



## GOVERNING BODY

<b>Agenda Item No.</b>	<b>08</b>
<b>Reference No.</b>	<b>IESCCG 19-14</b>
<b>Date.</b>	<b>26 March 2019</b>

<b>Title</b>	<b>Respiratory Transformation</b>
<b>Lead Chief Officer</b>	Richard Watson, Chief Transformation Officer
<b>Author(s)</b>	Dr Pete Holloway, CCG GP Lead for Respiratory Alison Sadler, Elective Care Transformation Project Manager
<b>Purpose</b>	To provide an update to Governing Body on the Respiratory Transformation programme of work.

### Applicable CCG Clinical Priorities:

1.	To promote self care	✓
2.	To ensure high quality local services where possible	✓
3.	To improve the health of those most in need	✓
4.	To improve health & educational attainment for children & young people	
5.	To improve access to mental health services	
6.	To improve outcomes for patients with diabetes to above national averages	
7.	To improve care for frail elderly individuals	✓
8.	To allow patients to die with dignity & compassion & to choose their place of death	
9.	To ensure that the CCG operates within agreed budgets	

### Action required by Governing Body:

The Governing Body is asked to note the progress with the Respiratory Transformation programme of work and endorse the next steps.

## **1. Background**

- 1.1 Respiratory disease is a major cause of distressing symptoms to patients, such as breathlessness, chest pain and cough. The wide variety of disease includes:
- Chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis, with irreversible lung damage, often due to smoking;
  - Asthma, reduction of airflow with the lungs due to inflammation;
  - Infections, such as pneumonia;
  - Cancers;
  - Rarer diseases, such as lung fibrosis and blood clots.
  - Sleep Apnoea
  - Occupational diseases such as asbestosis
- 1.2 The effects of respiratory illness vary dramatically between patients – some make a full recovery from an episode, whereas others have long-term health problems or even require palliative care. As such a very wide team of people can potentially become involved, including GPs, practice nurses, community health services, social workers and hospital staff alongside patients and carers.
- 1.3 Patients with COPD are frequent users of both GP and hospital services and COPD is one of the main causes of emergency admissions to Secondary Care, particularly over the winter months. Surveys of patients who survive admissions with an acute exacerbation have revealed is one of the most damaging features to their quality of life.
- 1.4 A Respiratory Operational Group established since April 2014 has always had excellent clinical, operational and patient support. Mr Peter Woods, a patient representative, has been a member of this group from the outset and continues to be a key part of discussions.

## **2. 2018/19 Programme of Work**

### **2.1 MyCOPD**

MyCOPD is an NHS approved App to support patient monitoring and early identification of exacerbation. MyCOPD empowers patients to comply with their medication regimes, enhance their lifestyle and better understand “what is normal for them”. Its functionality covers both physical considerations and psychological wellbeing for a patient. The CCG secured 1381 free COPD licences from NHS England for patients with a diagnosis of severe/very severe COPD. The rollout began in February 2018 with patients prescribed the App by clinicians in ESNEFT (Ipswich site) and the Pulmonary Rehabilitation Team.

## myCOPD



Transformation funding last year, developed the App which now has a local tile built in it which gives patients - contact details and information of local support groups, links to smoking cessation, Wellbeing Suffolk, Onelife Suffolk, Singing Groups, Breatheasy Groups, Living Life to the Full,

Digital innovation is in its infancy in the NHS, however, this CCG was one of the first to start the rollout across the country. The CCG is working with neighbouring CCGs (STP) and across the Region with the Rightcare Regional Delivery Partner looking at evaluation of the App across a wider geographical footprint.

Sue Jones, a COPD patient prescribed with the MyCOPD App, who has agreed to become a patient advocate and has filmed her patient story describing how the App has helped her better manage her condition. Sue has particularly found the inhaler videos, the exercises and Mindfulness section very helpful. This film has been added to the MyCOPD App local tile for other patients to view. Sue has very kindly agreed to tell her patient story at the Governing Body meeting in March.

## 2.2 Aligning a community COPD Link Nurse with GP practices

With the community services now aligned with the East Suffolk and North Essex Foundation NHS Trust Ipswich site, the Respiratory Operational Group is working to align a community COPD Link Nurse to a cohort of GP practices. Practices with the highest number of emergency admissions for breathing problems and those above and below the national average for COPD prevalence have been identified. The Link Nurse will work with 20 practices to look at proactively managing COPD patients to prevent hospital admissions by targeting high frequency service users, helping optimise the management of severe patients and helping with any questions around COPD diagnosis. Patients will be given the chance to sign up to the MyCOPD App and learning from this work will then be shared and rolled out to other practices.

## 2.3 Transformation Funding Bids

Two successful transformation funding bids were approved in October 2018. These were to pilot innovative and advanced working practices.

A Respiratory Hot Clinic has been established whereby the community respiratory team run a rapid access clinic to help people with COPD to avoid hospital admission. This service will reduce the pressure on the Emergency Department and reduce avoidable admissions. Early data is showing that since the launch on 4<sup>th</sup> February, 27 patient contacts have occurred with 10 avoided admissions. Positive feedback from primary care and patients.

