Driving improvements in patient care through clinical networks

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GP and Co-lead
London Respiratory Team
NHS London Respiratory Team

Who are we?

Aim is to improve the experience of Londoners with COPD and reduce the impact of the disease.
Value Framework

**Health Outcomes**
Patient defined bundle of care

**Value**
\[
\text{Value} = \frac{\text{Health Outcomes}}{\text{Cost of delivering Outcomes}}
\]

**Cost**

Porter ME; Lee TH NEJM 2010;363:2477-2481; 2481-2483

London Respiratory Team
Improving the experience of all Londoners with COPD and minimising the impact of the disease
• RIGHT CARE APPROACH
  – Doing the Right Thing
  – Doing the Right Things Right
• Identify priorities in delivering COPD Right Care in London
• Quality, innovation, performance, productivity and safety framework - QIPP
Right Care Priorities

- Smoking cessation as a *treatment* for COPD
- Pulmonary Rehabilitation
- Responsible respiratory prescribing of oxygen and medicines
Right Care Priorities

Earlier diagnosis

Advanced COPD care
- Disabling Breathlessness
- End of Life Care

Integrating …
…health and social care….
COPD in London: What do we know?
Londoners dying from smoking

‘1 in 5 deaths due to smoking’
### Case for change – Stop smoking as treatment

<table>
<thead>
<tr>
<th></th>
<th>1 year abstinence</th>
<th>QALY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>£</td>
</tr>
<tr>
<td>Usual care</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Minimal counselling</td>
<td>2.6</td>
<td>14,735</td>
</tr>
<tr>
<td>Intensive counselling</td>
<td>6</td>
<td>7,149</td>
</tr>
<tr>
<td>Intensive counselling + pharma</td>
<td>12.3</td>
<td>2,092</td>
</tr>
</tbody>
</table>

112. Commissioners and providers will also want consider the cost-effectiveness of treatments. The London Respiratory Team have produced a pyramid of interventions for COPD (in the box below) which shows the cost per QALY of the interventions people with COPD can receive. Prescribing of triple therapy will only be cost-effective if it is done according to the evidence-based guidelines from NICE, which detail when and in which people it will be most effective. The treatments below triple therapy in the pyramid will provide more cost-effective interventions for many people.

Box 7: London Respiratory Team – COPD ‘value’ pyramid

This work was developed by the London Respiratory Team as part of clinically-led workstreams on ‘responsible respiratory prescribing’ and ‘stop smoking as a treatment’. From the outset, these were steered by the principles of relative value and right care.

- **Triple therapy**: £7,000 - £187,000 / QALY
- **Tiotropium or LABA**: £5-8,000 / QALY
- **Pulmonary rehabilitation**: £2-8,000 / QALY
- **Stop smoking support with pharmacotherapy**: £2,000 / QALY
- **Flu vaccination**: £1,000 / QALY
  - in ‘at risk’ population
Optimising the value of interventions for populations
All clinician groups should estimate which interventions are most beneficial.

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Facilitated by
Mara Airoldi and Alec Morton, London School of Economics, School of Management team supported by the Health Foundation

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Mild-moderate COPD
<table>
<thead>
<tr>
<th>Invest (More of)</th>
<th>Disinvest (Less of)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop smoking as treatment</td>
<td>Spend on illness from continued smoking</td>
</tr>
<tr>
<td>Flu Vaccination</td>
<td>Exception reporting</td>
</tr>
<tr>
<td>Pulmonary Rehabilitation</td>
<td>Poorly co-coordinated services</td>
</tr>
<tr>
<td>Responsible respiratory prescribing - medicines and oxygen</td>
<td>Waste, harm , silo working</td>
</tr>
<tr>
<td>Earlier and accurate diagnosis</td>
<td>Time spent managing the wrong set of problems</td>
</tr>
<tr>
<td>Advance care planning</td>
<td>Needless interventions</td>
</tr>
</tbody>
</table>
Using primary care leadership for large scale value based change

Stop smoking alliance

Professor John Moxham: Respiratory Physician
Jonathan Campion: Consultant Psychiatrist SLAM
Terri Forward: Stop Smoking Service (SSS) Manager
Therese Fletcher: Lambeth Commissioning
Gay Sutherland: Clinical Psychologist, SSS SLAM
Noel Baxter: GP
Jonty Heaversedge: GP and Southwark CCG
Jean Young: Southwark Commissioning
Jacqui Fenton: Respiratory Nurse Specialist
Ren Gilmartin: Primary Care Nurse
Judith Adams: GSTT SS Specialist
Sally Slade: Trading Standards and Quality, Southwark
Susan Unger: Health promotion specialist, Southwark
Interventions based on local knowledge


This map presents the prevalence of COPD at a general practice level alongside the level of socio-economic deprivation (according to the Index of Multiple Deprivation 2010) for small geographical areas (Lower Super Output Areas). It should be noted that in addition to level of deprivation, COPD prevalence may be related to other factors including the age structure of the practice population.
A decade of electronic recording and reporting in primary care – Tower Hamlets as exemplar

