Healthcare Improvement Scotland

Scottish Government
Riaghaltas na h-Alba

RCGP SCOTLAND

NHS
Education for Scotland

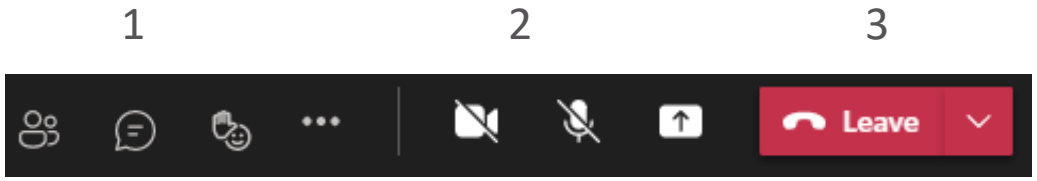
Primary care webinar series

Connect, rebuild and move forward

Introduction and Scene Setting

Adeline Tan (she/her)
Improvement Advisor, Primary Care Improvement Portfolio
Healthcare Improvement Scotland

Housekeeping



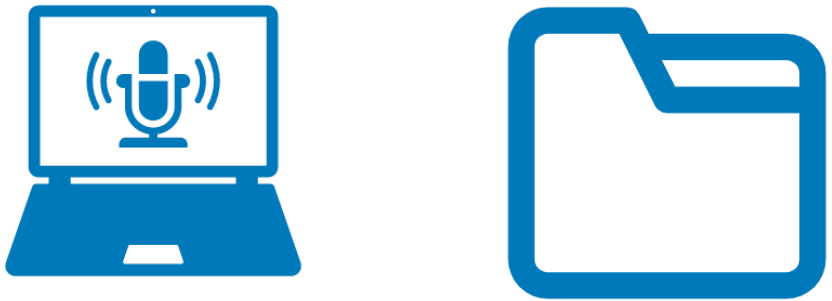
1. **Open and close the chat panel** – use the chat box to introduce yourself, raise any questions you may have for the speakers and also post comments.

2. **Participants will have their cameras and mics automatically off** - The facilitators may ask you to elaborate on a specific point, in that case we will enable you to unmute your microphone.

3. **Leave the meeting** – use this to leave this webinar at the end.

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.



Aims of the webinar series

- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

TODAY:
Respiratory Care and Management in Primary Care

Session 1

Michelle Watts
Senior Medical Advisor
Scottish Government

Healthcare Improvement Scotland

Scottish Government
Riaghaltas na h-Alba

RCGP SCOTLAND

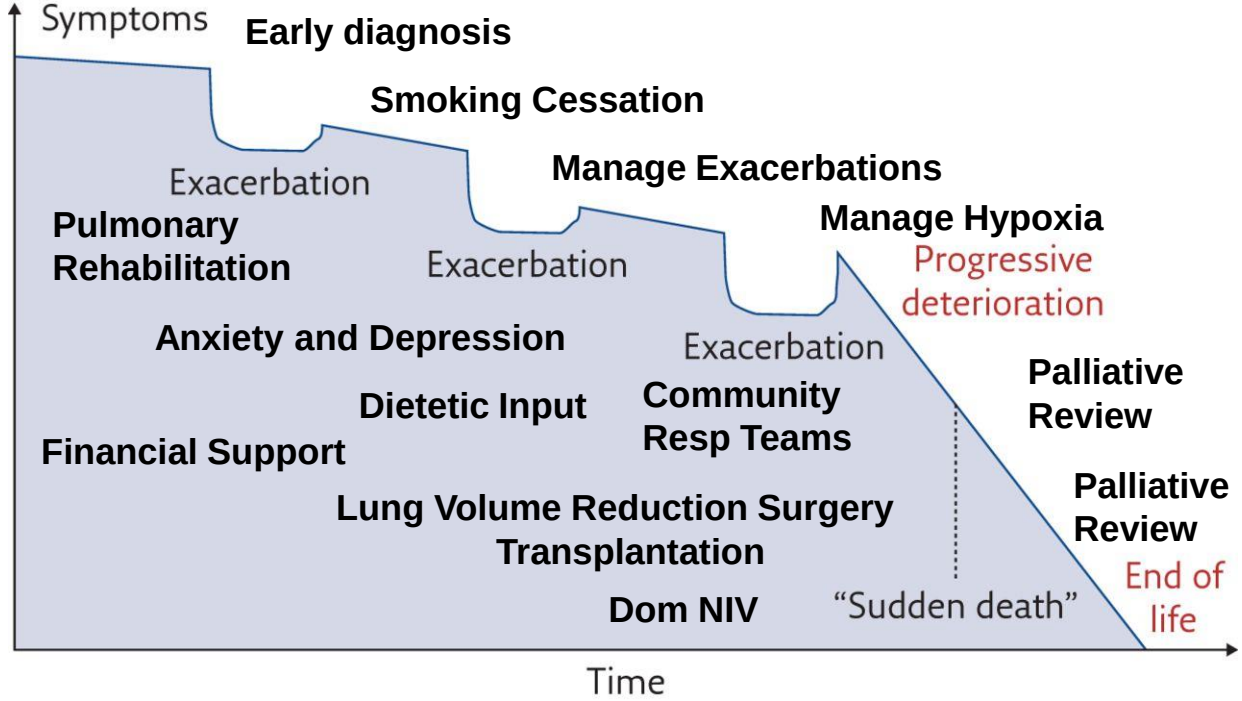
NHS Education for Scotland

Session 1

Supporting Respiratory MDT working in primary care

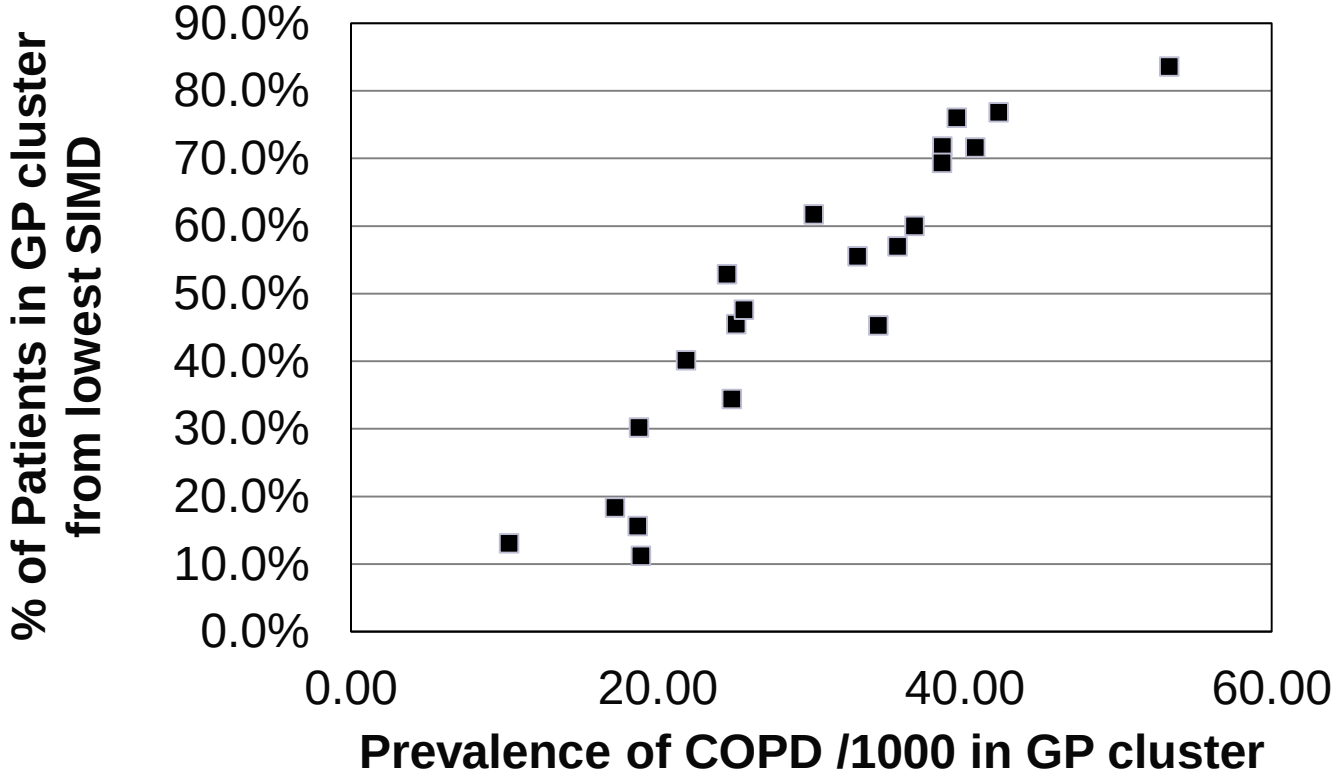
Dave Anderson
National Clinical Lead for Respiratory,
Scottish Government and Consultant in Respiratory,
NHS Greater Glasgow and Clyde

