PCRS-UK EQUIP

Equipping you to improve respiratory care

Module 3

Structured review and optimal care

- ✓ Reduce variations in standards of asthma and COPD care
- ✓ Reduce unnecessary prescribing
- ✓ Facilitate safe prescribing for asthma and COPD

Structured review of patients is the cornerstone of good respiratory care. This section will help you to identify what a good review looks like, where to find data benchmarking your practice against others in your area, and tips on what to do to improve the care you deliver. Please follow the links where indicated.

The acronym **DREAM** can be used as a guide to describe what good care of a patient with a long-term condition looks like in five simple steps:

- Get the **DIAGNOSIS** right
- Validate and use your **REGISTERS** to stratify your population by severity and risk
- **EDUCATE** your patients regarding their condition so they can truly participate in their care
- **APPROPRIATELY TREAT** with the right drug and non-drug therapies according to guidelines and quality standards
- **MONITOR** them regularly with a structured review and opportunistically after exacerbations

Exception reporting

All patients with COPD and asthma should have a structured review at least once a year. They should not be excluded from this on grounds of not responding to invitations or being housebound. All efforts need to have been made to find alternative ways of carrying out the review, for example, at home or by telephone. Your exception rate can be found on the APHO website and benchmarked against national and local data. Here you will also find a wealth of data about prevalence, admission rates, etc.

Optimal review

A good structured review should include all aspects of care, both pharmaceutical and non-pharmaceutical. Are you ensuring all patients with asthma and COPD receive the same standard of review? Do you know how to find cohorts of patients from the disease registers whom you could target with the right interventions? Consistent Read codes should be used wherever possible as this will enable audit later.

DREAM

Top 10 Tips for COPD – *Click **HERE***

Exception reporting

APHO database – *Click **HERE***

Alternative review methods

Protocol for telephone consultations for routine review – *Click **HERE***

Tools for optimal review

- Asthma Review Opinion sheet – *Click **HERE***
- COPD Review Opinion sheet – *Click **HERE***
- COPD Checklist – *Click **HERE***
- Asthma Checklist – *Click **HERE***
- Protocol for COPD review – *Click **HERE***
- Protocol for asthma review – *Click **HERE***
- Quick guide to the diagnosis and management of asthma – *Click **HERE***
- Quick guide to the diagnosis and management of COPD – *Click **HERE***
- PCRS-UK audit tools – *Click **HERE***

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Patient access
- Protocol for telephone consultations for routine review – *Click* ***HERE***
- Post-acute care bundle in asthma practice improvement sheet – *Click* ***HERE***
- Post-acute care bundle in COPD practice improvement worksheet – *Click* ***HERE***

Patient access and practice organisation

Non-clinical members of staff should have training on scheduled and unscheduled aspects of care for respiratory patients. Evidenced by training log, this should include recall systems for asthma and COPD, with provision for telephone invitations for non-responders, home visits for the housebound, appropriate length of appointments offered, and follow-up of those who DNA. Self-management action plans, including provision of rescue medication, are effective when used as part of a structured review. They should be backed up with a culture of an understanding reception and administrative staff who respond sympathetically to requests for medication and record exacerbation events. Exacerbations leading to admissions usually generate a discharge letter. Think about what happens when that letter arrives in the practice. Does it just get filed away? Or do you use it as an opportunity to call the patient in for review? A hospital discharge bundle, annual review or post-exacerbation review should probably contain the same elements.

Patient involvement
- Personal asthma action plans – *Click* ***HERE***
- COPD self care and self management opinion sheet – *Click* ***HERE***
- COPD self-management plans opinion sheet – *Click* ***HERE***
- Tailoring inhaler choice opinion sheet – *Click* ***HERE***
- Social and lifestyle impact of COPD opinion sheet – *Click* ***HERE***

Patient involvement

Patients should be encouraged to be involved in their care, with evidence of self-management action plans being used and discussed (QOF, algorithm), inhaler technique checked (checklist on website, web link to inhaler technique videos), holistic lifestyle discussion (Read coded), consideration of co-morbidity risk.

Patient involvement

Asthma UK Be in control – *Click* ***HERE***
British Lung Foundation – *Click* ***HERE***

Inhaler technique training online videos – *Click* ***HERE***

Responsible respiratory prescribing
- High risk COPD practice improvement worksheet – *Click* ***HERE***
- Reviewing asthma patients on high inhaled corticosteroids practice improvement worksheet – *Click* ***HERE***
- Stepping down triple therapy in COPD practice improvement worksheet – *Click* ***HERE***
- Smoking cessation opinion sheet – *Click* ***HERE***
- EQUIP Module 1 – Prevention – *Click* ***HERE***

Responsible respiratory prescribing

Medication should be prescribed in line with national guidelines (NICE, BTS/SIGN). Patients with the potentially highest risk can be identified, but a structured review should also highlight appropriate interventions. Best value treatments are often non-pharmacological (IMPRESS value pyramid), and we should ensure that patients with the highest risk and/or cost tier are also considered for best value treatments such as smoking cessation, flu vaccination and pulmonary rehabilitation. Review should include some assessment of functional limitation and impact on the patient's life. Consider using DOSE index for COPD and ACT for asthma.

The practice improvement worksheet for high-dose inhaled corticosteroid use in asthma and COPD may look complicated, but the basis of success here is simply around structured review. Consider stepping down treatment for asthma patients who are stable and for COPD patients who may be inappropriately on triple therapy. Remember to consider smoking cessation as a treatment for COPD and as a vital part of asthma care.

Equipment
- Pulse oximetry opinion sheet – Click ***HERE***
- Spirometry opinion sheet – Click ***HERE***
- Spirometry protocol – Click ***HERE***
- Spirometry guidance – Click ***HERE***

Evidence-based guidance:
Guide to quality assured diagnostic spirometry – *Click **HERE***

Equipment

All equipment used for diagnostic and review tests (spirometer, nebuliser, peak flow meter, etc) should be maintained, calibrated and verified correctly. All staff should know where emergency equipment (nebuliser, oxygen, pulse-oximeter, etc) is located so they can be quickly found when needed.

Oxygen
- Routine use of oxygen opinion sheet – Click ***HERE***
- Pulse oximetry opinion sheet – Click ***HERE***

Evidence-based guidance:
Emergency oxygen use in adults – *Click **HERE***

Oxygen

Oxygen is a treatment for hypoxaemia only, not for breathlessness, so should only be prescribed after proper assessment by specialist teams except in emergencies (followed up by referral to Home oxygen team). Patients on long-term oxygen therapy (LTOT) have a higher risk of admission and death; again, make efforts to address non-pharmacological aspects of their care and consider discussions about advance care planning, preferred place of care, etc (See Module 5 – End of life care).

If you are an individual practice, how are you doing compared with others in your locality? If you are a CCG or Health Board lead, how are your practices performing? Are there examples of Best Practice that could be shared to improve outcomes for your respiratory patients?

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This series of modules are prepared in DRAFT format, for commissioning groups and members to use as part of a PILOT test.

Feedback is sought from users of these modules based on effectiveness, accuracy, completeness, usefulness and outcomes.

Please submit your feedback direct to tricia@pcrs-uk.org or submit online HERE

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