<table>
<thead>
<tr>
<th></th>
<th>Network 1</th>
<th>Network 2</th>
<th>Network 3</th>
<th>Network 4</th>
<th>Network 5</th>
<th>Network 6</th>
<th>Network 7</th>
<th>Network 8</th>
<th>Borough Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>39.08%</td>
<td>41.02%</td>
<td>32.35%</td>
<td>34.00%</td>
<td>38.7%</td>
<td>42.86%</td>
<td>38.63%</td>
<td>43.06%</td>
<td>38.76%</td>
</tr>
<tr>
<td>May</td>
<td>41.13%</td>
<td>40.68%</td>
<td>32.84%</td>
<td>34.41%</td>
<td>39.09%</td>
<td>43.09%</td>
<td>38.72%</td>
<td>43.36%</td>
<td>39.11%</td>
</tr>
<tr>
<td>June</td>
<td>41.11%</td>
<td>40.96%</td>
<td>31.73%</td>
<td>33.41%</td>
<td>37.94%</td>
<td>42.91%</td>
<td>39.11%</td>
<td>43.49%</td>
<td>38.84%</td>
</tr>
<tr>
<td>July</td>
<td>41.18%</td>
<td>41.71%</td>
<td>33.65%</td>
<td>33.41%</td>
<td>38.96%</td>
<td>40.82%</td>
<td>38.87%</td>
<td>43.20%</td>
<td>38.98%</td>
</tr>
<tr>
<td>August</td>
<td>40.20%</td>
<td>41.92%</td>
<td>33.96%</td>
<td>33.33%</td>
<td>38.31%</td>
<td>41.87%</td>
<td>39.12%</td>
<td>43.33%</td>
<td>39.00%</td>
</tr>
<tr>
<td>September</td>
<td>38.87%</td>
<td>42.03%</td>
<td>33.18%</td>
<td>34.73%</td>
<td>41.71%</td>
<td>43.15%</td>
<td>38.88%</td>
<td>43.85%</td>
<td>39.64%</td>
</tr>
</tbody>
</table>

Confirmed COPD registered patients that are current smokers

40%
COPD discharge bundle

**Smoking cessation**

**Drug therapies**

**Oxygen therapy**

**Pulmonary rehab**

**Supported discharge**
So is it available for all who would benefit?

London Respiratory Team
Improving the experience of all Londoners with COPD and minimising the impact of the disease
Minimise Risk: Patient Safety

Inhaled Corticosteroid Safety Information for Adults

Inhaled corticosteroids are very important in the treatment of respiratory conditions such as asthma and sometimes, chronic obstructive pulmonary disease (COPD). They act by reducing inflammation and preventing symptoms from developing. Corticosteroid sprays are also used for nasal conditions such as sinusitis and hayfever. Generally, they are very safe and free from serious side effects when used in standard doses.

Inhaled corticosteroids can cause local side effects such as sore throat, hoarse voice or oral thrush (small white patches in the mouth). The risk of these side effects may be reduced by using a spacer device with aerosol inhalers (MDI’s) that contain corticosteroids, and rinsing your mouth out with water (and spitting out) after using any corticosteroid inhaler. Prolonged use of inhaled corticosteroids may lead to easy bruising or thinning of the skin, especially in older people. Very rarely, higher doses of inhaled corticosteroids may temporarily reduce your body’s ability to produce its own corticosteroids when under stress, such as in severe illness or undergoing surgery, or to fight off some infections (e.g., chickenpox).

If you become ill for any reason, be sure to alert the medical staff looking after you that you are using higher doses of inhaled corticosteroid as you may need additional corticosteroids. Weds, carry the safety card attached to the information sheet with you at all times and show this to your medical team. Recorded on the safety card opposite are any inhaled and nasal corticosteroids that you should be aware of.

If you start to experience any symptoms: worsening cough, loss of weight, loss of appetite, unusual tiredness, nausea, vomiting and diarrhoea, contact your general practitioner (GP), because they might be related to the inhaled corticosteroids you are taking. Do not stop taking your inhaled corticosteroids suddenly.

If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come in contact with someone with these conditions, see your doctor urgently.

London Respiratory Team

Improving the experience of all Londoners with COPD and minimising the impact of the disease
Earlier diagnosis – Supporting primary care

London Respiratory Team

Spirometry – Tips for Quality

October 2012

London Respiratory Team

Improving the experience of all Londoners with COPD and minimising the impact of the disease
London Respiratory Team

Increasing the value of the respiratory programme budget and improving the experience of all Londoners with COPD by minimising the impact and cost of the disease

Network feed

- **Are you ready for World COPD Day? - Weds 14 Nov**
  World COPD Day 2012 will take place on Wednesday, November 14 around the theme "It's Not Too Late." The day is coordinated by Global Initiative for Chronic Obstructive Lung Disease...

- **New professional training opportunity: 10 Day Primary Care Mental Health Development Programme**
  We would like to draw your attention to an exciting new opportunity to develop leadership in primary care across London for the commissioning, development and delivery of mental health services....
  - 18:34 - Thu 01 Nov 2012

- **Primary Care Mental Health Leadership Development Programme Letter**
  Primary Care Mental Health Leadership Development Programme Letter
  - 18:33 - Thu 01 Nov 2012

- **Primary Care Mental Health Leadership Development Programme Flyer**
  Primary Care Mental Health Leadership Development Programme Flyer
  - 18:30 - Thu 01 Nov 2012

- **‘Improving outcomes for our patients within limited resources (taking a value-based approach)’**
  A half day meeting for hospital leaders and decision-makers led by the London Respiratory Team
  - 17:00 - Fri 26 Oct 2012

London Respiratory Team

Improving the experience of all Londoners with COPD and minimising the impact of the disease