PCRS/Policy Update

Noel Baxter

QI in the NHS – England

- Quality and Outcomes Framework (QOF)

In 2019/20, the remaining 74 points arising from indicator retirement will be used to create two Quality Improvement modules within a new quality improvement domain

QI in QOF

Each module will be supported by QOF for one year, before being replaced by different topics. **For 2019/20, the modules will cover:**

prescribing safety. Extensive literature exists on the opportunity to cut errors and adverse drug reactions. Evidence from Scotland suggests that improvements will be sustained beyond the duration of the incentive34.

QI in QOF

end-of-life care. The Royal College of GPs has already been developing a QI module in this area; and we can also benefit from the work undertaken by Macmillan.

Through a rapid evaluation process, we will seek to learn early lessons from the introduction of the QI domain, to inform its subsequent development.

(a) is it improving patient care?

(b) (b) is it valued by practitioners?

(c) (c) is it a smart investment, given other possibilities? And (

(d) d) should QI investment continue to be channelled through QOF, or would a different approach be better?

Otherwise in QOF

Asthma – Maintaining a register of patients (5 years and older)	
Proposed new indicator	**IND63**: The contractor establishes and maintains a register of patients with asthma aged 5 or over.
Existing QOF indicator	**AST001**: The contractor establishes and maintains a register of patients with asthma, excluding patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months.

Asthma – Objective tests to support diagnosis	
Proposed new indicator	**IND64**: The percentage of patients with asthma on the register (*date of implementation*) with a record of an objective test of FeNO, spirometry, reversibility or variability between 3 months before or 3 months after diagnosis.
Existing QOF indicator	**AST002**: The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis.

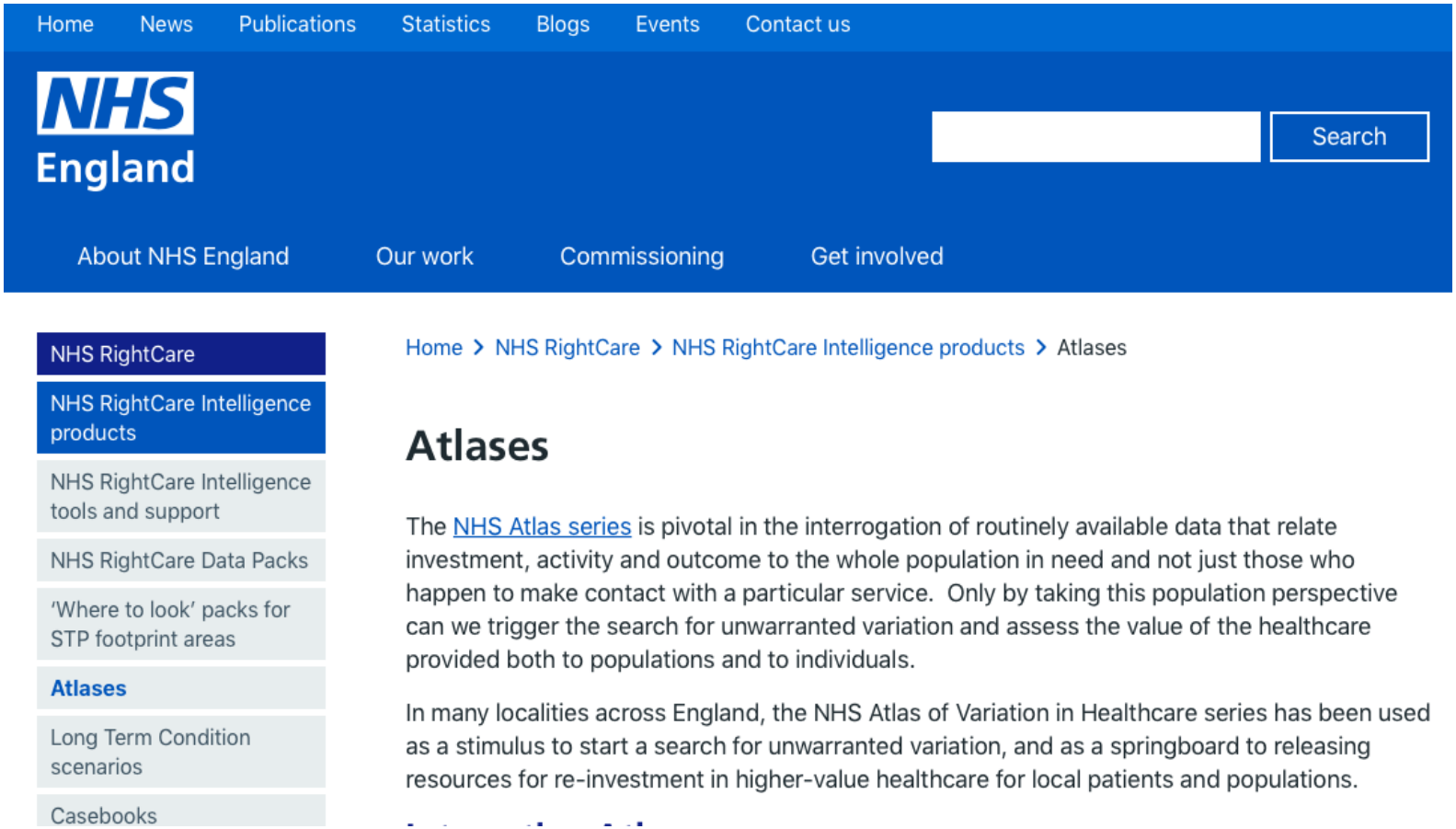
Asthma – Patients who have had an asthma review	
Proposed indicator	**IND65**: The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire (including assessment of short acting beta agonist use), a recording of the number of exacerbations and a written personalised action plan.
Existing QOF indicator	**AST003**: The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions.

