Respiratory Programme Annual Report

2011 - 2012

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LTC Lead: Joanne Harding

Project Managers: Paul Dodd
Tracey-Louise Harrington

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Paul Dodd – Project Manager  
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# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>4</td>
</tr>
<tr>
<td>Overview of progress</td>
<td>5</td>
</tr>
<tr>
<td>Objectives for 2012/13</td>
<td>12</td>
</tr>
<tr>
<td>Additional Local Objectives for 2012/13</td>
<td>15</td>
</tr>
</tbody>
</table>
Summary

The main areas of focus of the Respiratory Team for 2011/12 were

- To illustrate how the West Midlands Respiratory Team can support CCGs/PCTs to improve quality of care while achieving QIPP targets for COPD and Asthma
- To engage local respiratory communities and disseminate the Outcomes Strategy for COPD and Asthma
- To encourage and promote excellence
- To support all Lung Improvement projects within the region
- To improve quality and efficiency of West Midlands Home Oxygen Services and support the renegotiation of oxygen contract
- To standardise Pulmonary Rehabilitation services
- To develop effective partnership working with the Third Sector
- To ensure sustainability of quality improvements achieved to date
- To develop sustainable Communities of Practice
## Review of progress on 2011/12 objectives

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<tr>
<th>Objective</th>
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| 1. To obtain local engagement with DH’s National Strategy for COPD & Asthma and NICE Quality Standards for COPD  
(a) Cluster level Workshops  
(b) Engage Cluster/CCG Leads  
(c) DH commissioning event | Complete | Jan 2012 |
| 2. To encourage and promote local excellence  
(a) Cluster level workshops  
(b) World COPD Event 16th Nov 2011 - Dragons Den  
(c) Communities of practice – Oxygen, Asthma  
(d) Integrations with West Midlands self management programme  
(e) Integrations with West Midlands Telehealth programme | Ongoing | a – Jan 2012  
b – Nov 2011  
c – April 2012  
d, e ongoing for length of programme |
| 3. Support Local Lung Improvement Projects | Ongoing | |
| 4. Engagement with BLF and Asthma UK | Ongoing | |
| 5. Improve quality and efficiency of West Midlands Home Oxygen service  
Cluster level workshops  
Minimum standards for HOS-AR Data Cleansing | Ongoing | Oct 2012 |
Education around new contract
COP

|       | Standardise Pulmonary Rehabilitation services in West Midlands
Commissioning events
Mapping of Rehabilitation services in West Midlands COP |
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|       | Establish & Support Communities of Practice
Appoint local/ thematic champions
Geographical COP
Thematic COP
- Oxygen
  - Training workshops in each cluster
- Pulmonary Rehabilitation
  - 2 meetings already taken place, further dates to be arranged
- End of Life
  - Patient consultation event |
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**Progress towards 2011/12 objectives**

**Objective 1**

*To obtain local engagement with DH’s National Strategy for COPD & Asthma and NICE Quality Standards for COPD*

In order to obtain local engagement and support for the Department of Health’s National COPD Strategy a series of Cluster level workshops were organised. At the first round of workshops in April and May 2011, commissioners (from PCTs and the emerging CCGs) and a wide range of clinicians interested in COPD and Asthma were presented initially with their own local data (to GP practice level) and the results of a Midlands patient survey commissioned by the British Lung Foundation. They were then presented with the key messages from the National Clinical Strategy/Outcomes
Framework and NICE Quality standards and shown examples of how changes in practice have improved both efficiency and quality of care.

In the second half of the meeting a change management consultant, Mike Shinton, facilitated CCG/PCT level workshops. These workshops identified local priorities and potential initiatives to improve quality and effectiveness. A second round of workshops took place between November 2011 and January 2012. At these meetings local progress was discussed and the DH’s draft commissioning toolkits for COPD presented to the attendees. Local Communities of Practice have emerged from these meetings.

To ensure further engagement, a series of meetings have been held with the cluster and CCG leads for respiratory and/or cluster Chief Executives and Medical Directors.

The West Midlands Respiratory team also presented local data and their experience of using data to drive change at the DH’s Flagship Midlands commissioning event.

