



RightCare Pathway: COPD

RightCare Pathways provide a national case for change and a set of resources to support Local Health Economies to concentrate their improvement efforts where there is greatest opportunity to address variation and improve population health.

Commissioners responsible for **COPD** for their population should:

- ✓ focus on the key components for COPD care across a system:
 - Ensuring **early detection with accurate diagnosis**
 - Optimising **long-term management** to reduce exacerbations, hospital admissions and premature mortality

- ✓ work across the system to ensure that all **priorities to optimisation** are in place including the cross cutting themes:
 - **Multidisciplinary** supportive care approach
 - **Signposting** and care navigation
 - **Psychological support**, including for frightening breathlessness
 - **Community activation** to overcome social isolation and stay physically active, including peer support
 - **Self-management plan** supported by good information and patient training

RightCare Pathways: COPD



RightCare

National Challenge	<u>Early detection</u> <u>Accurate diagnosis</u>	<u>Optimal long term condition management including frailty, comorbidity and exacerbations</u>	<u>Hospital readmissions</u>	<u>Unexpected Mortality</u>
RightCare Opportunity (*2015/16 QOF data)	210,000 more patients could be detected if CCGs achieved the rate of their best 5 peers*	25,500 more COPD patients would have a 12 month holistic review if CCGs had the same rate as their best 5 peers*	£49m could be saved if CCGs achieved the emergency admission rate of their best 5 peers*	1,400 more lives would be saved if CCGs had the same premature mortality rate as their lowest 5 peers*
Enablers for integrated population health	<ul style="list-style-type: none"> • <u>Commission the whole pathway not the setting or a service</u> • <u>Risk stratification for appropriate health resource utilisation</u> • <u>Primary and community care team access to appropriate diagnostic tools</u> • <u>Strategies for developing and sharing respiratory expertise across all health and care providers</u> • <u>Clear clinical and corporate governance structures between all health and care providers</u> 			
Priorities for optimisation	<u>Smoking Cessation</u>			
	<u>Management of co-morbidities and frailty</u>			
	<ul style="list-style-type: none"> • <u>Community-based case finding and with subsequent quality-assured diagnostic spirometry</u> • <u>Breathlessness symptom pathway to accurate diagnosis</u> • <u>Quality assured workforce trained to make accurate diagnosis of respiratory symptoms</u> 	<ul style="list-style-type: none"> • <u>Flu and pneumonia vaccinations</u> • <u>Timely access to pulmonary rehabilitation</u> • <u>Personalised holistic review, including</u> <ul style="list-style-type: none"> • comorbidities • frailty • inhaler review • medicines optimisation • plan for exacerbations • end of life care 	<ul style="list-style-type: none"> • <u>Optimise community support to prevent readmission</u> • <u>Inpatient care according to national standards</u> <ul style="list-style-type: none"> • admission pathway • post-exacerbation pathway, including discharge bundle • Seamless transition between hospital and community care • Coordinated support for care homes 	<ul style="list-style-type: none"> • <u>Evidence-based care for severe COPD (e.g. Oxygen therapy, Lung volume reduction, NIV, transplantation etc.)</u> • <u>Access to specialised services</u> • <u>Advance care planning</u> <ul style="list-style-type: none"> • GSF • Community based breathlessness service • Local palliative care teams
	<u>Multidisciplinary supportive care approach</u> <u>Signposting and care navigation</u> <u>Psychological support, including for frightening breathlessness</u> Community activation to overcome social isolation and stay physically active, including peer support <u>Self-management plans supported by good information and patient training</u>			

Early detection and accurate diagnosis

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) or [full document](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
Community-based case finding with quality assured spirometry	<p>NICE Quality Statement 1 – Diagnosis with spirometry</p> <p>NICE CG101 - COPD Diagnosis Algorithm (see section 5.2 (pg 54), algorithm 1)</p>	<p>The Royal Wolverhampton Trust (2017): Integrated Respiratory Action Network Group for patients with Chronic Obstructive Pulmonary Disease (COPD)</p> <p>NHS Waltham Forest (2011): To challenge the theoretical construct in COPD management through a practice-based approach</p>
Breathlessness symptom pathway to accurate diagnosis	<p>NICE Clinical Knowledge Summaries – acute and subacute breathlessness</p> <p>East of England SCN - Non-acute breathlessness</p> <p>The Health Foundation – Acute Breathlessness Assessment</p>	<p>Leicester, Leicestershire, Rutland (University Hospitals of Leicester NHS Trust) (2016) Breathlessness Pathway</p>
Quality assured workforce trained to make accurate diagnosis of respiratory symptoms	<p>Primary Care Commission, Quality Assured Diagnostic Spirometry</p>	<p>Primary Care Commissioning (2013) - A Guide to Performing Quality Assured Diagnostic Spirometry</p>

