Working together to improve respiratory care in the North West
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Working together to improve respiratory care in the North West
Introduction – foreword by NW Respiratory Leads

Since our appointment in April 2010 we have worked in partnership with many organisations across North West to deliver on our aims of:

- Uniform High Level Standards of Care
- Positive Patient Experience
- Confident Commissioning of Effective Services

We have been working with respiratory teams to reduce variation in care as well as identifying undiagnosed COPD patients.

3 million people in England have COPD of which only 890,000 are registered COPD patients with their GP. North West has an estimated COPD population of 252,000 yet only 157,000 have been registered\(^1\). Certain services felt essential to the management of COPD are not universally available to patients in the North West.

This short report is for clinicians, allied health professionals and commissioners alike. By working together as integrated teams we hope to improve the care on the management of the COPD patient.

From L to R – John Williams, June Roberts, Stephen Gaduzo

*NHS North West Respiratory Clinical Pathway Leads*

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\(^1\) Information Centre Quality and Outcomes Framework 2010/11 and Eastern Region PHO COPD prevalence estimates

Working together to improve respiratory care in the North West
4 reasons why COPD is important in the North West

1. Almost 3000 people die from COPD in the North West every year².

2. Life expectancy for people with COPD in the North West is reduced by 15 years³.

3. One quarter of people with COPD are prevented from working due to the disease and the annual cost of COPD-related productivity to employers and the economy has been put at £3.8 billion⁴.

4. A Survey by BLF found that 90% of COPD patients were unable to participate in socially important activities such as gardening, two-thirds were unable to take a holiday because of their disease and one third had disabling breathlessness⁵ (BLF 2007).

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² ONS

³ The Information Centre for health and social care. © Crown Copyright. (NCHOD Workbench - April 2011)- data for 2007-2009


Working together to improve respiratory care in the North West
Facts on COPD in the North West

1. Deaths due to COPD

Respiratory diseases are the third highest cause of mortality in England behind circulatory diseases and Cancers. If 100 people die of COPD in England, 124 people die of COPD in North West. There is significant variation in death rates within the North West’s Primary Care Trust (PCT) network.

2. Life expectancy for people with COPD in the North West

Patients from the North West on an average lose 15 years of life due to mortality from bronchitis, emphysema and other chronic obstructive pulmonary disease. Figure 1 below highlights the variation in life expectancy within each PCT catchment area due to COPD.

To support teams in their work, Department of health have published ‘An Outcomes Strategy for COPD and Asthma in England’ and NICE have published Quality Standards for COPD. Both the documents are available online.

There are big gains in life expectancy for people with COPD if we can identify our undiagnosed population early and offer evidence based treatment.

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ONS

7 The Information Centre for health and social care. © Crown Copyright. (NCHOD Workbench - April 2011). Indirectly standardised ratio (SMR), 0+. Data for 2007-2009

8 The Information Centre for health and social care. © Crown Copyright. (NCHOD Workbench - April 2011)- data for 2007-2009

Working together to improve respiratory care in the North West
Figure 1: Years of Life Lost due to Mortality from bronchitis, emphysema and other chronic obstructive pulmonary disease (directly standardised <75)


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Domain 1 of the NHS outcomes Framework 2011/12 emphasises the need to stop people from dying prematurely from COPD and other long term conditions.

For detailed information about your PCT access the respiratory dashboard through http://tinyurl.com/2wcu6qf (You need to register to gain access to the website. Most information is in the Library section)

**QUESTION CORNER:**

1. Do you work with public health/social care, hospital and community teams regularly to discuss and implement evidence based improvements that can improve COPD in your area?

2. Do you have an integrated COPD pathway and service that includes case finding and early diagnosis?

3. What mechanisms do you have in place for identifying people with COPD approaching end of life – and what services are available to meet their care needs?
3. The ‘Missing Millions’

2.1% of the NW population have COPD compared to 1.6% in England\textsuperscript{10}. Yet the NW predicted population for COPD is 4.4%. This means there are around 100,000 people with COPD in the North West without a diagnosis.

The graph below outlines the variation in registered COPD cases (actual prevalence) and expected COPD cases (expected prevalence) in the North West’s PCT catchment areas. (Figure 2). Programmes are needed to decrease the gap between the actual number of cases diagnosed and the expected number predicted as early diagnosis and management can help to reduce progression of COPD leading to improved outcomes for both people with COPD and the local health economy. The expected increase in COPD cases for each PCT in NW is shown in figure 3.

