How Asthma UK is having an impact on young people

Over the last three years, Asthma UK and NHS Yorkshire and Humber have worked jointly on an innovative children’s Asthma Impact Project.

This project has shown how educational interventions and committed and enthusiastic healthcare and education professionals can have a positive impact on the quality of the life of children with asthma, and that of their parents/carers. It has demonstrated the value of leadership, commitment and collaborative working.

The main strands of the project were:

1. A pilot of Local Enhanced Service in Primary Care
2. Development of Region-wide Clinical Management Guidelines
3. Development of clinical recording template in primary care
4. Development of service specification for children’s asthma care in hospital
5. Improving Asthma Awareness in Schools

What has been learnt so far?

The value of high quality, structured asthma reviews in primary care which comprise:

- an asthma review appointment scheduled for 20 minutes which should include use of the Asthma Control Test
- follow up of patients after 2 weeks with an ACT score of less than 20
- an observation and demonstration of inhaler technique.
- use of personal asthma action plans
- use of a structured computerised asthma template to guide the healthcare professional and record the review.
- Recall and reminder systems being in place to prompt children and parents to attend their asthma review.
- School holidays being targeted for children’s review appointments.

A Project lead has now been appointed to take this work forward across the SHA over the next 9 months.

For further information on any aspect of this project, please contact Simon Selo, Assistant Director, Policy and Service Development at Asthma UK on:
Tel: 020 7786 4921 or
Email: sselo@asthma.org.uk or Pauline Dumble Project Manager NHS YH pauline.dumble@nhs.net
World COPD day
14 November 2012

World COPD Day was set up to raise awareness of chronic obstructive pulmonary disease (COPD) and improve care for people living with this condition all over the world. Each year GOLD (Global Initiative for Chronic Obstructive Lung Disease) promote the day by choosing a theme and sending out materials to health care professionals, people from the education sector and members of the public.

To help make a difference don’t forget World COPD Day on 14 November. Contact the British Lung Foundation North regional office to request a World COPD Day campaign pack and register your event or activity at north@blf.org.uk or T: 0191 2630276.

The British Lung Foundation – the UK’s lung charity
One person in five in the UK is affected by lung disease. Millions more are at risk. The British Lung Foundation is here for every one of them, leading the fight against disease.

Cancellation:
up to 8 weeks prior to the course starting, a 50% cancellation will apply less than 8 weeks prior to the course starting, 100% cancellation will apply.

The course will use debate, discussion, role play, problem solving and reflective practice and will provide practical training on end of life care including:

• COPD: Acute and chronic symptom management
• End stage ILD management
• Management of depression
• Communication skills, dealing with the distressed patient, breaking bad news
• Advance directives
• Anticipatory care needs
• Support of families

Models of end of life care: Liverpool Care Pathway, Gold Standards Framework and Preferred Place of Care

For further information including accommodation lists please contact:

Angela Hurlstone
ARNS Secretariat Office
10 Hartley Close
Stoke Poges
SL3 6NS
Tel: 07740 117902 email: info@arns.co.uk

End of life care in Respiratory Disease
Thursday 8th and Friday 9th November 2012 at The Thistle Hotel, Cheltenham

We are pleased to announce the next course on End of Life Care in Respiratory Disease. The programme is aimed at doctors, nurses and physiotherapists who would like to feel more confident with managing end of life issues in respiratory disease.

Maximum numbers: 30

Fees: £350.00 for ARNS members, £400.00 for non-members

NB: We are able to offer the first 20 ARNS members to apply, the opportunity to attend for the special bursary rate of £250.

• We support people affected by lung conditions
• We are dedicated to funding vital research so that new treatments and cures can help save lives
• We promote better understanding of lung disease and we campaign for change in the nation’s lung health

Make sure your patients know about the BLF. For more information contact BLF at www.blf.org.uk or the BLF Helpline on 03000 030 555.