Asthma – Patients record of smoking status	
Proposed indicator	**IND66**: The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of smoking status (active or passive) in the preceding 12 months.
Existing QOF indicator	**AST004**: The percentage of patients with asthma aged 14 or over and who have not attained the age of 20, on the register, in whom there is a record of smoking status in the preceding 12 months.

COPD – Objective testing to support diagnosis	
Proposed indicator	**IND67:** The contractor establishes and maintains a register of: 1. Patients with a clinical diagnosis of COPD before (*date of implementation*), and 2. Patients with a clinical diagnosis of COPD on or after (*date of implementation*) whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 3 months after diagnosis.
Existing QOF indicators	**COPD001**: The contractor establishes and maintains a register of patients with COPD **COPD002**: The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register.

COPD – Annual review including recording of exacerbations	
Proposed indicator	**IND68**: The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale.
Existing QOF indicator	**COPD003**: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months.

Respiratory Atlas



Public Health England

Help | Print | Share

Atlas of variation for palliative and end of life care in England, 2018

CCG peers ON | CCG peers OFF | NHS Region filter | Data download | Metadata download

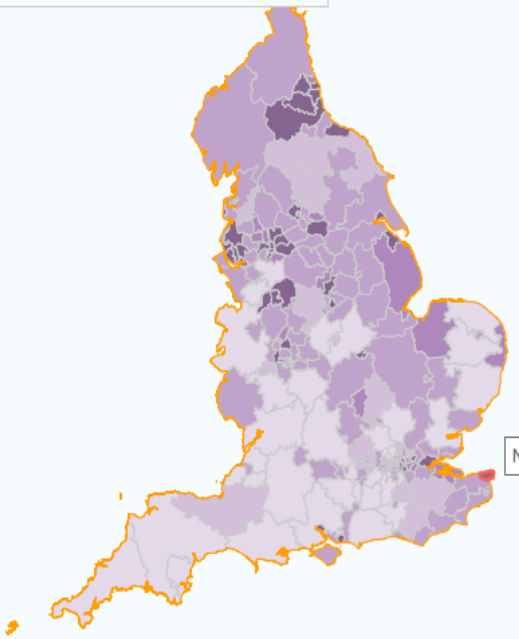