The disease trajectory expected in a patient with COPD Improving the Journey

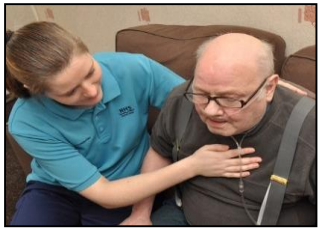


Amanda Landers et al. Breathe 2017;13:310-316

Percentage of patients in lowest deprivation in relation to COPD prevalence



MDT: The Holistic Approach



Routine Patient

Physio Or Nurse Initial Advanced Assessment: Decision on necessary interventions

- Physio input: Chest Clearance, Home exercise program, condition education, mobility, pacing, breathing control, inhaler use, NMP
- Nursing input: Palliation, breathing control, ACP discussions, condition education, inhaler use, nebuliser use,
- Dietetic input: Weight management, supplement prescriptions, advice over how to increase dietary intake, patients can be under or overweight.
- Pharmacy Input: Medication Review, polypharmacy, medication education, inhaler review, dosette boxes,
- Occupational Therapy: Provision of necessary equipment, anxiety management

Community Respiratory Team
Initial Evaluation

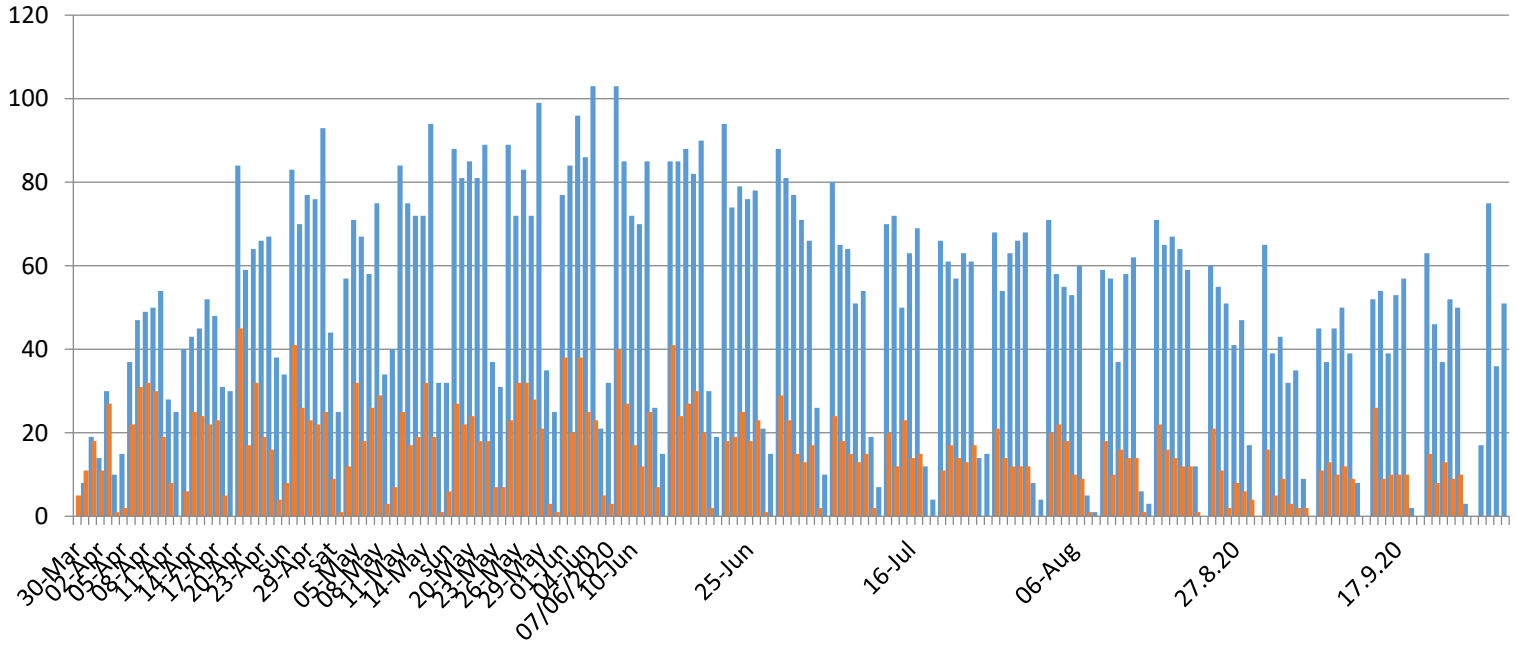
- Approx 1000 patients per year
- Significant improvement in QOL
- 45+ avoided admissions /month
- Financial net savings of £463,780 to £1,087,564 per annum.
- 2014/15-2018/19 stays for COPD
  - Fell by 0.1% for all Scotland minus GGC, while in Glasgow it fell by 13.8%.

GG+C Community Respiratory Response Team

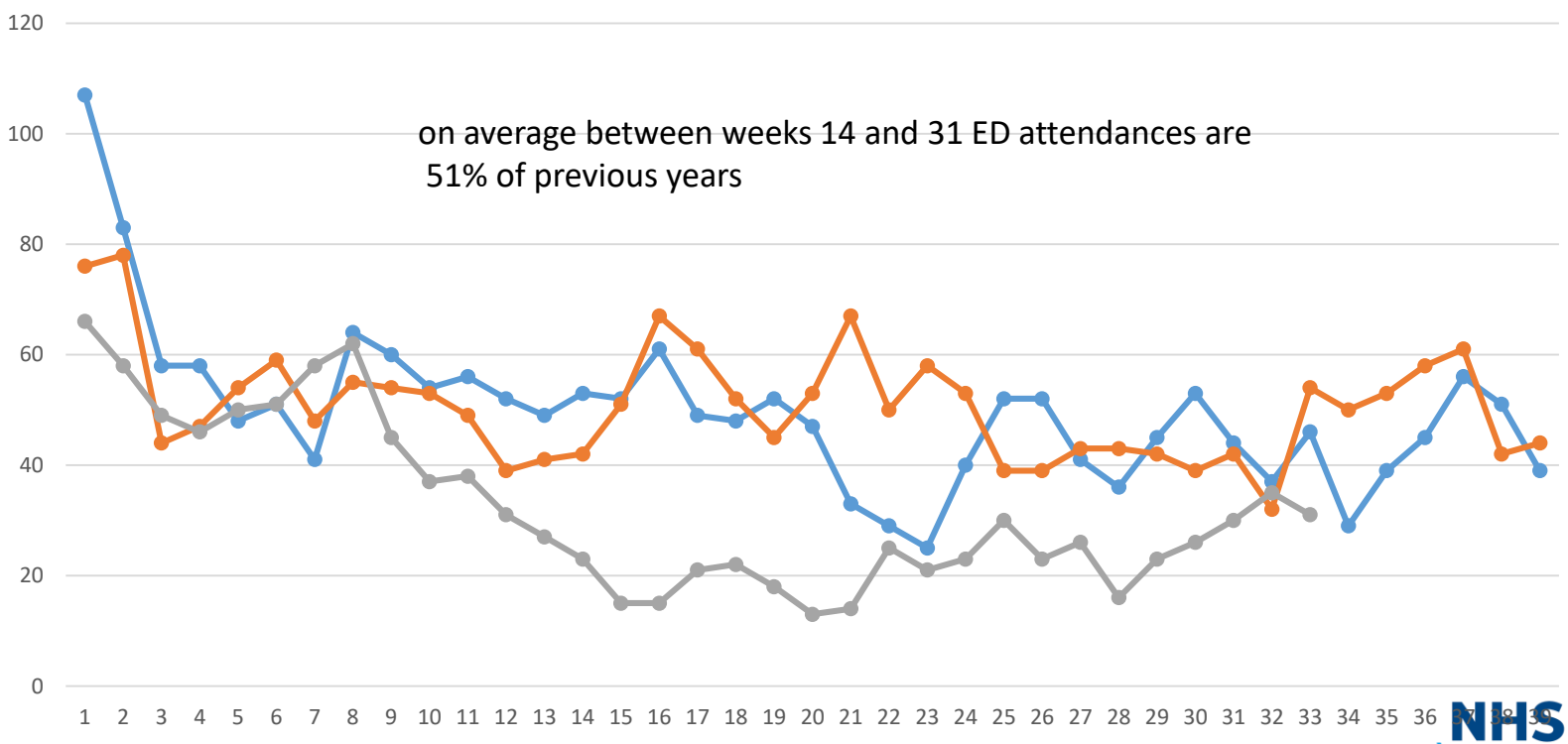
- Amalgamation of existing services
  - Secondary Care Resp Nurse Specialists, Pulmonary Rehab Teams
  - Primary Care Community Respiratory Team
  - Amalgamation of Resp Nurses, Physios, OTs, Pharmacy and support workers
- Expansion to cover whole of Greater Glasgow and Clyde – population of 1.2 million – and over whole week
- Expansion to cover all Chronic Resp Diseases (Asthma / COPD / Bronchiectais / ILD) and End of Life care with Covid Pneumonia
- Suspension of routine work

