ISLINGTON COPD NURSE CHAMPIONS
PROJECT 2013

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Clinical Commissioning Group
What is a project?

A programme of work to bring about a beneficial change

Which has:

- a start and an end
- A multi-disciplinary team brought together for the project
- Constraints of cost, time and quality
- A scope of work that is unique and involves uncertainty
How does a project start?

• Inspiration

“an inspiring or animated action or influence”

“something inspired, as an idea”
Innovative Practice

South Wales practice nurses win award for reducing COPD

Chris Peer

A team of 55 practice nurses has scooped the top prize at a national marking ceremony for a project that has slashed the rate of COPD emergency hospital admissions in South Wales.

The team, led by nurse COPD consultant Tracey Kirk (pictured, with colleague Marilyn Griffiths), brought together nurses from 43 surgeries across the South Wales area. Each nurse received in-depth training, and was challenged to go back to their surgery and implement new ways of delivering COPD care – from diagnosis to the implementation of a post acute exacerbation review.

All 55 nurses involved in the Awaiting Browns COPD Project were awarded the prestigious British Journal of Nursing ‘Nurse of the Year’ award for their dedication to making it a success.

Mr Kirk said: ‘All the nurses involved showed complete devotion and selfless dedication to their patients. It was enough to restore anyone’s faith in nursing – even they came up to do training on their days off.

“We asked them to do much more thorough reviews of all their patients than is required by the QOF, and the training gave them a focus on smoking cessation and physiotherapy, before looking for specific patients that needed to be brought to us to be looked at. They were utterly committed to it.”

Previously, Ms Kirk has worked on several COPD projects in the north of England. In one similar scheme, carried out in Blackpool, acute admissions were reduced by 50 per cent in just six months.

“We are delighted that the outcomes in South Wales will have an ongoing positive impact on our patients,” she added.

Although the Nurse of the Year award is traditionally given to an individual, the project was such a success that the judges voted unanimously to recognize everyone involved.

Julie Smith, editor of the BJN and member of the judging panel, said: ‘We didn’t hesitate to break with tradition on this occasion, and reward the whole team. They have all worked tirelessly and selflessly to make a huge improvement in their local areas, and each one is thoroughly deserving of being called Nurse of the Year.’

The full results of the health board-funded project will be unveiled in June.

General Practice

Practice boundary pilots get underway

Pilots to abolish general practice boundaries in three parts of England begin at the end of April.

Patients who live outside the boundary area of practices in areas of London, Manchester and Sheffield, and Nottingham will be able to register with a GP practice of their choice under plans agreed as part of the 2012/13 CMA contract.

The pilots will run for one year, and aim to benefit people who are moving home and wish to remain with their preferred practice.

Participating regions will receive the same global sum funding, QOF, DES and local enhanced service payments as they would for any other patient. Patients who do not wish to register can be seen five times a year, for which the patients will receive £12.95 each time.

Crisis have warned the £12.93 payment is inadequate. Manchester LMC chairman Dr John Hughes told GP newspaper: “The funding is rather pathetic at work in centres get about £25 per consultation. They are trying to get a cheap deal.”

Health secretary Andy Lansley said: “I know from speaking to practices that they are frustrated that they are only allowed to go to the GP nearest their home rather than the one that best suits their needs.”

Scotland

Clear inequalities in health visitor access

Children who live in Scotland’s most deprived areas are less likely to be visited by health visitor than those in privileged areas, according to research.

A study conducted by NHS Scotland and the University of Edinburgh found that 78 per cent of children in deprived areas received their 39 to 42 month review, compared with 92 per cent among families in the least deprived areas.

The researchers looked at take-up of childhood health reviews among 98,000 babies born between November 1998 and June 2008.

Nearly 7 per cent of the children were seen by a health visitor within 10 days of being born, while just 6 per cent received the 39 to 42 month review.

New

News in Brief

Pensions: Public sector union leaves UK building its 450,000 health service members in England, Wales and Northern Ireland to vote whether to add their pensions to plans.