Home Oxygen Assessment and Review Service – the aim of this is to ensure that home oxygen is appropriately prescribed to those people who clinically need it.

These two proposals will allow a more reactive/responsive service in the community providing a more effective acute response for patients having an acute exacerbation of their symptoms.

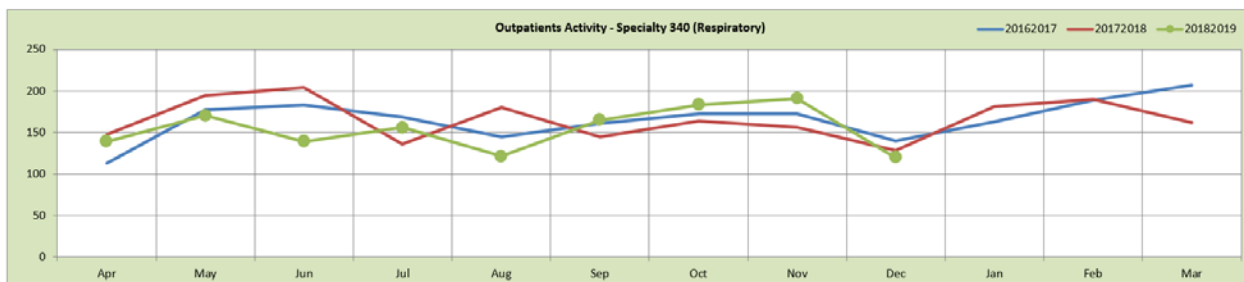
The Respiratory Operational Group will monitor and oversee the evaluation of the two projects.

## 2.4 Service Monitoring

The Respiratory Operational Group, on a quarterly basis, monitors activity for I&ESCCG patients attending ESNEFT Ipswich site. In December 2018, the average waiting times for a respiratory outpatient appointment was 10 weeks.

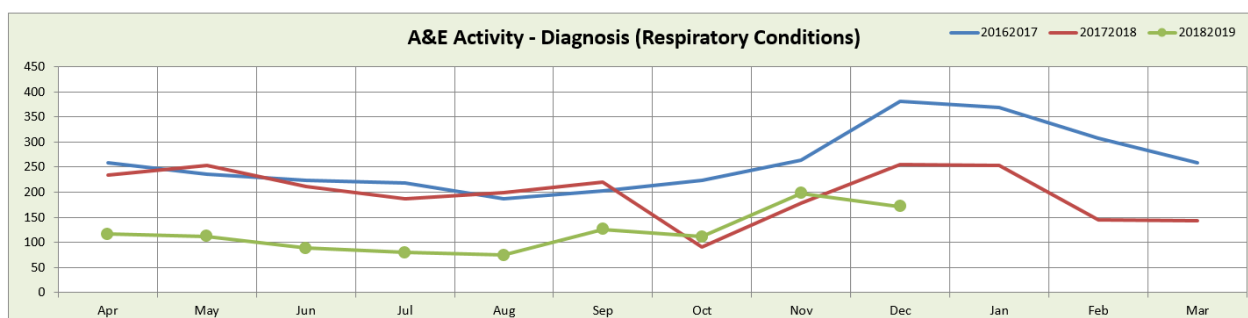
### First outpatient activity at ESNEFT Ipswich site

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	YTD
20162017	113	177	183	168	144	161	172	172	140	163	189	207	1,989	1,430
20172018	147	194	204	136	180	144	164	156	128	181	190	162	1,986	1,453
20182019	139	170	139	156	121	165	183	191	120				1,384	1,384
Variance 17/18 - 18/19	-8	-24	-65	-20	-59	-21	-19	-35	-8				-69	-69
Variance %	-5.4%	-12.4%	-31.9%	14.7%	-32.8%	14.6%	11.6%	22.4%	-6.3%				-4.7%	-4.7%



### A&E respiratory conditions at ESNEFT Ipswich site

Activity	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	YTD
20162017	259	236	224	219	187	203	224	263	381	369	307	259	3,131	2,196
20172018	234	254	212	187	200	220	90	178	255	254	145	144	2,373	1,830
20182019	117	112	89	80	75	126	111	198	172				1,080	1,080
Variance 17/18 - 18/19	-117	-142	-123	-107	-125	-94	-21	-20	-83				-750	-750
Variance %	-50.0%	-55.9%	-58.0%	-57.2%	-62.5%	-42.7%	23.3%	11.2%	-32.5%				-41.0%	-41.0%



The Group monitors the usage of the respiratory pre referral guidance referral form to ensure that the documentation is completed in full by primary care when referring the patient for a first outpatient attendance. If there are issues these are fed back through the CCG's primary care team to the practices.

### **The NHS Rightcare Programme**

The CCG is benchmarked against 9 other CCGs of similar size and demographic structure to highlight unwarranted variation and performance to encourage improvement in quality. The Respiratory Operational Group will use this data to understand variation across care pathways and get better value from the services.