30th of March to 30th of Sept 2020

2632 Referrals c.10 000 Consults



ED Attendances / 100 000 per week with COPD
Sum other HBs in Scotland- not all HBs report



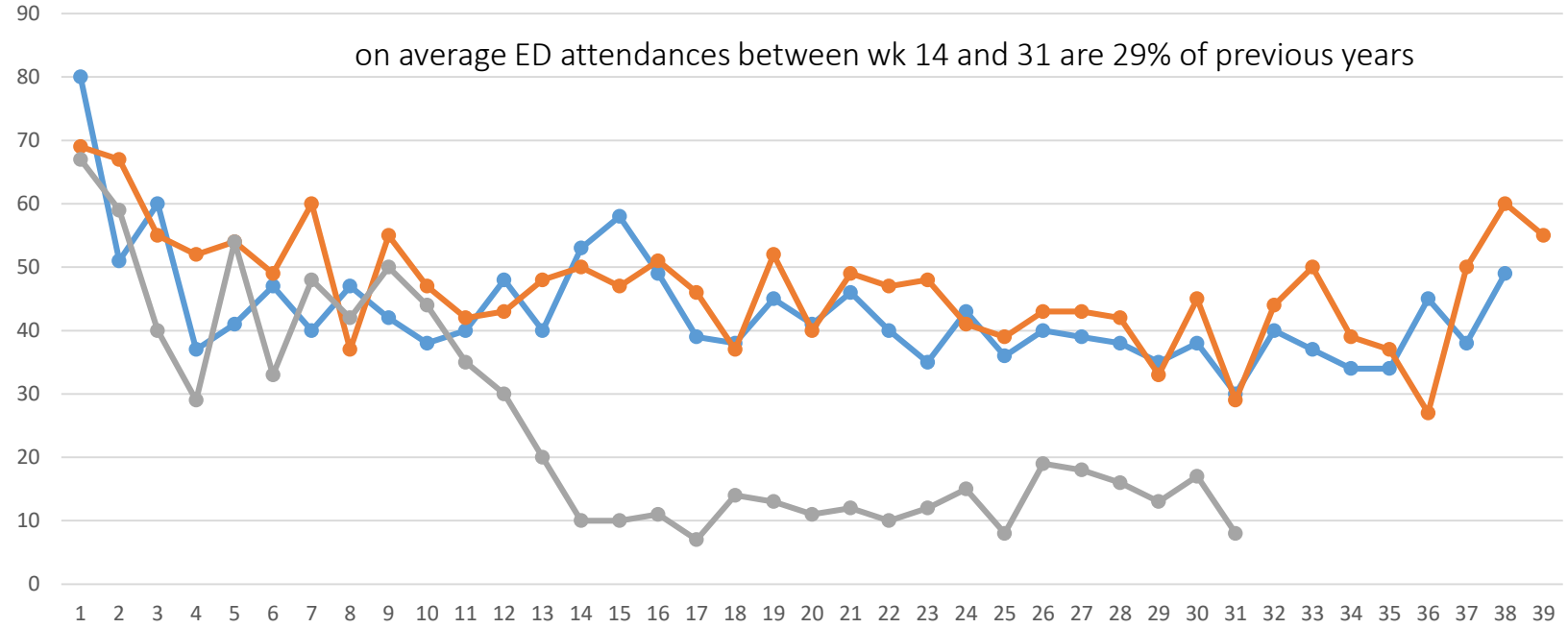
ED Attendances /100 000 per week with COPD

GG+C

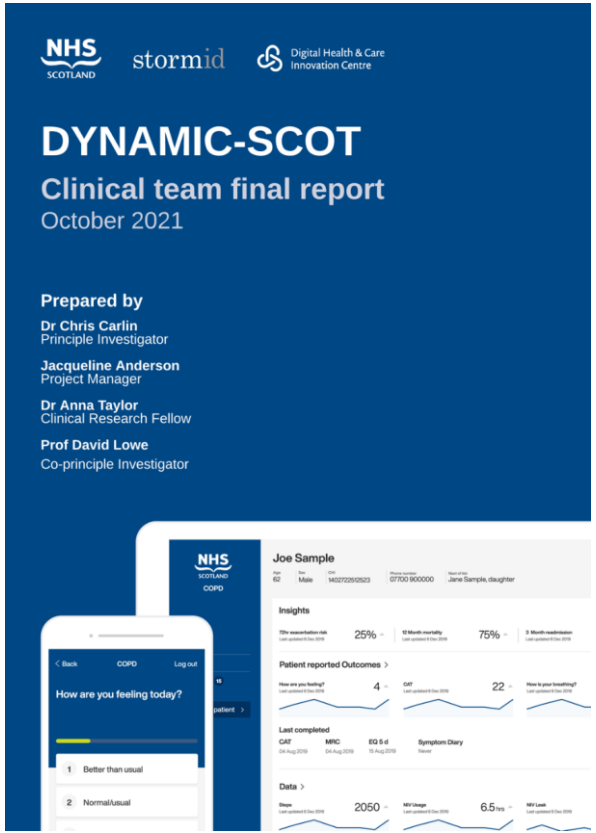
2018

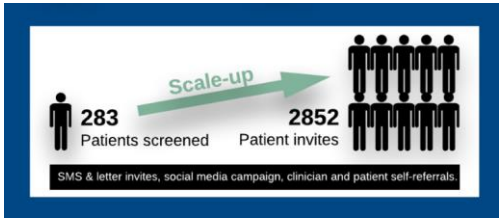
2019

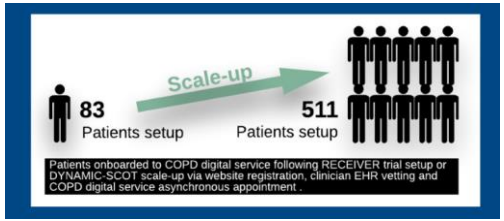
2020



Glasgow City HSCP
Health and Social Care Partnership



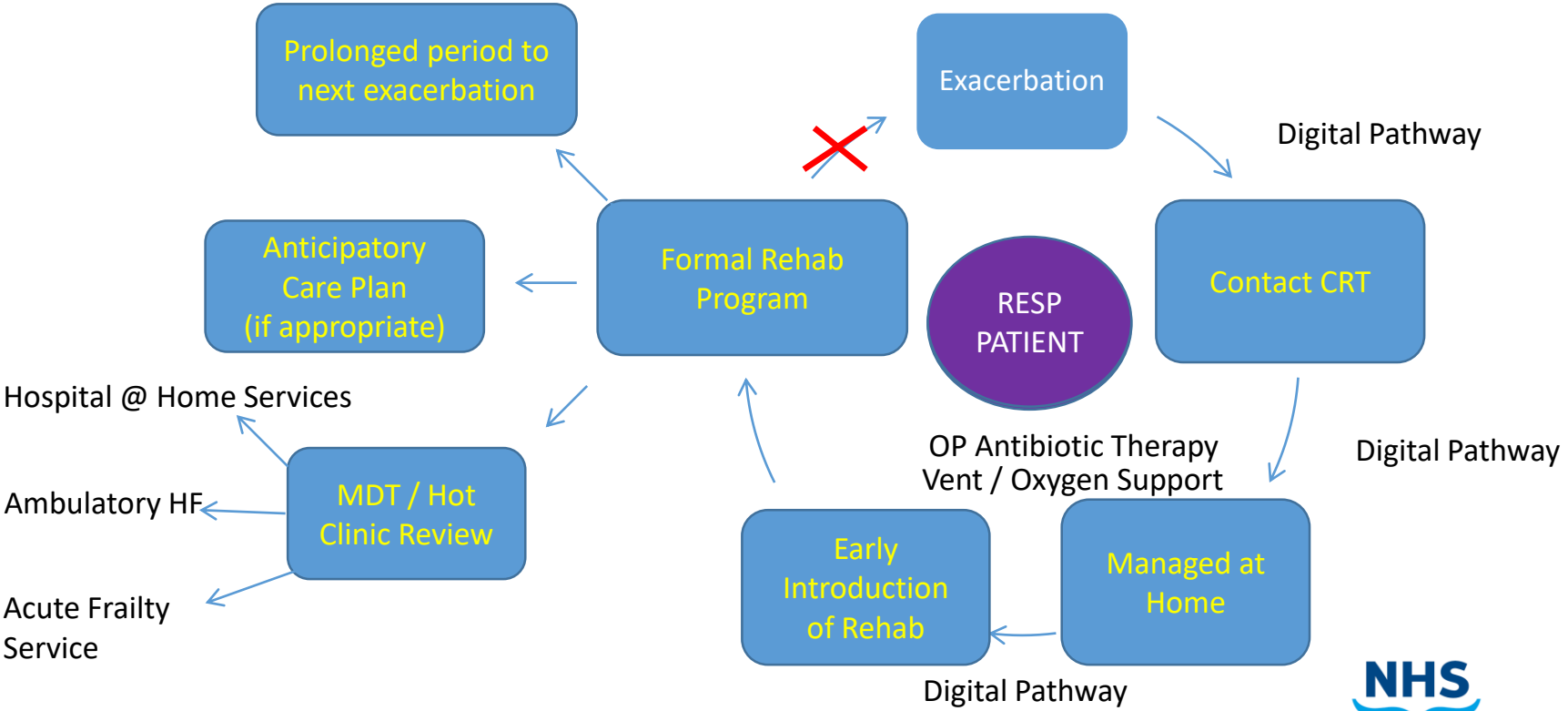




NHS Greater Glasgow and Clyde

Glasgow City Council

Future Process



Challenges Moving Forward

- Equity of service across Scotland
- Expansion to cover other conditions (CRT PLUS model)
- Interaction with other Interface Care Programmes
- Improving referrals from Out of Hours, Emergency Departments and Acute Medicine Departments
- Work with Flow Navigation Centres
- Weekend / OOH working
- Single POA referral
- Introduction of KIS / JIC meds / baseline physiology
- Lung Cancer, Pleural Effusions, Pneumothorax, Pneumonia

Person centred Respiratory care : Quality prescribing Respiratory guide

Alpana Mair
Head of Effective Prescribing and Therapeutics,
Scottish Government

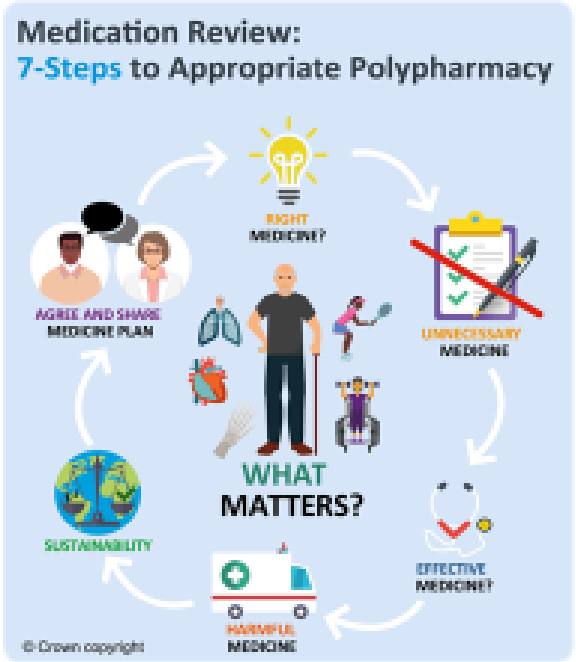
EFFECTIVE PRESCRIBING
AND THERAPEUTICS DIVISION

Scottish Government
Riaghaltas na h-Alba

Aims of the Quality Prescribing Respiratory Guide

Quality Prescribing for Respiratory
A Guide for Improvement
2024-2027

- Improved outcomes by doing a person-centred medication review
- Person centred care: Optimise disease control :
- Minimise over-reliance on short acting reliever inhalers
- Support the use of propellant free inhaler options where appropriate
- Support safe disposal of inhalers



Polypharmacy: Manage Medicines (scot.nhs.uk)

EFFECTIVE PRESCRIBING & THERAPEUTICS DIVISION

Scottish Government
Riaghaltas na h-Alba

Right diagnosis

- Patients on inhalers without a diagnosis!
- Severe asthma vs suboptimal inhaler technique
- Pollution, smoke, housing…

Disease control - Right drug

- Address over-reliance on relievers (SABA/LABA), under-use of preventers (ICS)
- Optimise according to guidelines e.g. consider MART (combined maintenance and reliever therapy)

RESPIRATORY

Better care, greener care

Right device

- Dry powder inhalers or soft mist inhalers where clinically appropriate
- If aerosol (pMDI) inhalers are needed, then choose brand and regime to minimise carbon footprint
- Optimise drug delivery / inhaler technique

Right disposal

- Return all aerosol inhalers for incineration / recycling
- Optimise local return schemes

Adapted from Greener practice slides. www.greenerpractice.co.uk

The potential impact of an asthma exacerbation on the environment

- Pre-exacerbation use of SABA *e.g., 20 SABA puffs* as rescue medication one day before seeking help
- Patient journey to doctor /
- Doctor journey to patient /
- Ambulance journey to patient
- Ambulance treatment: O_2, SABA and nebuliser disposables
- Journey to hospital
- Hospital treatment: electricity, O_2, SABA and nebuliser disposables
- Journeys by families to visit patient at the hospital *e.g., over 1–2 days (4 visits @ 5 miles),* plus travel home

Impact includes inhaler and automobile GHG emissions; and terrestrial, marine, and freshwater pollution from the life cycle of products i.e., production, transport, use and waste disposal of plastics, inhalers, and nebuliser disposables[1,2]

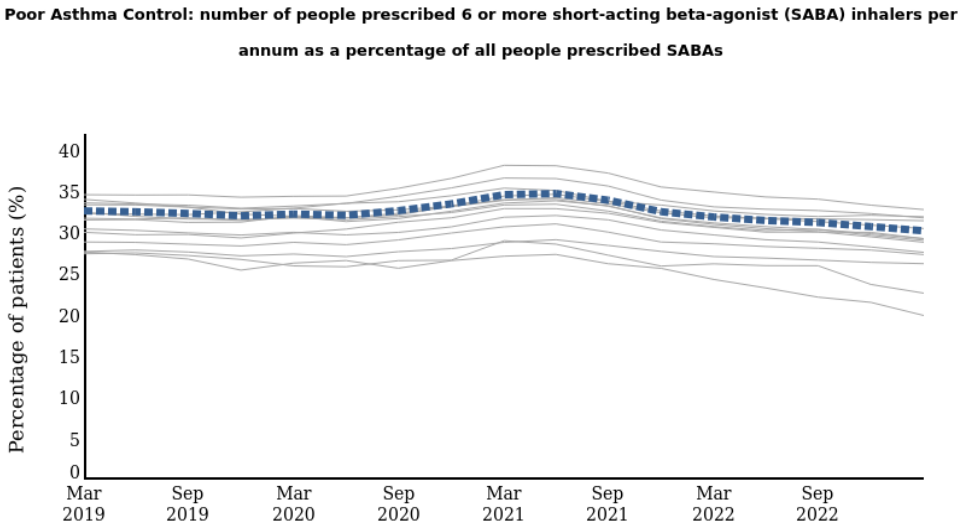
GHG, greenhouse gas; SABA, short-acting beta agonists.

1. Pernigotti D, et al. BMJ Open Respir Res 2021;8:e001071; 2. Jeswani HK and Azapagic A. J Clean Prod 2019;237,(117733). https://doi.org/10.1016/j.jclepro.2019.117733.

www.consultmarklevy.com

SABA Prescribing and NTIs

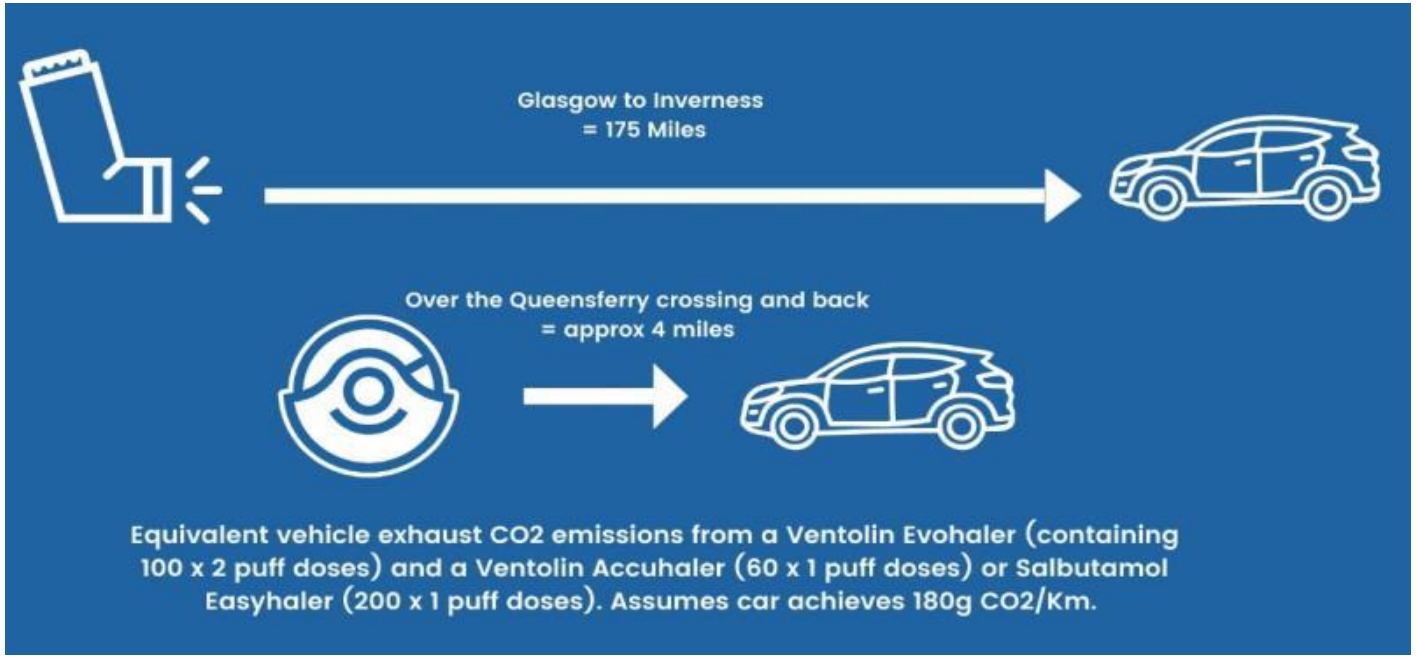
- **Recommendation to review asthma control in people prescribed 3/6/12 or more SABA per** annum
- SABAs use drives 70% of greenhouse gas emissions from inhaler devices in the UK
- 83% of SABA prescriptions for asthma went to patients overusing SABA.
- The NRAD report and the SABINA study show excess SABA use is associated with poor outcomes, increased risk of exacerbations, hospital admissions and death



Source: Prescribing Information System Scotland, PHS, NSS.

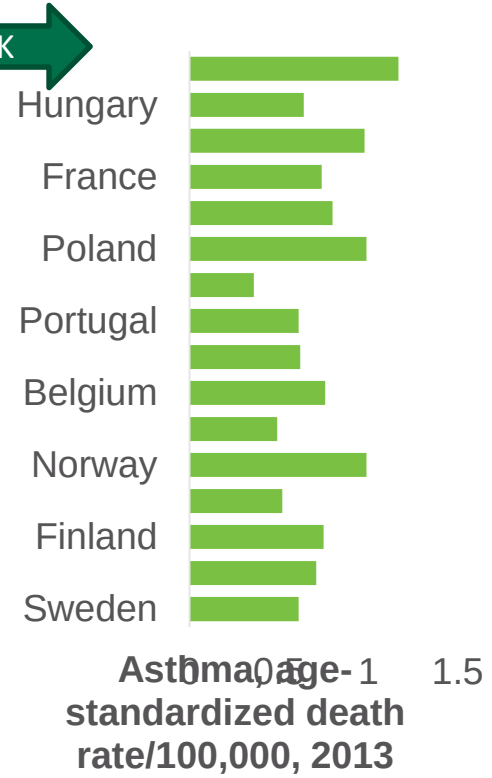
NHS SCOTLAND | EFFECTIVE PRESCRIBING & THERAPEUTICS DIVISION | Scottish Government Riaghaltas na h-Alba gov.scot

Environmental impact of inhalers



NHS SCOTLAND | EFFECTIVE PRESCRIBING & THERAPEUTICS DIVISION | Scottish Government Riaghaltas na h-Alba gov.scot

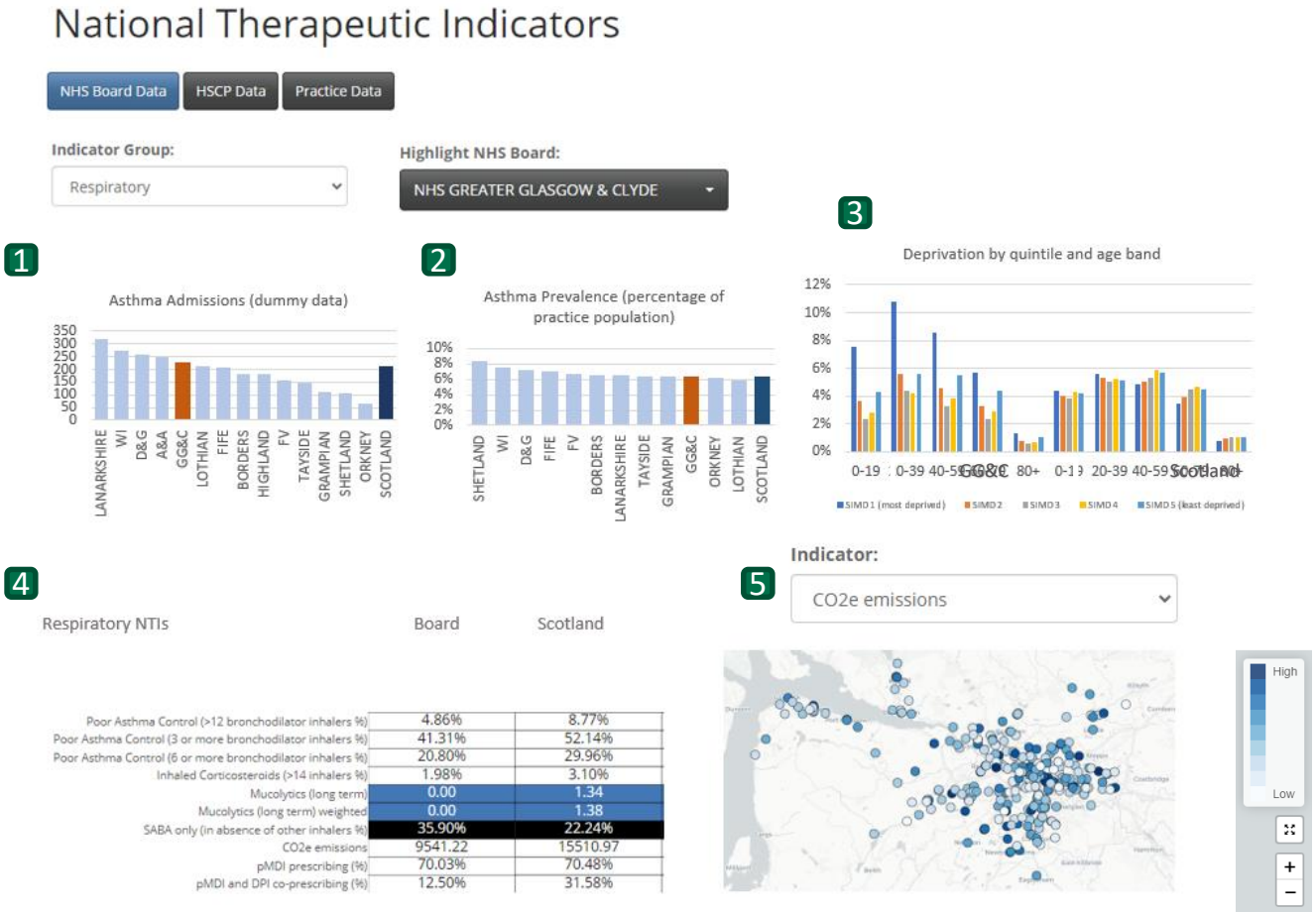
Inhaler device prescribing and asthma mortality



Lavorini 2011

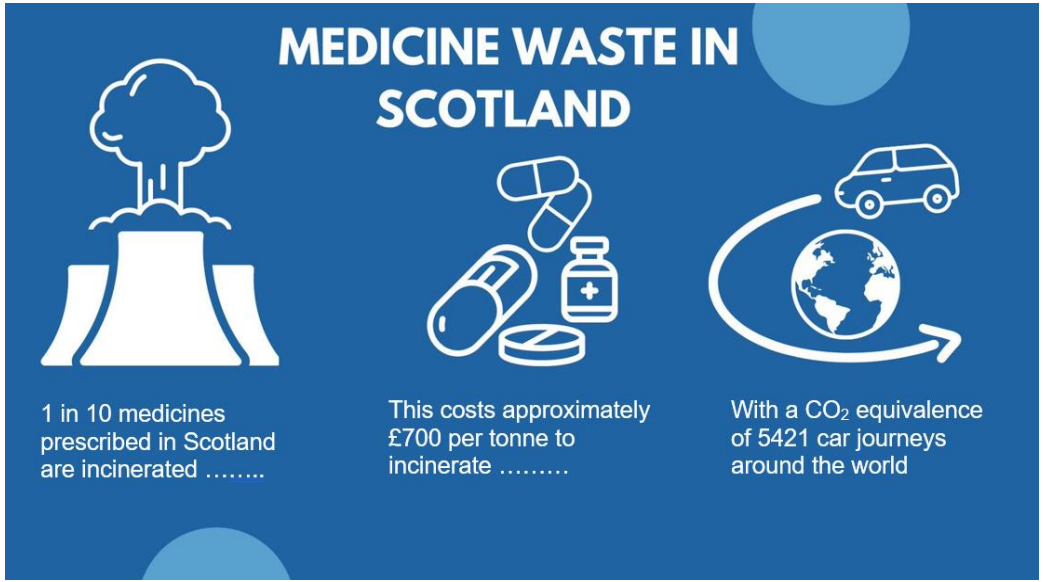
WHO European Health Information Gateway

Whole System Prescribing Dashboard

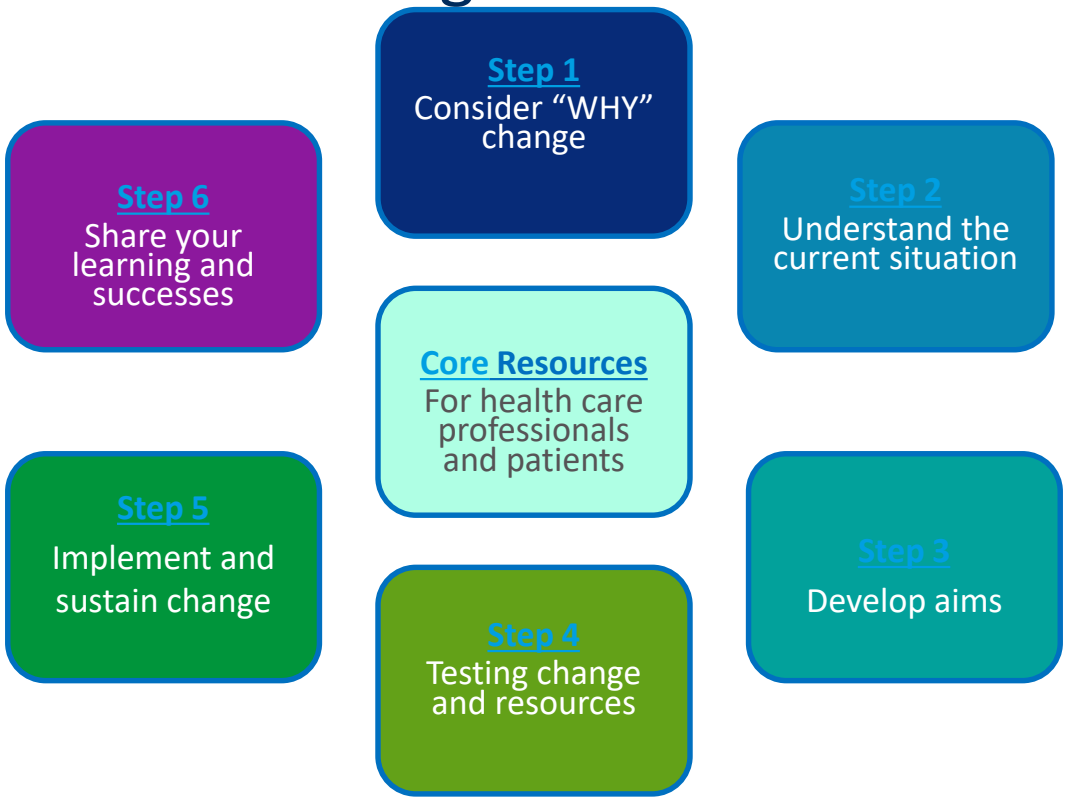


[National therapeutic indicators data visualisation - Data to March 2023 - National therapeutic indicators data visualisation - Publications - Public Health Scotland]

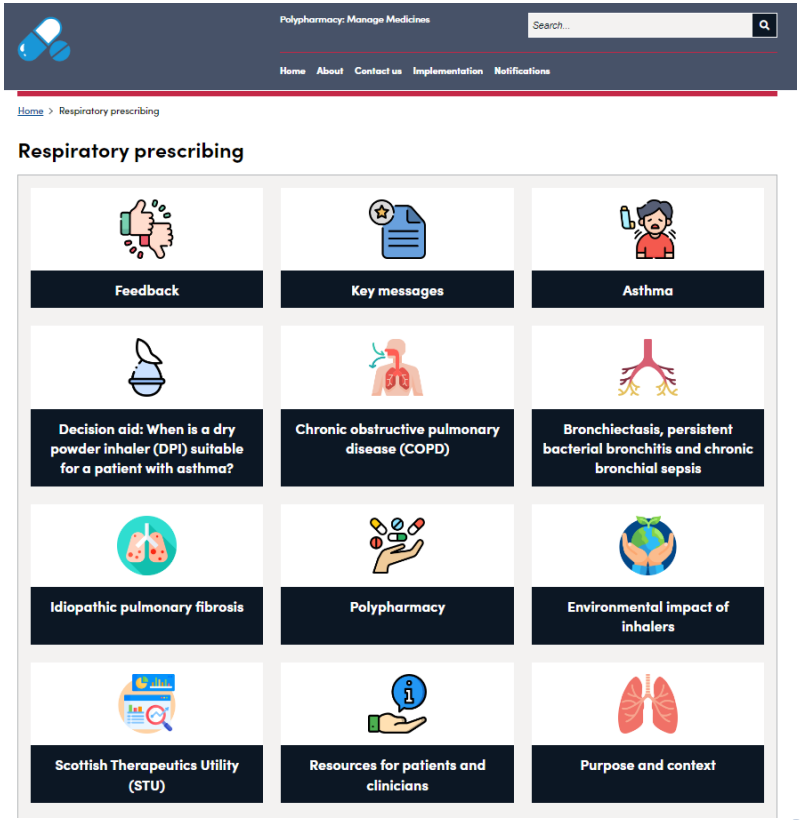
Focus on environmental issues: reducing waste by review & returning inhalers



Respiratory toolkit and managed medicines app: Actions to support implementation of guide



Respiratory content in Manage Medicines website/app



Download from http://managemeds.scot.nhs.uk/ or Search the app stores for "Polypharmacy" or "Managing medicines."