Objective 2

To encourage and promote local excellence

a) Cluster level workshops (see objective 1 above)

b) Dragons Den

To promote excellence and encourage local teams to be innovative a “Dragons Den” style event was organised by the team and chaired by Dr Robert Winter during November 2011. The event was well attended and the attendee feedback was excellent.

c) Develop a web enabled platform to promote Communities of Practice (CoP) via NHS Local

Geographical and thematic Communities of Practice have been established to encourage networking and joint working to improve standards.
d) Integration with West Midlands self management programme

The West Midlands have an enthusiastic long-term conditions team led by Joanne Harding. During the last year the COPD work stream has been imbedded within the LTC work stream. This has allowed wider dissemination of key messages around COPD and asthma care as well as facilitating more general alignment and integration with the generic LTC work-stream championed by Sir John Oldham (see objectives for 2012/13). As part of this work COPD self-management is now a key part of the generic LTC self management programme. The standards of care for individuals with COPD promoted in the NICE Quality Standards, the COPD Outcomes framework and the COPD commissioning toolkits will be incorporated into the generic LTC Quality Standards for NHS Midlands and East. These Quality Standards will be embedded in a formalised LTC review programme ensuring sustainability beyond 2013.

e) Integration with West Midlands Telehealth Programme

The Respiratory team is working closely with the LTC team to promote the use of simple Tele-health in asthma and COPD. The Respiratory and the LTC teams are currently working with NHS Local and Prof. Sally Singh to try and provide Prof. Singh’s SPACE programme is available to clinicians across the West Midlands.

Objective 3
Support Local Lung Improvement Projects

The West Midlands Respiratory Team has supported the following Lung Improvement Projects:

a) Managing COPD as a long term condition

NHS Stoke on Trent & North Staffordshire Breathe Easy Group. This project is addressing how can support groups increase patients’ ability to self manage.
b) *Improving home oxygen lung improvement projects*
   NHS South Staffordshire, and NHS Birmingham East & North, and Heart of England NHS Foundation Trust

c) *Improving end of life care in chronic obstructive pulmonary disease (COPD)*
   Solihull Community Services Heart of England NHS Foundation Trust

d) *Integrated care for Asthma*
   University Hospital of North Staffordshire NHS Trust. An Integrated Care Pathway for Accident and Emergency

e) *Reducing Asthma admissions and increasing community support.* Sandwell Community Respiratory Team. See [http://rcp.nhslocal.nhs.uk/cop_asthma/content/nhs-improvement-slide-pack-1st-may-asthma-conference#comment-29](http://rcp.nhslocal.nhs.uk/cop_asthma/content/nhs-improvement-slide-pack-1st-may-asthma-conference#comment-29)

**Objective 4**

*Engagement with BLF and Asthma UK*

Both the Clinical Leads for the West Midlands are members of the Midlands Executive Committee of the British Lung Foundation, and both the BLF and Asthma UK are represented on the West Midlands Respiratory Board. The West Midlands’ Respiratory Team and the Midlands BLF have an excellent working relationship. The BLF commissioned a local patient survey in April 2012, which was presented by Jeremy Bacon (Regional Manager BLF) at the cluster workshops, and have, with the help of Asthma UK undertaken a survey of local asthma patients for our regional event to mark World Asthma Day (see plans for 2012/12). Both Asthma UK and the BLF have been jointly badged partners at the conference on World Asthma Day, and the Leads have been consulted about the BLF regional conference that will take place in June 27th, with one of the Leads presenting on the day.

**Objective 5**

*Improve quality and efficiency of West Midlands Home Oxygen service*
A three-pronged approach to improving oxygen services has been undertaken:

a) Dr Colin Gelder was the clinical lead for Oxygen re-procurement in the West Midlands and sits on the West Midlands Oxygen Board

(b) The respiratory team commissioned a project to help PCT’s clean their Oxygen registers with 2 PCTs demonstrating potential savings of £75k each

(c) The team have mapped local HOS-AR services and liaised with the West Midlands Oxygen Board (chaired by Andy Williams, Chief Executive Sandwell PCT) to try to ensure each CCG has access to an approved HOS-AR service before the new contract commences (October 2012). CCGs that do not make the necessary arrangements have been warned of potential financial penalties that may be incurred.

To supplement this work, the team have established a Community of Practice around home oxygen and organised a series of cluster level workshops for clinicians from HOS-AR services to ensure that the implications of contractual/financial changes to the contract are understood and that all services provide high quality and cost effective care.