Select a geography to display

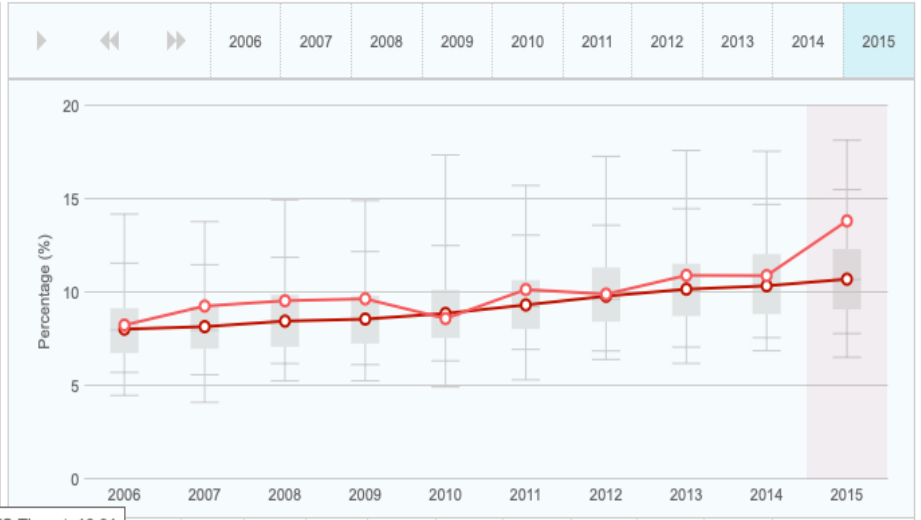
- **Clinical Commissioning Group**
- Lower-tier Local Authority
- Sustainability Transformation Group
- NHS Trust

Map 7: Variation in the proportion of all people who died with an underlying or contributory cause of chronic obstructive pulmonary disease (COPD) by CCG

2015
2014
2013
2012
2011
2010
2009
2008

- Significantly higher at 99.8% level
- Significantly higher at 95% level
- Not signficantly different from England
- Significantly lower at 95% level
- Significantly lower at 99.8% level
- No data

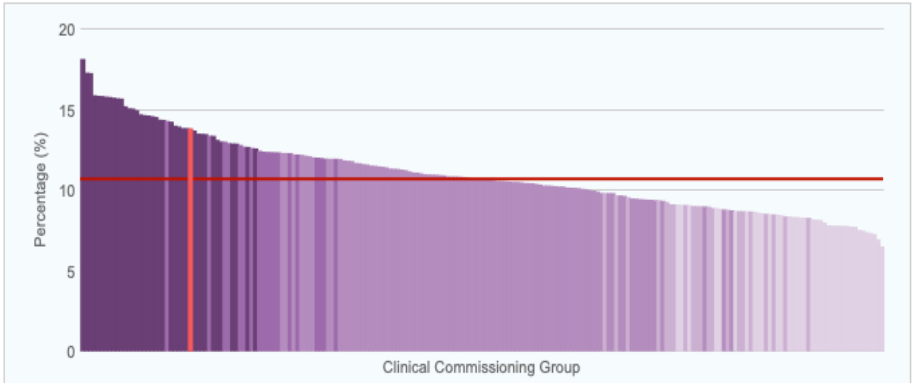




	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
Max-Min (Range)	9.70	9.67	9.69	9.65	12.42	10.41	10.87	11.40	10.68	11.62	WIDENING Significant
95th-5th percentile	5.85	5.89	5.68	6.06	6.17	6.11	6.73	7.40	7.13	7.71	WIDENING Significant
75th-25th percentile	2.39	2.27	2.78	2.56	2.57	2.62	2.89	2.80	3.22	3.22	WIDENING Significant
Median	7.96	7.95	8.44	8.49	8.72	9.22	9.61	10.11	10.38	10.68	INCREASING Significant

Area name	Value
NHS South Tyneside	18.13
NHS North Manchester	17.28
NHS Knowsley	17.26
NHS Central Manchester	15.88
NHS Corby	15.85
NHS Hull	15.83

Clear | Filter



Inspiring best practice in respiratory care

Royal College of Physicians | NACAP

PCRS

National Asthma and COPD Audit Programme (NACAP) Quarterly Newsletter (May 2019)

NACAP has now been running for a year! See some of our key achievements in the attached infographic.