Apple

Android

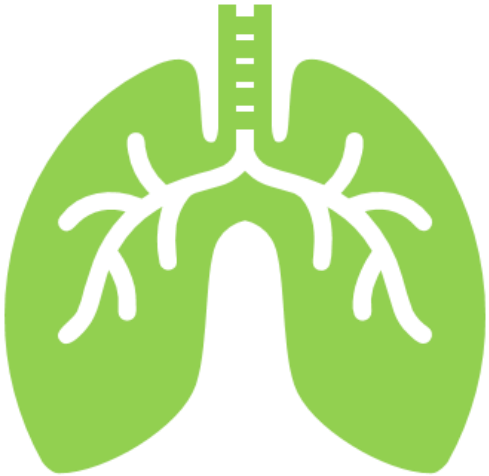
For help and step by step video guides go to the Help section of http://managemeds.scot.nhs.uk

EFFECTIVE PRESCRIBING AND THERAPEUTICS DIVISION

Scottish Government
Riaghaltas na h-Alba

Better respiratory care is better for the person and the environment

If you have any queries, please email
EPandT@gov.scot



EFFECTIVE PRESCRIBING
AND THERAPEUTICS DIVISION

Scottish Government
Riaghaltas na h-Alba

Healthcare Improvement Scotland

Scottish Government
Riaghaltas na h-Alba

RCGP SCOTLAND

NHS
Education for Scotland

Discussion

Session 2

Scott Jamieson
Clinical Director, Angus HSCP and GP,
NHS Tayside and
RCGP Scottish Council

Midlothian
Health & Social Care
Partnership

Midlothian Community Respiratory Team (MCRT)

Claire Yerramasu

Advanced Physiotherapy Practitioner and Team Lead

Disclosures

- Astrazeneca

Team Overview

Staff	WTE	Role	Band	Comment
	3.6	Advanced Physio Practitioner	7	2 x B7 prescribers - 1 training
	4	Specialist Physiotherapists	6	
	2	Physiotherapists	5	2022-2023
	1	Clinical Support Worker	3	Nurse secondment fixed term 1 year
	0.4	Dietician	5	
	0.6	Clinical Psychologist	8a	

Referral Sources

- GP
- Self (known patient can self referral)
- SAS
- Community teams
- Hospital wards and respiratory clinic
- Hospital at Home
- Lothian Unscheduled Care Service (LUCS)

System Linkages

- Professional to Professional line
- 2 weekly MDT with Respiratory Consultant
- Complex case review
- **Key integration link between primary and secondary care** (consider time allocated for consultant time)

Services

COPD

Exacerbation management acute COPD patients

Optimisation and self management, functional assessment

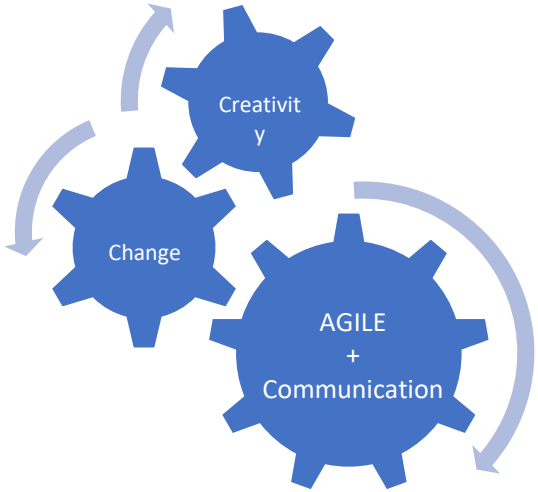
MCRT+

Non COPD Respiratory Disease e.g. ILD/Bronchiectasis, COVID O_2 wean

Facilitated D/C only (short term input to reduce length of hospital stay)

Acute management, self management advice, functional assessment

Team Development/ Tableau dashboard



Dec
2022

Education & Development
Analytics
Informatics
Organisational 'Space'
Early Wins - Promotion
Strong Leadership
Strategic Support
Focus on Impact
Technical Infrastructure
Dedicated Staff
New MCRT (COPD) Service

Feb
2017

Pathway and a committed MDT

Key

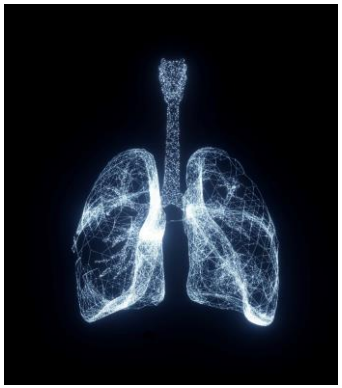
Organisational
Social
Technical

Workstreams

Acute

Aim
Support patients with acute exacerbations and admission avoidance

- Manage complex exacerbations (B7 - prescribing practitioners),
- Professional to professional line to Respiratory Consultant



Routine

Aim
Optimise patients' self management

- " good conversations" "what matters to you" holistic approach in realistic medicine
- Optimising medications
- Smoking cessation support
- PR referrals
- Home exercises
- Self management teaching
- Future care planning,
- MDT case discussions via professional to professional line

Data

- 1 APP physio 2017
- Small numbers of patients, qualitative data from patient and staff questionnaires, patient stories
- Boxi reporting
  - Recording admission prevention, financial impacts, bed days saved and service information
- Increase in staff
- Tableau dashboard development
  - Automated service level data and insights at population level

Tableau data

Oct 2022 - Sept 2023 (12 months)

- Total team contacts for the last year = **8073**
- Average weekly all type contacts = between **150-200**
- Number of COPD exacerbation where admissions prevented = **146**

(bed days saved 876)

- Number of home exercise contacts = **87**
- Number of COPD facilitated d/c in the last year = **138**

(bed days saved 552)

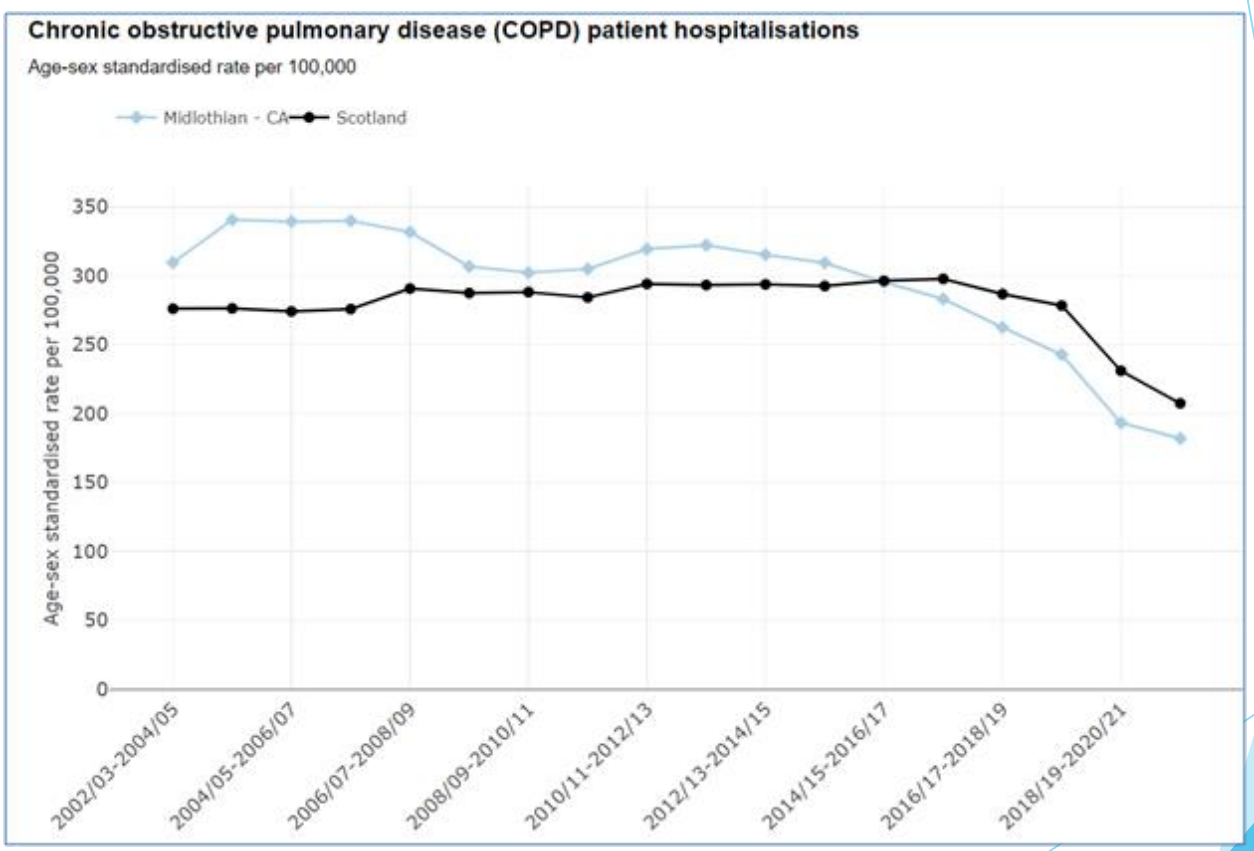
- Number of new MCRT+ patients in the last year = **17**