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Continue

Optimal long term condition management including frailty, comorbidity and exacerbations

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
Flu and pneumonia vaccinations	NICE CG101 - Vaccination and anti-viral recommendation 1.2.9.1	Public Health England – National flu immunisation programme plan for 2017-18
Timely access to pulmonary rehabilitation	NICE Quality Statement 4 – Pulmonary rehabilitation for stable COPD and exercise limitation NICE Quality Statement 5 - Pulmonary rehabilitation after an acute exacerbation British Thoracic Society - Quality Standards for Pulmonary Rehabilitation in Adults British Thoracic Society – Guideline on Pulmonary Rehabilitation in Adults	British Lung Foundation - Keeping active with a lung condition
Personalised holistic review, including 1. comorbidities 2. frailty 3. inhaler review 4. medicines optimisation 5. plan for exacerbations 6. end of life care	1. NICE CG101 - Follow up of patients with COPD recommendation 1.2.14.2 Primary Care Respiratory Society UK: The building blocks of a good asthma or COPD review in adults Treatment guidelines for COPD – Going for GOLD 2. British Geriatrics Society – Fit for Frailty 3. NICE Quality Standard 2 - Inhaler technique International Primary Care Respiratory Group - Appropriate use and withdrawal of inhaled corticosteroids in patients with COPD BNSSG Formulary - Respiratory System Guidelines 4. NICE CG101 - Management of exacerbations of COPD 1.3 5. NICE: End of Life Care for people with Life Limiting Conditions Quality Standard 144 – Care of dying adults in the last days of life	Hull and East Yorkshire Hospitals NHS Trust (2015): Promoting domiciliary self-management of acute COPD exacerbations: improving quality of life and reducing hospital admissions through better symptom control British Lung Foundation – COPD Patient Passport Surrey Heartlands Academy - Medicines optimisation for COPD in primary care

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Optimal long term condition management including frailty, comorbidity and exacerbations – Key Messages for Commissioners - Do Not Dos

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Key messages	Source
Personalised holistic review	<p>Oral corticosteroid reversibility tests do not predict response to inhaled corticosteroid therapy and should not be used to identify which patients should be prescribed inhaled corticosteroids</p> <p>Do not routinely use mucolytic drugs to prevent exacerbations in people with stable chronic obstructive pulmonary disease (COPD).</p> <p>A course of corticosteroid treatment longer than 14 days is not recommended as there is no advantage in prolonged therapy.</p>	NICE Guidance (CG101)

Hospital readmissions

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
Optimise community support to prevent readmission		Chartered Society of Physiotherapists (2017) - Glasgow Community Respiratory Team
Inpatient care according to national standard 1. admission pathway 2. post-exacerbation pathway, including discharge bundle	<ol style="list-style-type: none"> 1. NICE CG101 - Management of exacerbations of COPD 1.3 2. NICE Quality Statement 8: Hospital discharge care bundle <p>British Thoracic Society - COPD Discharge Care Bundle</p> <p>Royal College of Physicians – National COPD Audit Programme</p>	<p>Leicester Partnership NHS Trust (2013) - Audit against NICE Guidance CG101 for patients with COPD</p> <p>West Middlesex University Hospital (2012) - Assessing the impact of implementing a hospital discharge COPD care bundle on the respiratory ward at West Middlesex University Hospital</p> <p>James Paget University Hospital Foundation Trust (2013) - Care bundles reduce readmissions for COPD</p> <p>A systematic review of the effectiveness of discharge care bundles for patients with COPD</p>