COPD
168,652 patient records have been entered (as of 31 May 2019)

Adult asthma
12,095 patient records have been entered (as of 31 May 2019)

Children and young people asthma
143 hospitals registered for the audit (as of 24 May 2019)

Pulmonary rehabilitation
1,796 patient records have been entered (as of 31 May)

Primary care
Spring/Summer 2019 is when the next extraction takes place

Quality Improvement

We have now run two of our four annual QI workshops, which have been received very well. The London workshop was so popular that we have arranged another workshop for June; spaces have filled up immediately. If you would like to attend a NACAP QI workshop, there are still places in Newcastle (8 November), please email us at nacap@rcplondon.ac.uk

NHSE RightCare Respiratory

- Respiratory Baseline Assessment

  - Case Finding
  - Medicines
  - PR
  - Diagnosis

Case Finding

Baseline Assessment Questions

COPD Case Finding

NHS Lambeth CCG

Baseline assessment questions		Data source
How many people with COPD are in your CCG area (estimated number)?	12,943	*QOF 2017-18: Prevalence, achievements and exceptions at CCG level COPD001-1718 and COPD-RTE-1718 (PHE)*
How many people with COPD are there in your CCG area on your GP registers? (reported number)	3,811	*QOF 2017-18: Prevalence, achievements and exceptions at CCG level COPD001-1718*
Reported to estimated prevalence of COPD (calculated)	29%	*QOF 2017-18: Prevalence, achievements and exceptions at CCG level COPD001-1718 and COPD-RTE-1718 (PHE)*
RightCare opportunity for Case Finding	2,048	*NHS RightCare Respiratory Focus Pack data file [NSS = Not Statistically Significant]*

Rationale

We are asking all CCGs to improve to the average of the best five of their RightCare similar ten (their 'RightCare opportunity') based on the 2017/18 data. The remaining self-assessment questions are to support your thinking to make this improvement.

Self Assessment Questions	Comments
How do you support Primary Care to identify people in the community who have COPD but are current un-diagnosed?	Through promotion of the breathlessness algorithm (applied at GP practice level - since c. 2017), virtual clinics (2hr sessions in GP practices, led by specialist, review small caseload c.20 patients with set criteria - practices take this learning and apply across the practice - 1 session per practice per year), GP protected learning

Diagnosis

Baseline Assessment Questions

COPD Diagnosis

NHS Lambeth CCG

Baseline assessment questions		Data source
What proportion of the people on the COPD register have a COPD diagnosis confirmed by post-bronchodilatory spirometry?	85%	*QOF 2017-18: Prevalence, achievements and exceptions at CCG level COPD002-1718*
RightCare Opportunity for Spirometry	[NSS] No opportunity	*NHS RightCare Respiratory Focus Pack data file [NSS = Not Statistically Significant]*
How many people in your CCG area are ARTP (Association for Respiratory Technology and Physiology) trained?	2	*Commissioned Service: CCG to check if this information is available from services commissioned*

Baseline assessment questions

How many people in your CCG area would benefit from Pulmonary Rehabilitation each year?	1,110	*This figure is a calculated estimate of people who should be offered pulmonary rehabilitation based on NICE COPD (2018) recommendation 1.2.77 (recent hospitalisation for an acute exacerbation) and 1.2.78 (functionally disabled by COPD - usually MRC≥ 3). The COPD PRIME tool estimates that 40% of people with COPD MRC>3 (COPD005) would benefit from pulmonary rehabilitation. This figure is added to all patients with an emergency hospital admission for COPD (SUS) to provide an **estimate** of people in your CCG who would benefit from pulmonary rehabilitation.*
Please note the following questions relate to the cohort that would be benefit from Pulmonary Rehabilitation		
How many people were referred for Pulmonary Rehabilitation?	513	*Commissioned Service: CCG to check if this information is available from services commissioned*
How many people started Pulmonary Rehabilitation?	240	*Commissioned Service: CCG to check if this information is available from services commissioned*
Proportion of people who were referred and went on to start Pulmonary Rehabilitation? (Calculate)	47%	*Indicates =<15% not met and ≥15% met*
How many people completed Pulmonary Rehabilitation?	136	*Commissioned Service: CCG to check if this information is available from services commissioned*
Proportion of people who, once started, went on to complete Pulmonary Rehabilitation (Calculate)	57%	*Indicates =<60% not met and ≥60% met*
Do you have a five year plan to increase referral rates to 60% and completion rates 90%? (Y/N)	No	*This is the Long Term Plan Targets. There will be a NHS RightCare Pulmonary Rehabilitation scenario model to support service planning.*

Rationale

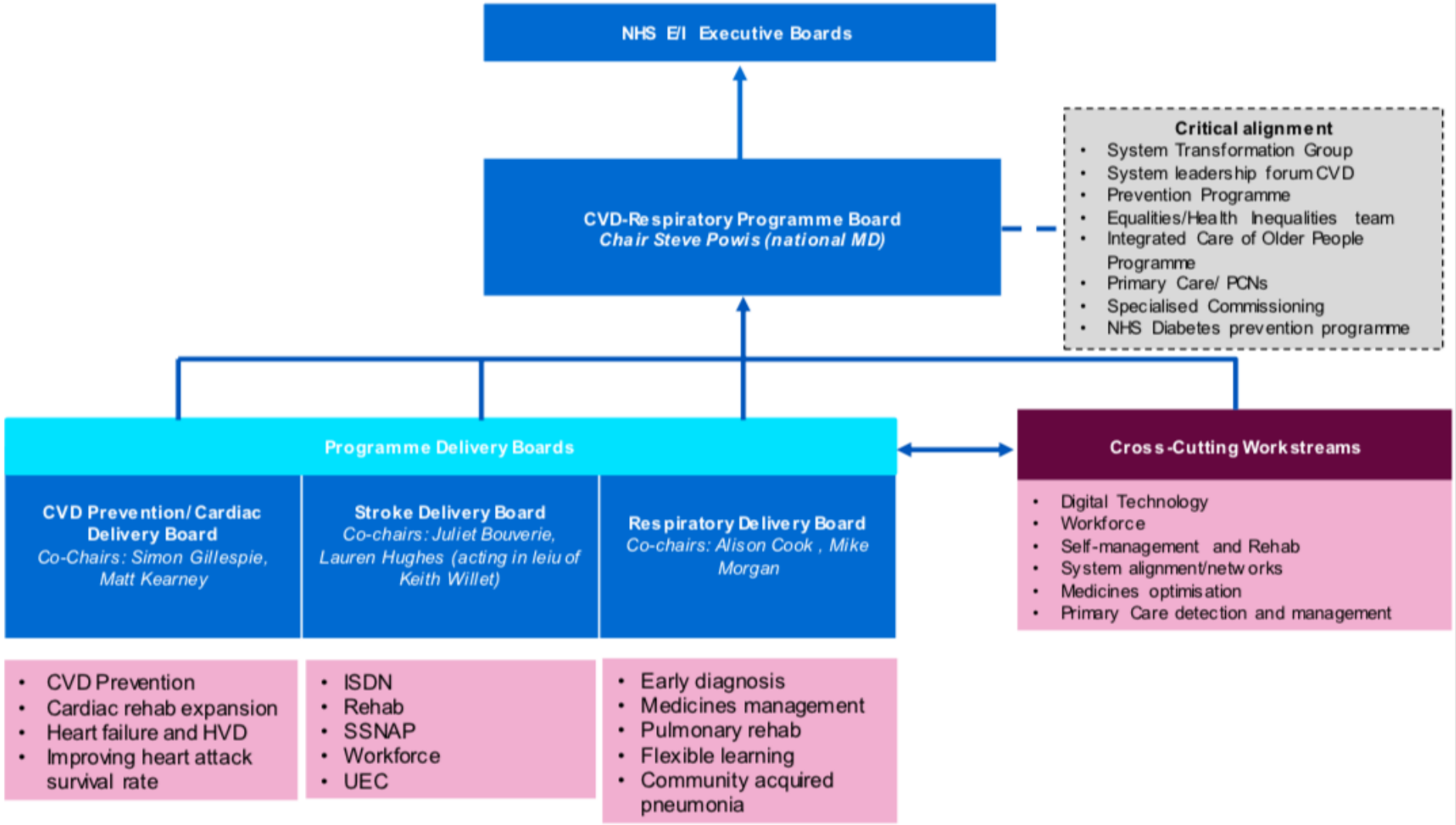
We are asking all CCGs to achieve the Long Term Plan targets for 2019/20: 15% people starting and 60% completing Pulmonary Rehabilitation and to develop a five year plan to achieve the long term plan targets for 2023/24: 60% of people starting and 90% of people completing Pulmonary Rehabilitation.

