NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Primary Care briefing

Improving Community Respiratory Services

(Community Specialist Chronic Obstructive Pulmonary Disease (**COPD**) Service.)

1. Introduction

The community specialist COPD service is one of a number of service areas that has been allocated funding for improving services for patients via the national Sustainability and Transformation Programme. The planned improvements mean that patients will be seen closer to home, receive earlier diagnosis, earlier intervention and support (advice and information.)

2. Why community specialist COPD services?

Locally, Cambridgeshire and Peterborough CCG has a higher emergency admission rate for patients with chronic obstructive pulmonary disorder (COPD) than other CCGs. A number of these admissions to hospital could be avoided if we work with the existing specialist respiratory service in the community to improve access to these specialist services before the patient needs hospital care. Referral to the Community Respiratory Team is normally after an emergency admission; an earlier referral may help the patient avoid having to be admitted.

3. What are our plans for community specialist COPD services?

We are planning to employ two Community Respiratory Consultants who will:

- coordinate services across GP practices, community services and within hospitals for patients with COPD
- hold outpatient clinics in the community so that patients are less likely to need to go to hospital
- hold Primary Care enhanced COPD clinics in conjunction with the community respiratory team

We are planning to employ extra respiratory specialist nurses to run enhanced COPD clinics with GP practices alongside the existing GP practice respiratory clinics to provide:

- a local specialist service away from hospital
- respiratory information (especially when newly diagnosed)
- information and advice at all stages of the condition
- regular reviews

- care plans
- referral to other services such as the pulmonary rehab team
- signposting to smoking cessation services, immunisation clinics, patient groups and other services
- self-management techniques
- medicines advice
- rescue packs and advice on how to use them
- access to spirometry to measure lung function
- training on how to use the 'My COPD' app to help self-manage chronic obstructive pulmonary disorder (COPD) and other respiratory conditions.

We are striving for earlier diagnosis of respiratory conditions by:

- helping practices find patients who might be at risk of developing COPD (GRASP COPD)
- running a British Lung Foundation public awareness campaign to raise awareness of and increase early diagnosis of COPD. These events ran in September/October 2017 for the Peterborough and Wisbech areas; the population in these areas have been identified as having a high risk of developing COPD.

We are planning to:

- provide British Lung Foundation-run self-management workshops
- support the local Singing for Breathing group and local BreathEasy groups
- improve pulmonary rehabilitation services
- provide training for nurses to obtain spirometry accreditation (mandatory from 2021)
- promote the use of the 'My COPD' app

4. What will this mean for GP practices

Practices will be contacted shortly with information on how they can benefit from this project including:

- Specialist respiratory resources to help at your COPD clinics (provided via an enhanced CPFT respiratory team)
- Upskilling and skill-updating for practice nurses in the latest respiratory techniques and advice
- Training in using myCOPD app, a patient held app able to monitor health, teach inhaler techniques and containing a self-administrated pulmonary rehabilitation programme
- Spirometry training for practice nurses and other staff

- Installation of GRASP patient tools including ongoing support with using the data from GRASP COPD tools

5. GRASP COPD tools how will this help?

GRASP-COPD is a free, easy-to-use tool that assists GP practices to interrogate their clinical data, enabling them to improve patient outcomes, reduce costs and avoid inappropriate treatment for patients with COPD.

This quality improvement tool can help practices by:

- including a case finder to identify patients who may have a missing diagnosis code for COPD and identifying those at risk of developing the disease
- enabling GP practices to easily audit their management of patients with COPD against NICE Clinical Guideline 101
- enables practices to monitor performance against NICE quality standards for COPD in adults (statements 1, 2, 3, 4 and 5)
- enabling practices to check a patient's severity against how they are currently being treated, helping them to ensure that patients receive optimum care as well as highlighting potential savings (by reviewing treatments that are not clinically indicated)
- helping practices manage their patients with COPD and giving a graphical representation and 'snapshot' of patient care
- linking results to NHS Outcomes Framework Domain 1 (preventing people from dying prematurely) and Domain 2 (enhancing the quality of life with people with long term conditions)

6. So what will this mean for patients?

The main benefits are**:**

- More patients having an **earlier diagnosis** leading to earlier condition management with potentially better outcomes from treatment
- **More patients being diagnosed** enabling earlier treatment at earlier stages of the long term condition with potentially better outcomes from treatment
- Patients **maintaining independence** for longer with ability to self manage and access to more services in the community
- Patients maintaining stability in condition through **support, education and knowledge**, in particular knowledge of correct usage of medication
- Patients' **wellbeing maintained** through support available and ability to self manage

- Patients' condition being maintained at home or in the community leading to **fewer referrals and admissions to hospitals**
- Patient satisfaction through an **enhanced patient experience and feeling more in control** of what can be a frightening condition.

7. Project Evaluation

As part of the service redesign evaluations on the respiratory services within primary care will need to be completed before and after the project implementation. Each practice will receive an individual report on the COPD management for their review.

- Practices will be supported to install and run the necessary tools to complete the evaluation review.

8. Further information

For more information on this project and how to get involved contact Adrian McLean-Tooke (Adrian.mclean-tooke@nhs.net), Project and Service Improvement Manager, Long Term Conditions, for more information on the Enhanced COPD clinics please contact Erin Turney (Erin.Turney@cpft.nhs.uk), Respiratory Specialist Nurse or visit the CCG's health professionals website at www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals