

NHS OUTCOMES COMPANION

Summary and self-assessment guide

NHS Outcomes Strategy for COPD and Asthma Companion Document: Summary and self-assessment guide

WHAT WAS THE COMPANION DOCUMENT?

The NHS Outcomes Strategy for Chronic Obstructive Pulmonary Disease (COPD) and Asthma was published in 2011, based on a recognised national need to improve the care of patients with COPD and asthma. The Strategy identified six major objectives that were priorities for improvement, and which were based on the NHS Outcomes Framework – a high-level national outcomes measurement structure formed of five domains. To support commissioners and clinicians in implementing the objectives from the Strategy, a Companion Document was developed that detailed specific actions that should be undertaken to meet each of the objectives.

These actions and interventions for COPD were developed based on the National Institute for Health and Care Excellence (NICE) clinical guideline and COPD Quality Standards (produced in 2011, and updated in 2016). The asthma Quality Standards were still in development at the time the Outcomes Strategy and companion documents were produced, but have since been published. A Quality Standard on supporting people to stop smoking (QS43) was also released in 2013, in which some of the statements from the 2011 COPD Quality Standard can now be found instead.

WHAT IS THIS GUIDE?

The Companion Document can still be a useful tool when commissioning or assessing services for COPD and asthma. However, with the new Quality Standards now available, national priorities for improvement have changed since the document was created. The Companion Document was developed at a time when the NHS looked rather different to how it does today, with responsibility for commissioning services beginning to be handed to the newly developed CCGs – yet the outcomes that it identified are still just as relevant today, and many services are still working towards achieving these same targets. This document provides an update on how the new Quality Standards align with the existing Framework, and is intended to support you in developing your services to meet the ever-changing needs of your patients and the NHS.

The following five tables – one for each domain of the Outcomes Framework – list the priorities identified by the companion document for both COPD and asthma, and the specific actions needed to achieve each priority. Superscript numbers next to actions indicate where that action links to the 2013 Asthma, 2013 Smoking Cessation or 2016 updated COPD Quality Standards that have been released since the Companion Document was written. Each domain is also accompanied by a self-assessment sheet for you to record whether your service currently meets the standards, and to identify priorities for improvement and an action plan for addressing these areas.

Domain 1: Preventing people from dying prematurely				
COPD			Asthma	
Diagnose earlier and accurately	Prevent progression	Prolong survival	Prompt, accurate, quality-assured diagnosis	Aim for freedom from asthma symptoms once diagnosed
<p>Identify people whose treatment history and symptoms suggest that COPD may have been missed, and those currently diagnosed with COPD without a clear diagnosis</p> <p>Perform quality-assured spirometry on those identified and confirm diagnosis, together with other investigations to assess severity and coexistence of other conditions¹</p> <p>Assess for the presence of alpha-1-antitrypsin deficiency and for bronchiectasis in patients with a suggestive history</p> <p>Recognise the link between COPD and lung cancer and explore the use of proactive strategies to diagnose earlier</p>	<p>Ensure people with COPD receive evidence-based treatment²</p> <p>Offer appropriate smoking cessation support to people with COPD who smoke³</p> <p>Identify and treat exacerbations promptly⁴</p>	<p>Promote regular physical activity in all people with COPD</p> <p>Identify those who may need non-invasive ventilation (NIV) both in the acute setting and as a long-term domiciliary treatment, and ensure structured assessment of need for NIV is carried out by a respiratory specialist⁵</p>	<p>Ensure clinicians diagnosing asthma have a good understanding of best practice outlined in the British Asthma Guidelines, and have received adequate training in asthma management to be competent in diagnosing asthma⁶</p> <p>Include a record of the basis for diagnosis in patient notes</p> <p>Investigate people developing asthma in adulthood for the possibility that asthma is being caused by the workplace⁷</p>	<p>Structured management of asthma⁸</p> <p>Prompt action to avoid or manage asthma exacerbations⁹</p>

REFERENCES

1. **2016 COPD Quality Standard Statement 1:** People aged over 35 years who present with a risk factor and one or more symptoms of chronic obstructive pulmonary disease (COPD) have post-bronchodilator spirometry. (2011, updated 2016)
2. **2016 COPD Quality Standard Statement 2:** People with COPD who are prescribed an inhaler have their inhaler technique assessed when starting treatment and then regularly during treatment. (2011, updated 2016)

2016 COPD Quality Standard Statement 3: People with stable COPD and a persistent resting stable oxygen saturation level of 92% or less have their arterial blood gases measured to assess whether they need long-term oxygen therapy. (2011, updated 2016)