**Objective 6**

*Standardise Pulmonary Rehabilitation services in West Midlands*

The efficacy and cost effectiveness of Pulmonary Rehabilitation has been emphasised at each cluster commissioning events (particularly in relation to drug therapy), and the DH’s draft Pulmonary Rehabilitation Commissioning Toolkit has been promoted to commissioners during the winter cluster meetings.

The provision of Pulmonary Rehabilitation services has been mapped across the region and gaps identified. A Pulmonary Rehabilitation Community of Practice has been established.
A local champion has been appointed to ensure the sustainability of this Community of Practice and to lead on a further audit of Pulmonary Rehabilitation across the West Midlands, comparing this to the original baseline. Part of this work will include the recommendation that all Pulmonary Rehabilitation providers submit an annual report, which will include both results and completion rates.

**Objective 7**

*Establishment of Communities of Practice*

The CCG/PCT workshops held between November 2011 and January 2012 were used to promote and foster locality based Respiratory Communities of Practice (CoP). Supplementing these local networks, thematic networks covering Home Oxygen, Pulmonary Rehabilitation, Secondary Care and End of Life Care have been established. In order that these CoPs can be empowered and inspired the “Project Team” has recently been expanded with the appointment of five “local/thematic champions”. These ‘champions’ will be in place for the start of the 2012/13 work programme.

The team have also developed a series of linked web platforms for the Communities of Practice. The purpose of these platforms is to enable people to work together and share information, to work collaboratively on documents in a secure environment and share knowledge across the healthcare economy. The development of the web platform is the result of collaboration between the respiratory team, NHS Local and Maverick TV. The COPD website has initially been hosted by the West Midlands SHA and will transfer to NHS Local during 2012/13. There has been no direct cost to the programme.
Objectives for 2012/13

During 2012-13 the Respiratory Team will focus on delivering the five national priorities and three regional priorities as detailed in the tables below.

National Priorities

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<tr>
<td>To ensure local and regional networks are sustainable beyond 2013</td>
<td>Ongoing</td>
<td>March 2013</td>
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<tr>
<td>Establishment of Core Data Set</td>
<td>Ongoing</td>
<td>Sept 2012</td>
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<tr>
<td>Improving Medicines Management</td>
<td>Ongoing</td>
<td>March 2013</td>
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<tr>
<td>Promoting Integrated Care to achieve QIPP</td>
<td>Ongoing</td>
<td>March 2013</td>
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<tr>
<td>Tackling the issue of late diagnosis</td>
<td>Ongoing</td>
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Ensure the sustainability beyond March 2013

The key objective over the next 9-12 months is to ensure that the progress achieved during the last two years is maintained when the funding from DH for the Respiratory programme ceases. The Respiratory Team has worked closely with the West Midlands (generic) LTC team. The West Midlands are developing quality standards for LTC management and the Respiratory Team have ensured that the key messages from the National Strategy (including the Outcomes Framework, the commissioning toolkits and the NICE Quality Standards) have been included in these standards. Furthermore the West Midlands is in the process of developing a rolling inspection programme of CCGs/Acute Trusts for LTC management. The team have managed to ensure that COPD is included in this work stream both in terms of acute management and community/chronic care.
To ensure local and regional networks are sustainable beyond 2013

Communities of practice have already been established thematically around Oxygen, EoL Care, Pulmonary rehabilitation and acute care. Local networks have been initiated during our first two rounds of cluster meetings (see report 2011/12). During the second quarter of 2012/13 local networks will be embedded and local champions identified via the third round of cluster meetings (Sept-Oct 13).

In order to ensure sustainability the web support for each CoP/Network has already been established on NHS local. To ensure network project and meeting support our Pharma alliance will be approached for medium term funding for network(s) manger to be hosted probably by either by Midlands Thoracic Society or British Lung Foundation.

Establish a Core Data Set

The West Midlands Respiratory Team has already taken a lead on the use of data to drive change (see 2011/12 and 2010/11 reports). During 2012/13 a respiratory dashboard will be established hosted by The West Midlands Data Observatory. Sustainability beyond 2103 will be explored either through funding by our Pharma Alliance or by top slicing CCGs

Improving Medicines Management

Improving medicines management is a key objective for 2012/13. Preliminary work in 2 CCGs in the West Midlands has identified considerable cost savings opportunities relating to overuse of expensive combination inhaled medication in patients with mild/moderate disease, whilst there is also some underuse of these inhalers in individuals with severe disease.