Department of Health launch the COPD toolkit

The Department of health has designed the toolkit to make it easier for NHS commissioners and chief executives to commission the best services for people with COPD, bringing all together the clinical, financial and commercial aspects of commissioning in one place. Visit the department of health website to download the toolkit at www.dh.gov.uk/health/2012/08/copd
On 1 May 2012 a five year contract was entered into between the 14 NHS Yorkshire and the Humber PCT’s and Air Products to deliver home oxygen supplies across the Yorkshire and Humber region. The process of change to the new contract is being managed by an NHS Yorkshire and the Humber Transition group led by Amanda Douglas (NHS Airedale Bradford and Leeds Cluster).

Prior to the start of the new contract and due to the risks associated with the management of oxygen ordering, Air Products in partnership with the Yorkshire and Humber Transition Team, held a number of training sessions for Oxygen Specialist Health Care Professionals. The sessions were well received and were attended by respiratory specialists and paediatricians from across the region.

To minimise the risk of service interruption to patients, PCT teams were advised to provide additional training to Non Specialist clinicians including GP’s, Community, Hospice and Secondary Care Clinicians.

Conference calls with Air Products and the transition steering group were held for the first two weeks after the go live date. These meetings enabled teams to address any issues or concerns directly with Air Products.

To date the transition has gone smoothly but further work is needed to ensure the contract is successful.

To be able to implement the new contract Air Products will have to align themselves to Home Oxygen Service - Assessment and Review (HOS-AR) services in the Y&H region.

As of May 2012 in the Y&H region there are 7 PCTs in total that offer a full HOS AR service the remaining 7 PCTs offer a partial service and at least 5 of these PCTs have plans or are in negotiations to widen the services available and offer a full HOS AR service in the near future.

The remaining 2 have plans to formally commission a full service in the near future.

National guidance on the commissioning of HOS-AR has been circulated to PCT HOS Leads and relevant Commissioners. There are examples of good practice across Y&H where savings in excess of £100,000 have been made following the introduction of HOS-AR services.

The transition process continues to be monitored and the Regional Respiratory Team has held meetings with HOS-AR teams, commissioners and providers, across the region. The following issues have been highlighted on a number of occasions:

1. Issues arising with secondary care discharges- non specialist staff particularly palliative care

There is a need for a clear pathway for discharging patients from hospital, access to the HOOF part B and a need for involvement from the secondary care specialist teams in raising HOOF completion as a potential issue with Secondary Care Trust Managers.

**Action**

We recommend that all teams, HOS-AR, commissioner and secondary care specialist teams meet to discuss this issue. Secondary care teams are asked to lead the development of clear pathways within their trusts.

The Regional Team have raised the issue with the Department of Health and British Thoracic Society and we hope that a direction to specialist teams will be coming out to encourage them to adopt and promote a clear pathway for issue of Home Oxygen by non specialist and specialist services in secondary care that will include referral to HOSAR. Individual teams have been asked to discuss provision of HOOF B with palliative care services including hospices and put in place a clear pathway.
2. **Access to Air Products information still limited.**
Access to Air Products reports by the HOS AR services is vital as invoices now highlight the frequency of deliveries as well as patient concordance with treatment. By reviewing this information HOS-AR services can reduce unnecessary cost by identifying patients whose provision requires adjustment and perform clinical assessment at an early stage.

In 4 areas Commissioners have not ordered assessment equipment.

**Action**
All PCTS contacted by oxygen contract regional lead and informed of need to order equipment and share information. The reasons for doing this have been explained.

This is also being taken to the regional meeting of HOS PCT commissioner leads.

3. **Information sharing with ambulance service re those at risk of Type 2 respiratory failure.** Some HOS-AR had not considered their role in identifying patients at risk of Type 2 Respiratory Failure.

**Action**
Yorkshire Ambulance Service are keen that the Emergency care plans, sometimes known as ‘yellow forms’, will be adopted regionally as staff work across boundaries. Teams to discuss locally.

Services to issue oxygen alert cards to those patients at risk of type 2 respiratory failure.

For more info please contact Lisa Chandler at lisa.chandler@wdpct.nhs.uk

4. 4. **It has been highlighted that in Patients who continue to smoke, the decision to stop oxygen when there is significant risk to patients or neighbours etc is difficult to get agreement on.** There is a need for support and this must come from the Multi Disciplinary Team (MDT) with the decision to remove oxygen being made by the whole MDT.