2016 COPD Quality Standard Statement 4: People with stable COPD and exercise limitation due to breathlessness are referred to a pulmonary rehabilitation programme. (2011, updated 2016)
3. **2013 Smoking Cessation Quality Standard**
4. **2016 COPD Quality Standard Statement 6:** People receiving emergency oxygen for an acute exacerbation of COPD have oxygen saturation levels maintained between 88% and 92%. (new 2016)
5. **2016 COPD Quality Standard Statement 7:** People with an acute exacerbation of COPD and persistent acidotic hypercapnic ventilatory failure that is not improving after 1 hour of optimal medical therapy have non-invasive ventilation. (2011, updated 2016)
6. **2013 Asthma Quality Standard Statement 1:** People with newly diagnosed asthma are diagnosed in accordance with British Thoracic Society/Scottish Intercollegiate Guidelines Network (BTS/SIGN) guidance.
7. **2013 Asthma Quality Standard Statement 2:** Adults with new onset asthma are assessed for occupational causes.
8. **2013 Asthma Quality Standard Statement 3:** People with asthma receive a written personalised action plan.

2013 Asthma Quality Standard Statement 4: People with asthma are given specific training and assessment in inhaler technique before starting any new inhaler treatment.

2013 Asthma Quality Standard Statement 5: People with asthma receive a structured review at least annually.
9. **2013 Asthma Quality Standard Statement 6:** People with asthma who present with respiratory symptoms receive an assessment of their asthma control.

2013 Asthma Quality Standard Statement 7: People with asthma who present with an exacerbation of their symptoms receive an objective measurement of severity at the time of presentation.

2013 Asthma Quality Standard Statement 8: People aged 5 years or older presenting to a healthcare professional with a severe or life-threatening acute exacerbation of asthma receive oral or intravenous steroids within 1 hour of presentation.

2013 Asthma Quality Standard Statement 9: People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.

2013 Asthma Quality Standard Statement 10: People who received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma are followed up by their own GP practice within 2 working days of treatment.

Domain 1: Preventing people from dying prematurely				
Outcome		Currently achieving? (Fully; Partially; No)	Priorities for improvement	Action plan
COPD	Diagnose earlier and accurately			
	Prevent progression			
	Prolong survival			
Asthma	Prompt, accurate, quality-assured diagnosis			
	Aim for freedom from asthma symptoms once diagnosed			

Domain 2: Enhancing the quality of life for people with long-term conditions			
COPD			Asthma
Risk stratify and understand the local population	Support self-management and shared decision-making	Provide and optimise pharmacological and non-pharmacological treatment	Structured, ongoing management of asthma, using a shared decision-making approach to achieve control of asthma
<p>Assess for disease severity and other complicating factors</p> <p>Provide proactive chronic disease management appropriate for the severity level assessed – mild, moderate or severe</p>	<p>Ensure people with COPD are offered support to self-manage their condition, and provide access to integrated community care teams with access to specialist respiratory advice</p>	<p>Ensure people with COPD receive evidence-based treatment in a structured medicines management approach¹</p> <p>Provide pulmonary rehabilitation for all people with COPD with an MRC score of three or above²</p>	<p>Carry out regular structured reviews to ensure that control of symptoms is achieved³</p> <p>Support self-management and include an up-to-date personalised care plan in patients' notes, with evidence of a written asthma action plan⁴</p> <p>Offer support to stop smoking⁵</p> <p>Stratify GP practices' asthma registers according to people's risk of an attack or of losing control</p> <p>Ensure specialist services are available for those who need them⁶</p>

REFERENCES

1. **2016 COPD Quality Standard Statement 2:** People with COPD who are prescribed an inhaler have their inhaler technique assessed when starting treatment and then regularly during treatment. (2011, updated 2016)
2016 COPD Quality Standard Statement 3: People with stable COPD and a persistent resting stable oxygen saturation level of 92% or less have their arterial blood gases measured to assess whether they need long-term oxygen therapy. (2011, updated 2016)
2. **2016 COPD Quality Standard Statement 4:** People with stable COPD and exercise limitation due to breathlessness are referred to a pulmonary rehabilitation programme. (2011, updated 2016)
3. **2013 Asthma Quality Standard Statement 5:** People with asthma receive a structured review at least annually.
4. **2013 Asthma Quality Standard Statement 3:** People with asthma receive a written personalised action plan.
5. **2013 Smoking Cessation Quality Standard**
6. **2013 Asthma Quality Standard Statement 11:** People with difficult asthma are offered an assessment by a multidisciplinary difficult asthma service.