Smoking: Large shops and supermarkets in England can no longer sell cigarettes and tobacco products following the introduction of public health legislation.

Women: Older women with breast cancer in England are being referred for non-urgent treatment.

Public Health: Public Health England (PHE) has confirmed its chief scientific advisor will leave the organisation.

Dyfed: Public Health Wales has named its new health board chair.

Rare Diseases: More than 500 babies a year are born with congenital conditions in the UK, according to researchers.

Kidney Cancer: The number of new cases of kidney cancer in the UK has risen to more than 14,000, an increase of 10 per cent from last year.

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Whittington Health NHS
ISLINGTON

- Population younger than the population of London and England – approx half (45%) are young adults bet 20-39yrs compared to 35% and 27% in London and England respectively
- Approximately 75% of population is white compared to 66% and 88% in London and England
- 45% of people rent flats in high density social housing
- 42% well-educated city dwellers
- 13% other
- Smoking prevalence 29% in Islington (22% England)
- Teenage pregnancies 53.3% in Islington (40.9% England)
- Life expectancy for both men and women lower than the England average
- Two-thirds of population are within most deprived fifth of the population nationally
The background of COPD in Islington

- Respiratory disease 3rd most common cause of death in Islington
- 40% of COPD deaths in Islington are premature e.g. under 75yrs
- Emergency admissions for COPD in Islington are double the England and London rates
Public Health found that:

- COPD is a major cause of premature mortality and morbidity in Islington
- The recorded prevalence was significantly lower than the expected prevalence – suggesting large numbers of undiagnosed patients
- COPD is second commonest cause of emergency admission at a high cost

COPD Local Enhanced Service developed and implemented in 2010/2011

- Increased number of new diagnoses of COPD, closing the prevalence gap
- An increase in number of patients being given the appropriate support and tools to self-manage their condition
- An increase in referrals to pulmonary rehabilitation
- An improvement in the appropriate use of home oxygen therapy and COPD medication use

The COPD Nurse Champion Project proposed to:

- Build on existing knowledge and enthusiasm for improving COPD care observed during a series of Spirometry and COPD management workshops delivered whilst the LES’s were running
- Develop the already established relationships between the practice nurses and the COPD specialist community team
- Extend the enthusiasm, raise the importance and build the confidence of other community nurses in Islington looking after COPD patients
- Provide a dedicated training platform to educate and up-skill nurses in specific COPD diagnostic, review and treatment interventions
- Provide a platform for creative nurse-driven project work with SMART goals to improve patient experience and quality of COPD care
- Provide peer and clinical team support
- Provide a mechanism for support from the COPD specialist multi-disciplinary community team including respiratory CNSs, respiratory physiotherapist, psychologist, specialist quit smoking advisor,
Islington COPD Nurse Champions Project – 1 year pilot

Project Manager:
- Organise ¼ ly meetings
- Liaison role

Network supported by:
- Whittington Health
- Community Respiratory Team (CORE):
  - RNS, Respiratory Physio,
  - Psychologist, Quit Smoking Specialist,
  - Integrated Respiratory Consultant

Practice Nurses
District Nurses
Community Matrons

COPD NURSE CHAMPIONS

4 Network Meetings
To include:
- Update Talk
- COPD skills training Session
- Table workshops of ideas to improve COPD care
- Table workshops of Sharing of delivery of ideas and mutual problem solving
- Final meeting
- Presentations of projects
Presented proposal to Islington Public Health

- Total costings £25,244
- 0.2 WTE project manager
- Venue for 4 meetings – room hire cost and refreshments
- Backfill cover to attend meetings + incentivisation fee
  20 PNs, 3CMs, 3DNs
- Competition prize
• Project announced at COPD LES 2012/13 launch June 2012 to begin January 2013

• Recruited:
  18 Practice Nurses
  5 HCAs
  1 Community Matron
  2 District Nurses
  2 Prison Nurses
  14 Care Home Nurses
The Nurse Champions were expected to:

- Commit to attending the four workshops
- Commit to taking back the learning from the workshops to their practice
- Commit to devising, delivering and auditing a small programme of quality improvement work for COPD patients
WORKSHOPS

• **Workshop 1**
  Welcome, overview of project
  Spirometry Update
  Overview of inhaler devices

• **Workshop 2**
  Table workshops on projects and 1:1 support
  Smoking cessation – treatment for COPD smokers
  Depression and Anxiety

20 proposed project outlines submitted at this stage
• **Workshop 3**
  Table workshops on projects and 1:1 support
  Nutrition, Diet and Swallowing in COPD
  The use of steroids for COPD

• **Workshop 4**
  Table workshops on projects and 1:1 support
  The Bristol COPD Knowledge Questionnaire and general respiratory quiz
  Pulmonary Rehabilitation
  Sing for your Lungs – Phoene Cave, Music Therapist

• Christmas Tea Party and Awards Ceremony

  12 completed projects submitted
Feedback

- “Fabulous - highly recommended”
- “The workshops have enabled me to provide a more holistic approach to my COPD patients. I have received some excellent practical advice which I have been able to share with colleagues and patients”
- “We should organise regular meetings to continue the momentum. It has provided an important opportunity to network”
- “Thank you very much – it was great!”
- “I have introduced the OCPD nutrition scores and reflux scores and leaflets to our practice; I have improved resources for case finding for COPD; I send more people to pulmonary rehabilitation and am better at selling it; I understand spirometry much better and teach my colleagues; I push smoking cessation more as the only thing that really helps COPD”
Project Manager’s thoughts:

• Any immediate thoughts on her experience – what worked well, what was difficult, what would improve outcomes for next time ….?
Views from Theresa Crasswell, Advanced Nurse Practitioner, Ritchie Street Group Practice, London
Participant and winner of Islington COPD Nurse Champion Project

**Background Information**

- I have worked within General Practice for 30 years.
- The workload for nurses has changed considerably during this time.
- There is now more emphasis on managing long term conditions and this will increase with an ageing population.
- Historically COPD has been the Cinderella of LTC’s and there has been a deficiency in providing structured education and support for nurses working within general practice.
- Nurses working in general practice often feel isolated.
- Without peer support and structured education the abundance of information can result in confusion and lack of confidence on what is ‘best practice’.
- With the introduction of LES’s it is essential that clinicians understand and deliver evidence based care in order to fulfil the service effectively.
Positive aspects to the Islington COPD Nurse Champion Project

• The launch of the project finally enabled me to access a source of education which applied solely to COPD.

• It was a great opportunity to network with other Nurses and to have the opportunity to establish rapport and contact with the integrated care team.

• The topics covered at each workshop gave each participant a greater insight into managing and supporting COPD patients and it was useful to apply this knowledge to COPD reviews.

• I became more confident in dealing with exacerbations and post-hospital admissions.

• Colleagues sought my advice regarding management of COPD.

• A great sense of achievement and recognition on being the overall winner.

• It has provided the impetus to learn more and I have since completed an accredited COPD/HF module at level 7 at South Bank University.
Negatives

- There was a marked reduction in nurses participating in the project, particularly by the third and fourth sessions.
- Perhaps having the workshops closer together may have facilitated the momentum and attendance.
- A session for successful projects to be presented to the group prior to the awards ceremony, would be a good way of sharing information.
- There was no facility to involve GP colleagues. This may have been beneficial in promoting support within the practice – perhaps a shared project would also meet the learning needs of the GP’s too.
- It would have been useful to have a session on managing co-morbidities such as heart failure, as many COPD patients have more than one LTC.
Obstacles

• Difficultly fitting into existing schedule within the practice.
• I had to negotiate overtime to incorporate additional sessions so that I could get the project underway.
• Difficulty keeping the focus on COPD with the demands of other LTC’s – each one battling for attention!
• Juggling project with work and family commitments.
• Staff shortages.
• Spirometer was out of action for two months.
• Staff resistant to change.
What’s next .....?

- LTC Nurse Champions