**Action**
Each HOS-AR is encouraged to develop a locally agreed policy for removal of oxygen. If any colleagues are willing to share their policy please contact us and we will share in the next issue.

5. **The overall consensus was that a database for use by the HOS-AR services and would enable them to manage their work and produce reports would be useful.** A SystmOne database used in Bradford was shared and appeared to meet requirements. Please contact Lisa Chandler lisa.chandler@wdpct.nhs.uk for more information.

6. **The HOOF Part B was briefly available on the internet and this has led to some clinicians accessing the Part B form who should not be able to.** HOOF Part B is for completion by specialist oxygen teams only.

**Action:**
All commissioning teams are advised that they should review the Part A
and B completion to identify non specialist activity on receipt of Air Products invoices each month with their HOS-AR. Completion for Part B by non specialist clinicians should be challenged and the patient referred for appropriate assessment. Part A completion should be followed up with the non specialist to ensure the patient has appropriate follow-up and assessment as required.

If you have any issues that have not been discussed or would like to find out about the next meeting for those interested in Home Oxygen please contact Lisa Chandler lisa.chandler@wdpct.nhs.uk

The Future

Innovation Project (MOS Tool)
The Regional HOS Leads Network agreed the development of the Mode of Supply Tool which is an online tool for registered clinicians. It recommends clinical equipment based on suitability; Lifestyle suitability and NHS value for money. An Electronic HOOF is created for printing, signing and faxing which hopefully will contribute to a 0% chance of HOOF rejection. It will also act as a reporting facility to Regional Leads on prescribing habits. Many of the clinicians that attended the training have registered to access the Tool.

Members of the Transition Steering Group were invited to attend a MOS Tool testing session with Air Products. All members were satisfied that the Tool was suggesting the most cost effective option. All those who will be completing the HOOF Part B are strongly advised to register. Please speak to your HOS Lead to get more information about registering or contact Air products.

Service Review Meeting

As part of the HOS contract, Air Products hold quarterly Service Review Meetings (SRM) with the PCT HOS leads from the region. The first SRM is to be held on 26 September along with the HOS Leads Network meeting. The main purpose of the SRM is to: support the contracting role of the PCTs in performance management of the contract including the review of quarterly reports, to discuss any key issues around performance and resolve any complaints requiring investigation.

The next steps will be to consider the future of the home oxygen service from a national perspective and the contracts move to the Clinical Commissioning Groups, who will be responsible for HOS from April 2013.

For more information please contact: Amanda Douglas, Commissioning Manager, Long Term Conditions, Cancer and End of Life (NHS Airedale, Bradford and Leeds Cluster)
Managing respiratory disease
A holistic approach

Generic Long Term Condition Management, and a move away from managing individual LTCs towards holistic care are seen as the way forward.

It is clear that we should see each person as a whole, and not as a bundle of diseases, each managed separately and as entities in their own right. Patients with multiple LTCs have become increasingly confused by endless recalls to attend for checks, and often disengage from the process, as they feel that Health Workers have their own agenda, which does not correspond to what they themselves feel is important in their lives. It makes a lot of sense to amalgamate the checks, and deal with the whole person, include their views and needs in their care planning, and to work with them to set goals. Proactive care and use of Risk Stratification to identify those at most need of intervention are much more profitable when it comes to keeping people well and out of hospital, in jobs, leading good lives.

Managing respiratory disease compared to other long term conditions

Diabetes, Cardiovascular and Chronic Kidney Disease have similar goals and interventions, depend on the same lifestyle advice and similar medication. Respiratory Diseases have similarities, but are essentially different in that diagnostic tests are more complex, and treatment often depends on skill in using inhalers appropriately. In order for patients to manage their treatment, or even participate meaningfully in diagnostic testing, their Health Workers need to have specific training, access to adequate equipment and materials to manage and educate patients. It is well known that inhaler technique soon deteriorates even in patients who have used these for many years, and that patients respond differently to different devices. This means that staff have to be confident in managing Respiratory Disease, and be able to do so in whatever circumstances a patient is in. This can lead to problems where patients are housebound or in Care Homes, and where appropriately trained staff are not available. Many Community Nurses are not familiar with inhaler use or spirometry, and are therefore unable to review, support and instruct patients adequately.