## **2.5 Work on moving towards a Community Respiratory Service rather than COPD specific**

Work will move towards a respiratory service rather than COPD specific as more patients require support for complex breathing problems. The learning from the 'Hot' clinic pilot as mentioned above which began in February 2019 will enable the service to move forward with the development of a respiratory team. Their admission prevention capability will be improved for patients to prevent admissions and deterioration, with "hot phone" instant access for respiratory patients to the team, aligning clinicians to GP surgery areas, supporting non-invasive ventilation patients in the community and Bronchiectasis patients and Pulmonary Fibrosis patients.

## **3. 19/20 Programme**

All the above transformation will continue through into 19/20. As highlighted in the NHS Long Term Plan, respiratory is a key national priority area for the NHS for the next 10 years with a focus on:-

- ✓ Earlier and more accurate COPD diagnosis
- ✓ Improve access to Pulmonary Rehabilitation
- ✓ Optimise prescribing and Medicine use
- ✓ Improve detection and care for people with Community Acquired Pneumonia

The CCG will work closely with system wide partners including Rightcare to identify opportunities for improvement. The recommendations made in the National Five Year Plan for Lung Health published by the Taskforce for Lung Health will also be considered.

### **3.1 Lung Cancer**

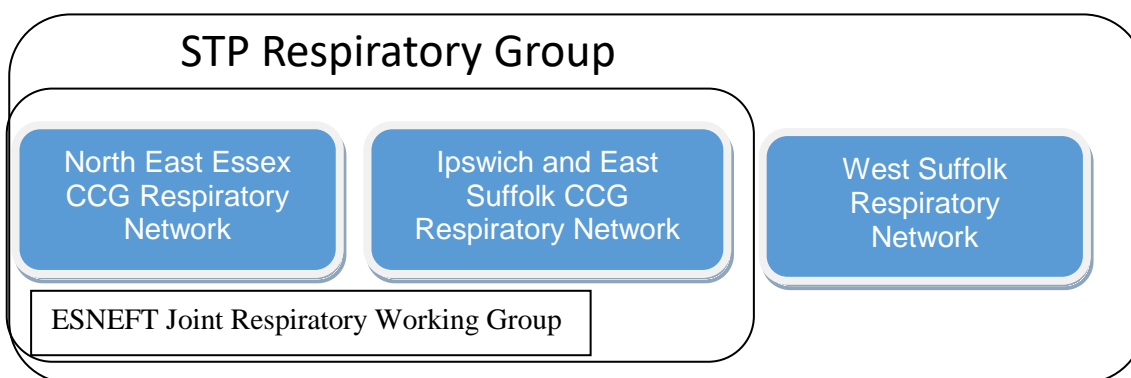
Transformation funding is available from the East of England Cancer Alliance and is part of the STP cancer transformation programme to support the implementation of national optimal lung cancer pathway which sets tight timeframes for each stage of the pathway to enable treatment for most to start by Day 49, and diagnosis by Day 28. In addition, a Significant Event Audit will be undertaken and the process used to generate learning and deliver meaningful change. This work will support improvement in patients diagnosed with lung cancer at an earlier stage; reduction in emergency presentations; improvement in lung cancer survival outcomes and improved quality of service, efficiencies and clarity of primary care referral pathways.

#### 4. **Challenges/Issues**

- Diagnosis and timely treatment of lung cancer
- Increasing number of patients with obstructive sleep apnoea and respiratory failure due to obesity
- Challenges in terms of staffing: vacant consultants, physiologists, nurses, therapists posts in the acute hospital. With similar challenges in the community and primary care setting

#### 5. **Joint Working Opportunities**

- 5.1 The diagram below demonstrates the local arrangements and the emerging structure for respiratory services. Plans for a Joint ESNEFT/NEE and I&ESCCGs network is in development to share learning, identify further opportunities for collaborative working and develop improvement plans.



#### 6. **Royal College of Physician (RCP) National Asthma and COPD Audit Programme**

- 6.1 Appendix 1 is the RCP National Asthma and COPD Audit Programme from February 2017 – July 2018 showing the Readmissions (%) at Ipswich Hospital. In August 2017 the hospital had 30% of patients readmitted 3 or more times. With a number of different pieces of work, including the recruitment of an acute respiratory specialist nurse, this has culminated in an improvement and since April 2018 no patients has been readmitted 3 or more times and only a small % have been readmitted twice.

#### 7. **Patient and Public Engagement**

- 7.1 Since the outset of the Respiratory Operational Group, Mr Woods has attended all of the Respiratory meetings and remains an invaluable patient representative on the group. He is also member of the local 'Breatheasy' group.

#### 8. **Recommendation**

- 8.1 The Governing Body is specifically requested to note: the work of the Respiratory Operational Group and approve the direction of the proposed programme of work.

### Readmissions (%) - IPS. The Ipswich Hospital