The team has recently appointed Andrew Riley Head of Medicines Management for Staffordshire and Stoke to lead the programme in this area. Priorities include aligning and medicines prescription with NICE guidance and minimising unnecessary variations in prescribing.
A business case has also been developed to support the implementation of HOS-AR services across the region.

**Integrated care and QIPP**

The importance and cost savings opportunities provided by integrated models of care have already been promoted to commissioners and clinicians at two rounds of cluster meetings. Financial information is now available from the Coventry Integrated Team who have demonstrated substantial efficiency savings in their first year of operation with projected savings of £600,000 over the next three years. These will be presented to local commissioners in Sept/October 13.

**Tackling the Issue of Late Diagnosis**

Anecdotal evidence from acute trusts suggests that late diagnosis of COPD remains an important issue. During the cluster meetings and in or data packs we have highlighted the gaps between QOF prevalence and predicted COPD prevalence, which is typically about 50%. A frequent defence of this gap, by primary care colleagues, is that it comprises very mild patients who do not require treatment. Putting aside the obvious case for smoking cessation in this group, an audit is currently been undertaken one acute trust to determine the proportion of individuals with COPD admitted to hospital are previously on their GPs QOF register. This audit will be used to inform a financial model for opportunistic screening which will be presented at the third round of cluster meetings during the autumn of 2012/13.
**Additional Local Objectives**

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<tr>
<td>2 Improving Acute Care Outcomes</td>
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<tr>
<td>3 To improve and standardise Respiratory Coding</td>
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**Asthma**

Data on asthma admissions (to GP practice level), length of stay, re-admission rates and cost savings potentials has already been presented to commissioners at the cluster level workshops. One criticism of this data was that it was not split by age, thus the relative contribution of paediatric and adult admissions could not be assessed. In collaboration with Teva new CCG level Asthma data packs have been developed. The information in these packs was as up to date as possible (within >3 months of the meeting) and split by age (0-5, 5-16, 16+). The packs were presented to clinicians and commissioners at the regional asthma conference on World Asthma Day. In addition at this conference Asthma UK and the BLF presented the results of a local patient survey. The conference, was introduced by Robert Winter also included a presentation from Martyn Partridge on asthma self management. There were workshops on self management, inhaler technique, telehealth and the use of local data to drive change. The conference attracted commissioners and interested clinicians. The key challenge is to ensure that the key messages from the conference are widely disseminated as part of the 2012/13 work programme. The team will work with the local pharmaceutical alliance to organise local evening meetings, but due to the number of people that need to be engaged the intention is that a “pyramid approach” to dissemination will be adopted. The presentations at the conference were recorded, and these recordings plus the key messages/learning points from the workshops will be used to construct an e-
learning programme, which will be used to train local champions who will then engage local clinicians.

**Improving Acute Care Outcomes**
The UK has recently performed very disappointingly in a European Audit of inpatient care for COPD, and England had higher inpatient mortality than Turkey, Romania and Spain. In England there is >6 fold variation in inpatient mortality. The West Midlands has three Acute Trusts that in 2010/11 were amongst the 6 worst performing Trusts in England, and the West Midlands mean inpatient mortality is worse than the national average.

This situation is unacceptable. After discussions with the Respiratory Team the Medical Director of the SHA wrote to the Medical Director of the three particularly poorly performing Trusts. One Trust invited the respiratory team to conduct an inspection of services and make recommendations for improvement. The inspection was undertaken in March 2012. The other two trusts are in the same cluster. The Medical Director of the cluster has, after discussion with the Respiratory Team, commenced a work stream to improve in patient care. It is planned, if finances allow, for a program of peer reviews of acute services to commence across the region. In the autumn of 2012 the SHA’s LTC inspection will commence and the team has ensured that acute services for COPD are included in this programme.

To support this work it is intended that a conference for Nurses and Professions allied to medicine that are involved in inpatient COPD care is organised and a CoP for this group established. This will allow the dissemination of good practice, for example the sharing of care bundles.

**Standardising and Improving Respiratory Coding**
Acute Trusts with high patient mortality often “blame” vagaries in coding when challenged about their outcomes. In order to attempt to standardise respiratory coding a
conference for respiratory coders has been organised, and a community of practice for respiratory coders will be developed.