	4.5	No significant change
Median	20.1	19.0	18.5	17.9	16.9	15.6	15.1	14.5	DECREASING Significant



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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/>

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NACAP

National Asthma
and COPD Audit
Programme
(NACAP)



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



Primary Care Respiratory Update

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*

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