COPD Admissions Data

Year	HSCP	Source	COPD Prevalence	Registered GP Population	COPD Population	Emergency Admissions for COPD	Admissions per 100 COPD Patients	Total Occupied Bed Days (TOBD)	TOBD per 100 COPD Patients
2019	City of Edinburgh	QOF	1.68%	562,958	9,442	1,098	11.6	7,349	77.8
2021	City of Edinburgh	Projection	1.74% (1.72%-1.77%)	583,487	10,179	723	7.1	5,512	54.2
2019	East Lothian	QOF	2.39%	111,007	2,650	237	8.9	1,472	55.5
2021	East Lothian	Projection	2.56% (2.02%-3.09%)	114,508	2,926	193	6.6	1,259	43.0
2019	Midlothian	QOF	2.70%	96,612	2,606	321	12.3	1,895	72.7
2021	Midlothian	Projection	2.81% (2.51%-3.10%)	+2.8% 99,352	+7% 2,789	- 50% 161	- 47% 5.8	- 50% 950	-46.9% 34.1
2019	West Lothian	QOF	2.60%	171,403	4,465	697	15.6	3,483	78.0
2021	West Lothian	Projection	2.70% (2.61%-2.79%)	188,496	5,089	388	7.6	1,528	30.0

GP population sourced from PHS Open Data portal: https://www.opendata.nhs.scot/dataset/gp-practice-contact-details-and-list-sizes

Hospitalisations data



(PHS, 2023)

Community Respiratory Team - Monitoring

Midlothian Health & Social Care Partnership

Recently Discharged with a Coded COPD Admission

Last 3 months

CHI Number (Di..	Name	
		01/06/2022
		15/06/2022
		26/06/2022
		10/06/2022
		16/06/2022
		30/06/2022
		07/06/2022
		05/06/2022
		03/06/2022
		27/06/2022
		04/06/2022
		22/07/2022
		14/06/2022
		30/06/2022
		08/06/2022
		22/06/2022
		08/07/2022

Not Known Known to CRT or CRT+

The above list is of Patients who have recently been Admitted to Hospital, (and not deceased)
within the filtered period.
Where the main reason for Admission was **COPD**,
These patients are also **not already** known to CRT

Frequent Admitters to Hospital

Last 6 months

CHI Number (Diagnosis)	Name	Max. Number of Admissions	Max. Number of COPD Admissions	
		20	0	Known t..
		11	0	Known t..
		7	0	Known t..
		5	0	Known t..
		5	0	Known t..
		3	1	Not Kno..
		3	0	Known t..
		2	1	Not Kno..
		2	0	Known t..
		2	2	Not Kno..
		1	0	Known t..
		1	0	Known t..
		1	1	Not Kno..
		1	0	Known t..
		1	0	Known t..
		1	0	Known t..
		1	1	Not Kno..
		1	0	Known t..
		1	0	Known t..

This table shows a list of Patients who have frequently admitted to hospital.
IF they are potentially **relevent** to CRT.

This meaning, if they are **known** to CRT already. or if they are Not known however have

Currently in Hospital - Current CRT Patient

CHI Number	Name	
		Respiratory Medicine
		Respiratory Medicine
		Medicine of the Elderly
		Respiratory Medicine
		Respiratory Medicine
		Respiratory Medicine
		Respiratory Medicine
		Medicine of the Elderly
		Respiratory Medicine
		Cardiology

This is a list of Patients who are In hospital **Currently who are Known to CRT**,

The patients current ward has been included to help identify if they may be a potential

Staffing

- From where ?! And how?
- Wider team training
- Improve knowledge and motivate larger team
- Recruitment - challenging!
- Internal secondment initial fixed term = permanent extended, funding achieved
- Continual cycles of data review
- Quality improvement cycles, review of data and innovation
- Consider biopsychosocial approach
- Impact of mental health on repeated admission = Psychology interventions

Staffing

- Band 5 rotational posts
  - Return as B6 physios
- Students
  - Return as B5 physios
- Workforce skill set
  - Who? When?
  - Physios, Nurses, OTs, Psychologists, Dieticians, Admin Officers, Clinical Support Workers, Physio or OT assistants
- Support
  - From other experts and what works in other teams
  - Laura Groom ECRT, Gourab Choudhury Respiratory Consultant

MCRT Feedback

SAS feedback
Personal thanks from SAS for the detailed SBAR information handover and how helpful it was for them. Thanked MCRT therapist for their input and excellent care.

End of life care
From a son of a patient who passed away: "the team all did a great job at keeping mum at home and out of hospital as much as possible so she could enjoy a quality of life at home in her last days"

Admission prevention
Patient unwell with acute symptoms, supported with treatment at home. reassured and regularly seen at home by the team – direct phone number for the team given.

Patient thanks- "what would we have done without you"

"We cant thank you enough" (patient's daughter and wife).

Symptom management
Patient feels symptoms are really well controlled now, she avoids calling ambulance because she knows the team will be there to support her. She feels she has avoided multiple hospital admissions

GP feedback"thankyou so much for monitoring this patient (severe copd/ bronchiectasis) , you guys are superstars"

Hospital Consultant
CRT provides that important link between Primary and Secondary care. They help prevent hospital admissions and are intrinsic to that management of COPD patients from a chronic disease management perspective and is appreciated by all patients unanimously.

Self management
For the first time, I understand my disease, I know what to do and I do not always have to rely on tablets. "I can finally visualise myself staying well"

Psychological support
I wasn't leaving the house, my anxiety about my breathing was so bad. Now I can go on public transport, do my own shopping and I am getting regular support from a charity.

Dietician
I understand how my diet can influence my recovery time after flare ups, and I follow the advice the dietician gave me.

(MHSCP, 2023)

Conclusion

- Think about what respiratory support available in primary care – different models
- Evaluation of CRT input
  - Evaluate hospital bed days
  - Widespread appreciation from patients who want their care close to home
  - Use data as able
- Future challenge
  - Caring for patients in primary care with complex comorbidities

References

- National Records of Scotland
- Midlothian HSCP long term conditions data (2023)
- Scottish Government Chronic Obstructive Pulmonary Disease (COPD): best practice guide
- ISD Scotland latest publications
- Public Health Scotland

Healthcare Improvement Scotland

Scottish Government
Riaghaltas na h-Alba

RCGP SCOTLAND

NHS Education for Scotland

Session 2

How ‘sing to breathe’ can help with improving respiratory conditions especially during winter times

Anne Ritchie
Co-founder and co-ordinator, the Cheyne Gang

Healthcare Improvement Scotland

Scottish Government
Riaghaltas na h-Alba

RCGP SCOTLAND

NHS Education for Scotland

Discussion

Closing remarks

Adeline Tan
Improvement Advisor, Primary Care Improvement Portfolio
Healthcare Improvement Scotland

Next steps

Evaluation survey – MS polls

Follow up email circulated soon

Keep in touch

ihub.scot/primary-care

@SPSP_PC #PCImprove

his.pcpteam@nhs.scot


THANK
YOU