



A population-focused respiratory service framework

Providing an overview of what an integrated system can
offer a population of both in and out of hospital,
and the detail to get things moving

The Primary Care Respiratory Academy has been developed and is produced by Cogora, the publisher of *Healthcare Leader*, *Management in Practice*, *Nursing in Practice* and *Pulse* working in partnership with PCRS-UK. All educational content for the website and workshops has been initiated and produced by PCRS-UK/Cogora.

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Background

Patient groups such as Asthma UK and the British Lung Foundation, as well as national audits for chronic respiratory disease, have demonstrated that patients with respiratory disease receive care that is variable according to rurality, healthcare provider and time at which it is delivered. The health professionals delivering that care may vary too, both in terms of availability and training. There have been many initiatives to standardise care – such as the COPD admission and discharge bundles in secondary care – but most of these schemes have been isolated to one provider sector.

NHSE RightCare has recently published its Pathway for COPD (<https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/12/nhs-rightcare-copd-pathway-v18.pdf>). This document aims to highlight the main themes and priorities for COPD care across disease severity and all providers of care. The publication encourages seamless integration and communication across all services and has raised the profile of respiratory diseases as a priority for improvement. The timing for the development of this

population-focused respiratory service framework therefore could not be more crucial to support those delivering on their RightCare respiratory objectives and looking for both an overview and the detail to implement their chosen aspects of service.

What purpose does this respiratory service framework serve?

PCRS-UK started this programme with a sense of knowing what 'good' looks like, having developed a series of care standards for GP practices. Then, with the rise of integrated care systems and general practice at scale, there became a need to describe the scope of best respiratory care and give real-world examples of what this looks like. Commissioners and service development managers tell us they are keen to improve care and reduce variability but needed a starting point. This is where we come in.

Whether CCGs have local respiratory leaders from either a clinical or managerial background, this framework helps those looking to design a holistic and integrated respiratory

service to see the ideal components for a set population of patients. The detail behind each component uses in terms of scale, the Primary Care Home population of 50,000 patients but, of course, scaling up to the Integrated Care System (ICS) footprint can be applied where such scale is suggested. Communication and involvement of all services become even more vital when designing care at this bigger scale.

Figure 1 demonstrates the overarching view of an ideal respiratory service in and out of hospital. The pyramid on its side illustrates the relative volume of population that needs to be considered at each stage of health to disease. Cross-cutting interventions such as education or physical activity are relevant to multiple strata and considered in more detail within each. Creating safe spaces for play or exercise sit in the prevention section and supported physical activity using ambulatory oxygen will sit in the high-need, high-cost strata.

Figure 1 – Respiratory disease – template



Figure 2 - Treating tobacco dependency



Figure 2 is an example of one disease area so that a service design team with a particular focus can go straight to what they need. We included childhood & adult Asthma, Tobacco Dependency, Interstitial Lung Disease, COPD in Primary & Community Care, Lung Cancer and Respiratory Infections.

For each disease area, a PCRS-UK expert identified the ideal requirements in line with current best evidence and with what they know can and is being done by some sectors of the NHS today.

We were keen to demonstrate certain 'enablers' for improving respiratory care that can get overlooked, such as psychological services, programmes to support and develop staff and information sharing via excellent information technology systems and patient education and involvement.

The key to success is to use these enablers, start with your skeleton framework, be strategic and then build into this the detail of how services will work.

Value-based outcomes-driven commissioning

This framework provides users with an opportunity to work with patients and other stakeholders from the start to ask what outcome we want. Starting with diagnosis, what can we measure that tells us the process is safe for patients, that subsequent clinical effectiveness is maximised and that the process works well for patients receiving the information.

The ease of access to a specialist opinion should be evaluated, patients identified as being at high risk from their disease should have access to specialist care, evaluating the number of patients identified and their outcomes will enable quality improvement. The service should ensure that access to specialist care is equitable across geographical and social boundaries, and patients should where possible be involved in the decisions about their care, which should be delivered in a site and time consistent with the patients' physical and social needs. Patients who have entered the supportive phase of their illness should be placed on the Primary Care Gold Standards Framework, and auditing the number of patients for whom this is a reality is a clinically relevant process.

Where now?

Services need to be commissioned from a basis of collaboration and communication. Design a pathway first as a skeleton and use the services to attach to the framework. We think this will deliver a less fragmented and siloed provision of care. Commission a pathway that moves away from the traditional hospital, community and general practice providers to a process that involves all health and social care sectors at all phases, which above all keeps the patient at the centre of the whole pathway.