Domain 2: Enhancing the quality of life for people with long-term conditions				
Approach		Currently achieving? (Fully; Partially; No)	Priorities for improvement	Action plan
COPD	Risk stratify and understand the local population			
	Support self-management and shared decision-making			
	Provide and optimise pharmacological and non-pharmacological treatment			
Asthma	Structured, ongoing management of asthma, using a shared decision-making approach to achieve control of asthma			

Domain 3: Helping people to recover from episodes of ill health or following injury			
COPD			Asthma
Provide the right care in the right place at the right time	Ensure structured hospital admission	Support post-discharge	Prompt action to avoid or manage asthma exacerbations
<p>Agree locally a pathway of care for acute exacerbations – including timing and location of initial assessment and delivery of care (hospital, GP surgery/community care, or in own home)¹</p>	<p>Ensure structured hospital admission with early access to specialist respiratory care, prompt management of COPD and comorbidities in line with NICE guidance²</p> <p>Ensure prompt assessment on admission to hospital, including blood gas analysis and provision of NIV within one hour of decision to treat being made, where clinically indicated³</p>	<p>Ensure all people with COPD are assessed for suitability for an Early Supported Discharge Scheme</p> <p>Ensure that people admitted to hospital with an exacerbation of COPD are reviewed within 2 weeks of discharge⁴</p>	<p>Provide the right care in the right place at the right time</p> <p>Provide rapid access to specialist care when needed⁵</p> <p>Follow up and review with person with asthma following hospital attendance or admission⁶</p>

REFERENCES

1. **2016 COPD Quality Standard Statement 5:** People admitted to hospital for an acute exacerbation of COPD start a pulmonary rehabilitation programme within 4 weeks of discharge. (2011, updated 2016)
2. **2016 COPD Quality Standard Statement 6:** People receiving emergency oxygen for an acute exacerbation of COPD have oxygen saturation levels maintained between 88% and 92%. (New 2016)
3. **2016 COPD Quality Standard Statement 7:** People with an acute exacerbation of COPD and persistent acidotic hypercapnic ventilatory failure that is not improving after 1 hour of optimal medical therapy have non-invasive ventilation. (2011, updated 2016)
4. **2016 COPD Quality Standard Statement 8:** (to be confirmed) Hospital discharge care bundle. (New 2016)
5. **2013 Asthma Quality Standard Statement 9:** People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge
6. **2013 Asthma Quality Standard Statement 10:** People who received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma are followed up by their own GP practice within 2 working days of treatment.

Domain 3: Helping people to recover from episodes of ill health or following injury				
Approach		Currently achieving? (Fully; Partially; No)	Priorities for improvement	Action plan
COPD	Provide the right care in the right place at the right time			
	Ensure structured hospital admission			
	Support post-discharge			
Asthma	Prompt action to avoid or manage asthma exacerbations			

Domain 4: Ensuring that people have a positive experience of care			
COPD			Asthma
Empower through information	Assess psychosocial support and social care needs	Assess palliative care needs	Shared decision-making to manage asthma
Ensure all people with COPD are offered personalised information, with support to understand it, at key points throughout their care, which enables them to make choices and to fully participate in shared decision-making	Assess the psychosocial needs of people diagnosed with COPD and ensure people identified with psychosocial needs are referred for appropriate treatment and support	<p>Ensure that people with COPD who have an FEV1 <30% predicted, frequent exacerbations or a history of NIV are assessed for end-of-life care needs</p> <p>Ensure people identified with end-of-life care needs are referred for appropriate treatment and support</p>	<p>Ensure a shared decision-making approach to managing asthma¹</p> <p>Assess for psychosocial and mental health needs</p>

REFERENCE

1. 2013 Asthma Quality Standard Statement 3: People with asthma receive a written personalised action plan.

Domain 4: Ensuring that people have a positive experience of care				
Approach		Currently achieving? (Fully; Partially; No)	Priorities for improvement	Action plan
COPD	Empower through information			
	Assess psychosocial support and social care needs			
	Assess palliative care needs			
Asthma	Shared decision-making to manage asthma			

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm			
COPD			Asthma
Deliver high-flow and emergency oxygen safely	Prescribe steroids according to evidence-based guidance	Robustly risk manage home oxygen environments	Optimal treatment based on a stepwise approach to prescribing
<p>Identify individuals who would be at risk if they received high-flow oxygen</p> <p>Give those identified as high risk an oxygen alert card</p>	<p>Prescribe steroids in accordance with evidence-based guidance</p> <p>Give appropriate people steroid treatment cards</p>	<p>Risk assess the home environment of someone receiving long-term oxygen therapy to ensure that all safety requirements are in place</p>	<p>Ensure that the stepwise approach to prescribing, as set out in the British Asthma Guideline, is being followed</p>

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm				
Approach		Currently achieving? (Fully; Partially; No)	Priorities for improvement	Action plan
COPD	Deliver high-flow and emergency oxygen safely			
	Prescribe steroids according to evidence-based guidance			
	Robustly risk manage home oxygen environments			
Asthma	Optimal treatment based on a stepwise approach to prescribing			