Self Assessment Questions	Comments
When was your Pulmonary Rehabilitation specification last reviewed? An example specification based on the national specification is available for you to review your current specification against.	within last 2 years
What support have you provided GPs to encourage sufficient and high quality referrals?	referral template and pathway; increased provision/capacity; education and training; virtual clinic discussions to get engagement from GPs; respiratory clinical leadership in CCG
How confident are you in the efficiency of your provider? Consider the number of initial assessments per whole time equivalent staff.	Reasonably confident. No national / benchmarking data to compare against.
How does your Pulmonary Rehabilitation provider benchmark to national averages on the process and outcome measures collected as part of the National COPD Pulmonary Rehabilitation Audit?	variable. Challenges around starting within 90 days and completion rates, but not in the lowest quartile, so reflects perforamnce challenges in other services nationally. This is reflected in the provider viewpoint.
Does the outcome of provider benchmarking suggest any opportunities for improvement in process and outcomes?	Commissioners and providers to collectively review capacity and systems to increase completion rates.
Do you commission sufficient capacity to achieve the baseline assessment (long term plan) targets?	No - start dates <90 days at 34% for community services, discharge assessments <50%.

NHSE Long Term Plan (LTP)

Respiratory Delivery Board

CVD – respiratory programme structure & governance



CVD-respiratory programme vision

The CVD-Respiratory Programme seeks to significantly improve services and outcomes for cardiovascular disease, respiratory disease and stroke in England. Over the next ten years, we will:

- Implement increased post-hospital stroke rehabilitation models nationally
- Improve cardiac rehab access rates to the best in Europe by 2028
- Avoid 220,000 admissions for community acquired pneumonia by 2023/24
- Increase heart attack survival rates to 25%
- Prevent up to 150,000 heart attacks, strokes and dementia cases
- Deliver a 10x increase in proportion of patients receiving thrombectomy after a stroke
- Achieve the best performance in Europe for delivering thrombolysis by 2025
- Reduce the gap in amenable deaths between the most and least deprived areas
- Expand referrals into Pulmonary Rehab services to 60% in 2024

We will achieve this by taking an integrated approach to delivery which involves communities, voluntary organisations and the health and care system. We will focus on prevention, early detection and diagnosis, concentrating interventions initially on populations at greater risk. Underpinning this is work to implement new technologies and expand existing rehabilitation services while improving datasets and training the workforce, community first-aiders and patients.

Programme workstreams and outputs

- **Early and accurate diagnosis**: to increase early and accurate diagnosis for people with respiratory disease.

