

## London Respiratory Network

Improving the outcomes and experience of all Londoners with respiratory disease by minimising the impact and cost of adult asthma and pneumonia, COPD and lung fibrosis

### 10 top tips for CCGs wanting high value respiratory care

1. Did you know the national respiratory programme spend increased by 6% last year whilst the CVD programme spend went down? Know your **respiratory mortality and respiratory budget** and spend and agree to use a minimum of **5% differently** now to improve premature mortality in the future [See INHALE, programme budgets and commissioning for value]
2. Ask all healthcare professionals who care for people with asthma and COPD to complete online stop smoking very brief advice training within the next year at <http://www.ncsct.co.uk/vba> so that they make every contact count.
3. Review **total bed days for COPD and asthma** (use coding position 1 and 2 to capture comorbidities) and understand causes of variance. Some patient groups will need different services: who is the high risk population locally?
4. Following the National Review of Asthma Deaths 2014 check that every hospital and general practice in your area has a designated, **named clinical lead for respiratory services** responsible for the implementation of respiratory guidelines. [See London Lungs]

#### In your primary care population:

5. Agree to monitor smoking prevalence in COPD and asthma registers in year 1 and then in year 2 set a benchmark for a reduction in smoking prevalence in these populations because a **1% higher practice smoking prevalence leads to a 1% higher rate of admissions**. [Note there is now a GPOS indicator “Estimated prevalence of smoking in patients with selected long term conditions”]
6. In year 1 record and report the proportion of people with diagnosed COPD who have Medical Research Council scores of 3, 4, and 5 (highest) and are therefore eligible for the high value intervention pulmonary rehabilitation (PR). Then in year 2 set a benchmark for **completers** of PR in this population. When fast-tracked to PR post-exacerbation the **NNT to avoid an admission is 4 and the NNT to save a life is 6**. Work with local CCGs and respiratory clinicians to ensure that there is a suitable service for the **assessment and provision of long term oxygen therapy** which is the other intervention in addition to stop smoking and PR that may improve survival for people with COPD. [See IMPRESS guide to Pulmonary Rehabilitation and Rational Use of Oxygen and information on NHS Networks London Lungs]

#### Agree CQUINs with your provider acute trusts:

7. **A Stop Smoking CQUIN** that includes your acute trusts and mental health providers [See NHS Networks London Lungs for details]
8. **A COPD bundle** with the aim of enhancing recovery across all wards where there are patients with COPD, improving care coordination and self-management and reducing

readmissions. Note that there is a pneumonia admission bundle in test by the British Thoracic Society at the moment. [See NHS Networks London Lungs for details]

9. Did you know that the top 5 drug costs in terms of total spend to the NHS are all respiratory inhalers? Build a **responsible respiratory prescribing** team with stakeholders across the respiratory pathway so that all health professionals prescribing and dispensing inhalers do it for the right people in the right way at the right time and do it better than now. [See NHS Networks London Lungs Responsible Respiratory Prescribing page for terms of reference and guidance]
10. Improve coordination of care for people with advanced lung disease who may need home, GP, ambulance, hospital, nursing home and hospice care by collaborating with the London roll out of **Coordinate My Care** and include patients with COPD and lung fibrosis [See Coordinate My Care and NHS Networks London Lungs].

## Resources to help

### General updates and resources from London Respiratory Network

**NHS Networks London Lungs** <http://www.networks.nhs.uk/nhs-networks/london-lungs/>

Register, and then go to Menu, Settings to set frequency and type of e-alerts. Recent postings include:

- Final LRT report including minimum standards for a PR service, the value triangles
- Organisational chart
- Responsible Respiratory Prescribing materials including Inhaled Corticosteroid Alert Card and order form
- CQUIN templates for stop smoking and COPD discharge bundle
- COPD discharge bundle
- New resources added during the year eg London response to the National Review of Asthma Deaths Management & prevention of exacerbations of COPD BMJ 2014 <http://dx.doi.org/10.1136/bmj.g5237>

### IMPRESS [www.impressresp.com](http://www.impressresp.com)

- Pulmonary Rehabilitation resources <http://bit.ly/IMPRESSPR>
- Long term oxygen therapy resources <http://bit.ly/IMPRESSO2>
- Relative Value of COPD interventions <http://bit.ly/IMPRESSions28COPDvalue>
- Breathlessness resources <http://bit.ly/Impressions31breathlessness>

### Primary care Respiratory Society UK

EQUIP: a simple, evidence-based system to review and optimise respiratory care in single or multiple practices <http://www.pcrs-uk.org/equip>

### Data

- Programme budgets <http://www.england.nhs.uk/resources/resources-for-ccgs/prog-budgeting/>
- Respiratory data <http://www.inhale.nhs.uk/> [note a new version is in beta-testing – register with London Lungs alerts for more information]
- Commissioning for value data by CCG: <http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/lond/>
- Background on commissioning for value: <http://www.rightcare.nhs.uk/index.php/commissioning-for-value/>

**Asthma UK** <http://www.asthma.org.uk/advice-the-triple-a-test>

**British Lung Foundation resources** <http://www.blf.org.uk/Page/COPD-pathway>

**Outer North West London integrated care pilot** [http://www.ealingccg.nhs.uk/media/2822/Paper 3a Short version ICP business plan Ealing 220113.pdf](http://www.ealingccg.nhs.uk/media/2822/Paper%203a%20Short%20version%20ICP%20business%20plan%20220113.pdf)

**Coordinate My Care** <http://www.coordinatemycare.co.uk/index.html> Note a COPD template is in beta-testing

**National Centre for Smoking Cessation Training** <http://www.ncsct.co.uk>