The department of Health has published a document ‘A Strategic approach to prevention and early identification of COPD’. It is an evidence based programme of action to help prevent people getting COPD (by mitigating the risk factors), and to identify those people who have the disease currently but are without a confirmed diagnosis. It is available on NHS Improvement – Lung website.

(http://www.improvement.nhs.uk/lung/PreventionandEarlyIdentification/tabid/154/Default.aspx)

\textsuperscript{10} NHS Information Centre for health and social care. Quality and Outcomes Framework (QOF) for April 2009 - March 2010, England
Figure 2: Observed versus Expected COPD prevalence 2009/10

Information Centre Quality and Outcomes Framework 2010/11 and Eastern Region PHO COPD prevalence estimates

Working together to improve respiratory care in the North West
Figure 3: Project growth of people with COPD from 2010 to 2020\textsuperscript{12}

<table>
<thead>
<tr>
<th>Region</th>
<th>2010</th>
<th>2015</th>
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<td>England</td>
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\textsuperscript{12} Eastern Region PHO COPD prevalence estimates

Working \textbf{together} to improve \textit{respiratory care} in the North West
4. Is there equal access to all treatment modalities within the North West?

The NW leads carried out an audit of services available for the care of COPD patients within the catchment area of each admitting Hospital Trust based on 2008 Royal College of Physicians National COPD.

Alongside Smoking Cessation, the most cost effective evidence based services that local communities should have if they wish to improve outcomes in COPD are:

- Early Supported discharge of patients from hospital
- Home Oxygen Services – Assessment and Review
- Pulmonary Rehabilitation

The figure on the right shows that there is variation within the region for these essential services in October 2011. (Green indicates the service is present, Red indicates the service is not present)

The North West Respiratory Clinical Pathway team is working with various organisations to ensure all patients in North West have access to all services necessary for COPD patients.

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13 NICE COPD Quality Standards July 2011

Working together to improve respiratory care in the North West

<table>
<thead>
<tr>
<th>Trust</th>
<th>Early Supported Discharge Scheme</th>
<th>Home Oxygen services - assessment and review</th>
<th>Pulmonary Rehabilitation Services</th>
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<td>University Hospitals of</td>
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N/A - Not Appropriate
Department of Health is launching The COPD Commissioning Pack. This is being issued as part of the National Strategy and is designed to assist Commissioners when procuring COPD services and consists of four elements:

1. COPD Spirometry and Assessment Service
2. Service to manage COPD exacerbations
3. Pulmonary Rehabilitation
4. Oxygen assessment and review

For more information on these packs and when they will be launched visit our website http://tinyurl.com/2wcu6qf

5. Admissions and readmissions

The rate of admissions and readmissions for COPD vary significantly within the SHA. Avoiding preventable admission can reduce the economic burden of COPD across the regions. Domain 2 of the NHS Outcomes framework 2011/12 – outlines the need to reduce time spent in hospital by people with long term conditions. The outcomes framework also acknowledges that optimum management for such cases can be achieved in the community through early and accurate diagnosis, treatment and management according to NICE guidelines, access to self care education, action plans and pulmonary rehabilitation and integrated working.

Working together to improve respiratory care in the North West
Figure 4: Total Admissions in North West as per Hospital Episode Statistics¹⁴

¹⁴ NHS Information Centre for Health and Social Care Hospital Episode Statistics; Office of National Statistics population estimates. Data period: 2011/12 Q1, 2010/11 Q2,Q3,Q4

Working together to improve respiratory care in the North West
Figure 5: Total number of readmissions within 28 days of first admission\textsuperscript{15}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure5}
\caption{Total number of readmissions within 28 days of first admission.}
\end{figure}

\textsuperscript{15} NHS Information Centre for Health and Social Care, Hospital Episode Statistics. 28 day readmission rate for COPD emergency spells. Data period: 2011/12 Q1 2010/11 Q2, Q3, Q4

Working together to improve respiratory care in the North West
6. COPD and Smoking

10-20% of smokers are estimated to develop COPD, rising to 30-40% of smokers who have smoked for over 25 years. As per the latest statistics from NHS Information Centre for Health and Social care, statistics on NHS Stop Smoking Services (Q1 April 2011 to June 2011), 45% of men and 42% women who set quit date in North West were successful in quitting. However, compared to the other regions North West has the highest number of people who did not quit (35% of males and 37% of females who set a quit date did not quit). The England average for males who were successful in quitting after setting a quit date is 48% and for females it is 46%.