- **Medicines management**: to promote appropriate prescribing of asthma medication and inhaler use to promote better compliance and prevent avoidable acute admissions and deaths from poor self-management.

- **Flexible learning**: to develop an accredited education programme for individuals diagnosed with COPD, asthma and bronchiectasis.

- **Expansion of pulmonary rehabilitation**: to increase the number of patients who would benefit from Pulmonary Rehabilitation and are referred to and complete a good quality programme.

- **Community-acquired pneumonia**: to reduce avoidable admissions and bed days for patients with community acquired pneumonia, achieved through implementation of risk stratification tools and ambulatory care services such as nurse-led supported discharge services.

CVD-Respiratory

- **Combined breathlessness models:** to design a model of care for diagnosis and management of the breathless patient including combined rehabilitation

Taskforce for Lung Health

OUR PLAN HELPLINES MENU ☰

Our mission is to **prevent more people from developing lung disease, and to transform the care of people living with lung disease.**

We've brought together the most influential voices in UK lung health to create a five year plan for improving lung health in England.

Read the plan now »

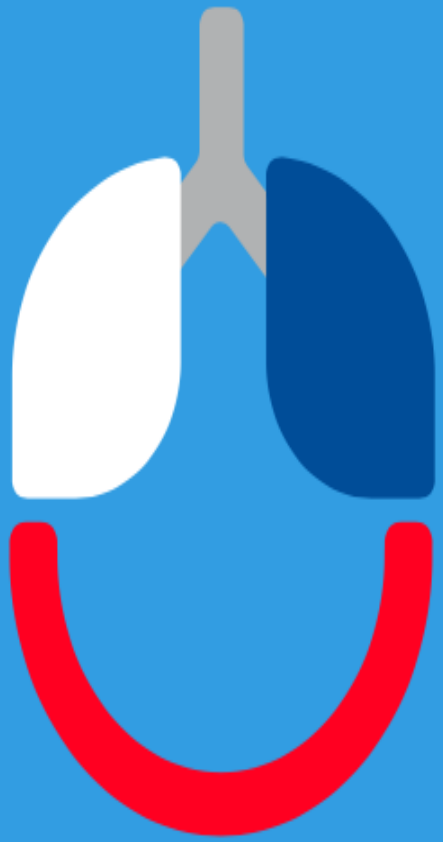
Inspiring best practice in respiratory care

Our five year plan

The Taskforce for Lung Health's five year plan sets out a framework to improve the nation's lung health and provide better care for people with lung disease.

Read our plans for:

- Keeping lungs healthy
- Identifying lung disease early
- Better care for all
- Living with a lung condition
- The right care in the last year of life
- Workforce




Primary Care Networks Animation
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Be more involved with PCRS

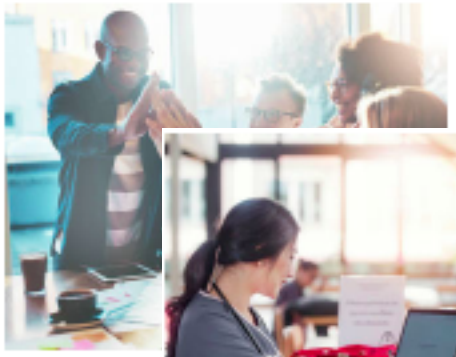
An Online Community

forumbee

In Touch

Your fortnightly news update from PCRS

Inspiring the best practice in respiratory care



Be a strong leader and inspire your team

It is easier than you think to motivate your team and become

Delegation and education

If you're unsure you're appropriately trained deliver the management and care your role requires you to perform, then take a look at PCRS' Fit to Care information. It's here to help to check you have the appropriate skills and training you

Showcase your knowledge

The service development stream of the PCRS Respiratory Conference showcases Best Practice abstracts describing

Asthma Right Care slide rule demo

If you are interested in reducing patients' over reliance on short-acting beta agonists (SABAs), this video explains how to use the Asthma Right Care slide rule. This tool can be used to initiate conversations with professional colleagues and patients.