Unexpected mortality

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
Evidence based care for severe COPD	<p>NICE Quality Statement 3 Assessment for long-term oxygen therapy</p> <p>NICE quality Statement 6 Emergency oxygen during an exacerbation</p> <p>NICE Quality Statement 7 Noninvasive ventilation</p> <p>Royal College of Physicians - Non-invasive ventilation in chronic obstructive pulmonary disease</p> <p>British Thoracic Society/ Intensive Care Society (2016) - Guidelines for the Ventilatory Management of Acute Hypercapnic Respiratory Failure in Adults</p>	<p>National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Acute Non-Invasive Ventilation: Inspiring Change (2017)</p>
Access to specialised services	<p>NICE CG101 - Recommendation 1.2.10.2 lung surgery</p>	
<p>Advance care planning</p> <ol style="list-style-type: none"> 1. GSF 2. Community based breathlessness service 3. Local palliative care teams 	<p>The Gold Standard Framework - Advanced Care Planning</p> <p>NICE CG101 - Palliative care recommendation 1.2.12.10</p>	<p>Evaluation of the NHS Breathlessness Pilots, Report of the Evaluation Findings</p> <p>An Evaluation of Community MDT meeting for patients with end stage respiratory disease.</p> <p>British Lung Foundation – End of Life Care</p>

Enablers for integrated population health

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Implementation & Practical Examples
Commission the whole pathway not the setting or a service	Adapted work from Primary Care Respiratory Service - Tiers of Care
Risk stratification for appropriate health resource utilisation	North Norfolk CCG – Improving the Management of Patients Assigned COPD Treatment (IMPACT) Turning Risk Assessment into Practice
Community care team access to appropriate diagnostic tools	Primary Care Commissioning (2013) - A Guide to Performing Quality Assured Diagnostic Spirometry
Strategies for developing and sharing respiratory expertise across all health and care providers	The Royal Wolverhampton NHS Trust – Integrated respiratory action network group for patients with COPD
Clear clinical and corporate governance structures between all health and care providers	Surrey Prescribing Advisory Database ('PAD') - COPD Guidelines
Community activation to overcome social isolation and stay physically active including peer support	BLF Breath Easy network Keeping active with a lung condition

Smoking Cessation

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
<p>NICE guidance - Quality standard 43 Smoking: supporting people to stop</p> <ol style="list-style-type: none"> 1. Identifying people who smoke 2. Referral to smoking cessation services 3. Behavioural support with pharmacotherapy 4. Pharmacotherapy 5. Outcome measurement 	<p>NICE PH48 - Smoking: acute, maternity and mental health services</p> <p>NICE PH10 - Stop smoking services</p> <p>British Thoracic Society - Recommendations for smoking cessation services in secondary care</p> <p>Public Health England - Stop smoking services: models of delivery</p> <p>The National Centre for Smoking Cessation and Training - Very Brief Advice training module</p> <p>NHS RightCare - Smoking cessation decision aid</p>	<p>Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes</p> <p>NHS London Clinical Senate - Adding value to every clinical contact by treating tobacco dependence</p> <p>Long-term effectiveness and cost-effectiveness of smoking cessation interventions in patients with COPD</p> <p>Blackpool Teaching Hospitals (2013) – Implementing an Inpatient Stop Smoking Treatment Service in the secondary care setting</p> <p>Bolton Council & Bolton NHS Foundation Trust (2014) - Hospital based smoking cessation practice</p>

Cross Cutting Priorities for Optimisation

Overarching NICE Guidelines: [NICE Clinical Guideline \(CG101\): Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)

Priorities for Optimisation	Guidance	Implementation & Practical Examples
Multidisciplinary supportive care approach	NICE CG101 - Ensure multidisciplinary working recommendation 1.2.12	NHS City and Hackney CCG (2016) - Impact of a pharmacist-led Asthma and COPD respiratory clinic in General Practice. Breathing Matters 33 161221
Signposting and care navigation		NHS North West (2013) - North West Patient Leaders Programme and NW COPD Patient Passport. British Lung Foundation - COPD Patient Passport British Lung Foundation - local services
Psychological support, including for frightening breathlessness	CG101 1.2.12.5 identifying and managing anxiety and depression	
Self-management plans supported by good information and patient training	CG101 Recommendation 1.1.12.21 self-management	Hull and East Yorkshire Hospitals NHS Trust - Promoting domiciliary self-management of acute COPD exacerbations: improving quality of life and reducing hospital admissions through better symptom control BLF self management plans BLF support for your patients

COPD Tiers of care



Developed by
Primary Care
Respiratory
Society UK
Oct 2017

Adapted from original
work by Kings Health
partners integrated
respiratory team