Time management

Time is also an issue, as in order to carry out a spirometry with reversibility, or a full check with proper inhaler technique assessment, adequate time has to be made available. Such a check cannot be done in the 10 minute appointment that many Practice Nurses and GPs have at their disposal.

When we consider that many patients with Respiratory Disease have other LTCs as well, then a holistic LTC annual check may take an hour of a Nurses or GPs time, with intermediate checks taking 20-30 minutes. By bringing a patient in once a year for a full review of all their LTCs, we have the potential to improve patient care and compliance. However, if it is to be productive, the check has to be allocated sufficient time and resource. Training and updates for staff are essential.
Continued:

Supporting the workforce in managing respiratory in primary care

The only way that good, reliable and appropriate care for people with Respiratory Disease can be delivered in Primary Care is by having a workforce that is trained, updated, supported and that can deliver care in patients’ homes as well as to those who can attend the Practice. It is hard to see how that can be accommodated by the current model of Practice in most GP surgeries. The way forward must be by using a skill mix of Health Workers, working as integrated teams.

Primary Health Care Teams increasingly consist of Health Care Assistants as well as Practice Nurses and GPs. They need to integrate their working to ensure the most suitable team member carries out tasks, and that the patient gets the time, expertise and motivation to enable them to participate fully in their care, and to maximise their well being. Community Teams need to be skilled enough to carry out reviews of patients with Respiratory Disease at home, and work closely with GPs and Practice Nurses to optimise their care. It is no longer acceptable that patients who are housebound do not receive the same level of care for their LTC as those who can attend the Practice.

Time for change

In a time of severe financial constraint, we need to work SMART, and make best use of skill mix, as poorly managed LTCs contribute greatly to the rising cost of Unscheduled Care and avoidable admissions. This is particularly so in conditions such as COPD which can lead to long spells in hospital with all the associated costs and risks and readmissions. Good pro-active care, speedy intervention and follow up of acute events by well trained and proficient staff can make a huge difference to quality of life and morbidity in this group of vulnerable patients and their carers.

The challenge for all of us in Primary Care is to ensure that those of our patients with Respiratory Disease are included in LTC management, but in addition have access to the right diagnostics and care for the specific needs of their condition. Resource is scarce, and in a climate of change and constraint plus increasing demand, GP Practices are struggling. With the increasing amount of work coming out to the Community from Secondary Care, and it becomes clear that the way we work has to change, or we will succumb to inertia, or drown in work. With the move to CCGs, this may be the right time too, to take time out to re evaluate how we work, to look at how we can use our skills and resource to best advantage, and how we can deliver the sort of care our ageing population requires and deserves. Many GPs and Nurses feel powerless in the face of the relentless workload, but by letting go of some of the less productive ways that we work and innovating our practice, we may even find that our job satisfaction and enjoyment reawaken and that the care we deliver improves as a result.

By Dr Maria Read, Joint Regional Respiratory Clinical Lead – Yorkshire & Humber SHA Respiratory Programme

Stoptober campaign will encourage smokers to quit for 28 days

Smokers are being asked to give up smoking for 28 days from 1 October in the first ever mass quit attempt launched by the Chief Medical Officer Professor Dame Sally Davies.

The innovative campaign, Stoptober, is backed by Cancer Research UK and the British Heart Foundation, and is the first 28-day quit attempt of its kind to encourage the nation’s 8 million smokers to give up.

People who stop smoking for 28 days are 5 times more likely to stay smokefree, so smokers who sign up will be given support and encouragement throughout the month.

They will be able to download the Stoptober app (available free from the Smokefree website) and access the Smokefree Facebook page where they will get additional tips and advice. They will also get a daily message providing additional support and encouragement throughout the month.

Smokers interested in giving up can search for ‘Stoptober’ online, or ask their local pharmacist for a free support pack. Smoking remains the biggest cause of premature death in England and is responsible for the loss of more than 100,000 lives in the UK every year.

For more information visit smokefree.nhs.uk/Stoptober