7. What do North West Respiratory Patients want to tell the Respiratory Community

As part of engagement with various stakeholders the NW Respiratory Clinical Pathway team (NWRCPT) organised a patient listening event. The messages that came out of the patient listening event held on 21 Sep 2011 are published in a report which is available on http://www.inspirationnw.co.uk/inspire/respiratory-listening-event

The NWRCPT is emphasising the below 10 messages from the event that the respiratory patients want to tell the North West Respiratory Community:

1. Give me consistent messages
2. Know that my COPD journey started a long time before the diagnosis or before I saw a health professional
3. Realise the time it takes to get my diagnosis right
4. Help me to understand and manage my own care
5. Introduce me and my carer to the right information about my condition
6. Ensure that when in hospital I get to see a specialist
7. Support groups and networks are very important to me. Make me aware of them.
8. Provide access to pulmonary rehabilitation to keep me healthy
9. Show me you care, involve me in my care
10. Boost my confidence in local NHS services that are there to help me

Working together to improve respiratory care in the North West
8. What Steps can be taken to reduce variation in care

The first steps towards understanding local variation in services and outcomes for people with COPD in the North West are to scrutinize the NW COPD Dashboard. This has been prepared in consultation with the Respiratory leads by AQuA – Advancing Quality Alliance.

It is available to organisations through AQuA website as well as NHS NW Respiratory Forum. The dashboard is an attempt by the Respiratory leads to define the COPD pathway with reference to the NICE Quality standards contained in a single page. Data available from various sources in the public domain is used to populate this dashboard which benchmarks PCTs within NW. The first version is available from World COPD Day – 16 November 2011.

AQuA has also produced other documents to supplement the COPD Dashboard. Please visit their website for more details.

You can access the COPD dashboard and other documents through the below links. You will however have to register to gain access.

1. NHS North West Respiratory Forum – visit the library section and look for the data folder http://tinyurl.com/2wcu6qf

2. AQuA website - http://www.advancingqualityalliance.nhs.uk/default.aspx
9. What works in COPD

NICE measures the effectiveness and cost effectiveness of drugs through the use of a standard and internationally recognised method that compares different drugs and measure their clinical effectiveness: the quality-adjusted life years measurement (the ‘QALY’). The QALY pyramid for COPD is shown below. Some of the most effective treatments of COPD patients are some of the cheaper ones. They are also the ones that meet Domain 2 objective set in the outcomes framework - Enhancing quality of life for people with long-term conditions.

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Pulmonary rehab changed my life for the better - COPD Patient
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All teams in North West are encouraged to embed this QALY in their practice. This will help provide the basis for:

- Uniform High Level Standards of Care
- Positive Patient Experience
- Confident Commissioning of Effective Services

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Working together to improve respiratory care in the North West
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10. What is North West Respiratory Clinical Pathway Team doing to reduce variation?

The NW Respiratory Clinical Pathway team is working towards establishing uniform standards which will be measurable across North West. Discussions are taking place with many teams to develop Kite Marks for the Respiratory Services in North West by various initiatives such as CQUIN, LES and accreditation awards.

We have also established sub committees/ communities of practice for Oxygen Services, Asthma, Pulmonary Rehabilitation, commissioners, data interpretation, nurse training, medicines management amongst others.

How can you keep in touch with us?

Visit our communities of practice page [http://tinyurl.com/2wcu6qf](http://tinyurl.com/2wcu6qf) for:

- List of events being organised inviting integrated teams. The ‘Are you ready for the QIPP challenge’ series in Admissions, Readmissions, Pulmonary rehabilitation, Smoking Cessation, Home Oxygen assessment and review services, early diagnosis, early supported discharge etc.

  We would encourage that each area nominate a team consisting of lead GP, practice nurse, hospital specialist, specialist COPD tams and commissioner to attend these networking events to keep up to date with latest evidence and innovation AND to take this back to your local networks

- Top Tips for Oxygen prescription monitoring, pulmonary rehabilitation, medicines management, self management and winter plans to name but a few!

- Guidelines

- COPD and Asthma newsletter for NW

- Examples of good practice in North West

- Videos of 2011 NW Best Practice Award winners

Working together to improve respiratory care in the North West
Social media contact information:

- skimmingstones1 or 2 or 3 or 4

Get involved in our work. For more information ask your local respiratory team or write to the NW Respiratory Clinical Pathway team’s project manager Preeti Sud - Preeti.sud@northwest.nhs.uk

We have already published some documents on standards of care/guidelines/ top tips for various parts of the COPD pathway. Information on all of these is on our website http://tinyurl.com/2wcu6qf (Please note you have to register to gain access to the website). We shall endeavour to continue this work and look forward to continuing to receive your support as we face the challenges ahead.