

Respiratory Enhanced Service Specification Primary Care 24/25

22nd May 2024 13.00-14.00

Dr Eleanor Worthington (NWL GP Respiratory Lead)

Dr Kuldhir Johal (NWL GP CVD and CKD Lead)

Outline of session

Introduction

Context for this Enhanced Service

Overview of ES

Enhanced review for asthma and COPD

New ICB Respiratory conditions template

Break for Questions

Role of PCN champion

Wider training opportunities

Break for Questions

Contractual requirements and quality metrics of the ES

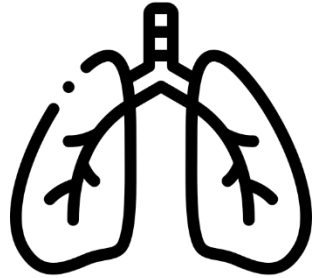
Other aligned work

Appendices

Questions

Respiratory Disease Context

- Globally asthma is the **commonest chronic disease** of childhood
- UK is one of the **worst performing developed countries for asthma deaths** (35 out of 37)
- COPD is the fifth leading cause of death in the UK, causing **30,000 deaths each year**.
- **10% emergency COPD admissions** are for undiagnosed patients.
- COPD exacerbations are the second largest cause of emergency admission, with **30% patients readmitted within 90 days**.
- **Mortality and morbidity** rates for both COPD and asthma are disproportionately linked to **deprivation**

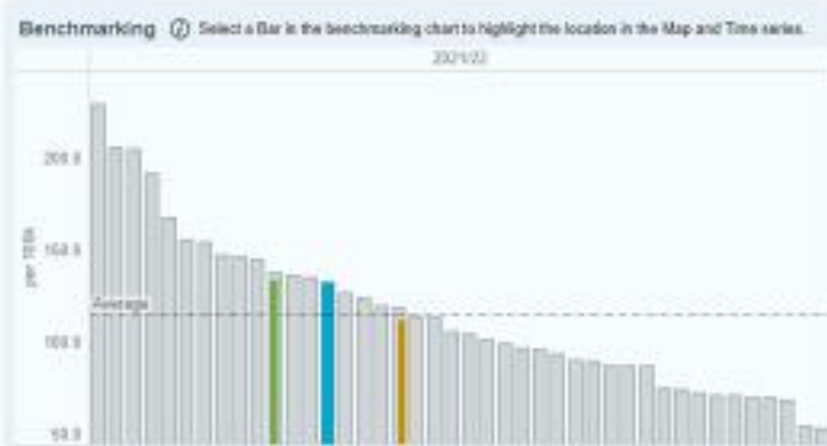


Hospital admissions - last three years (North East London and North Central London for comparison)

Non elective asthma inpatient admissions

National: 124.3 per 100k (FY 2021/22)

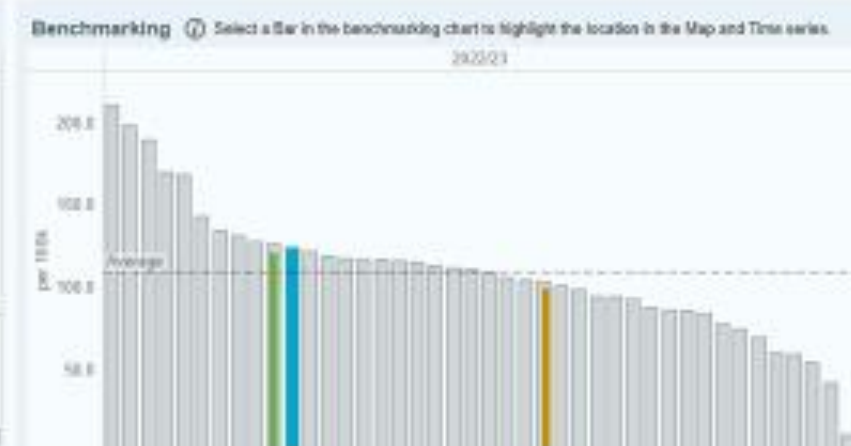
Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



Non elective asthma inpatient admissions

National: 115.7 per 100k (FY 2022/23)

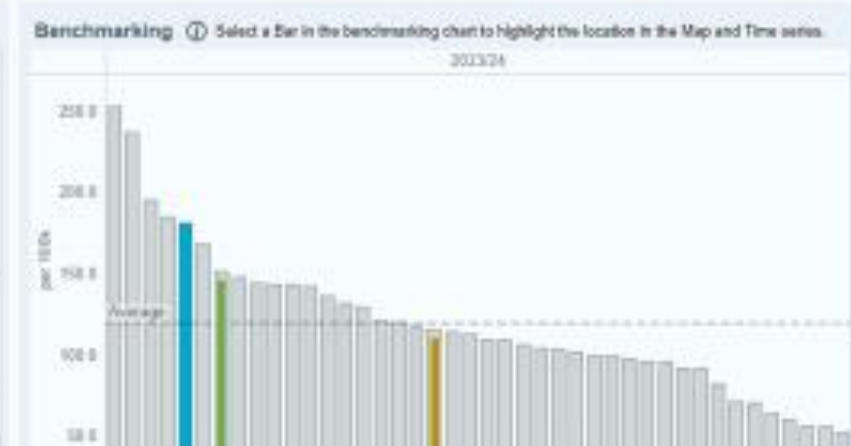
Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



Non elective asthma inpatient admissions

National: 127.3 per 100k (FY 2023/24)

Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



NWL ICB

NEL ICB

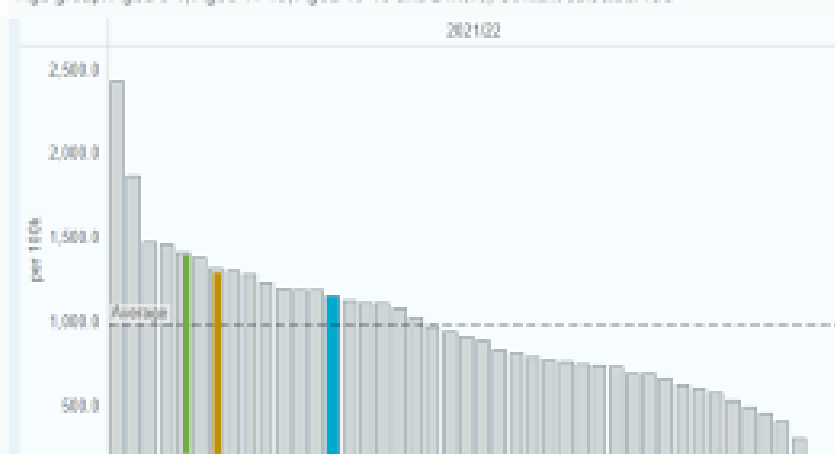
NCL ICB

ED attendances - last three years – NWL in blue (North East London and North Central London for comparison)

ED attendances - Asthma

National: 1,030.4 per 100k (FY 2021/22)

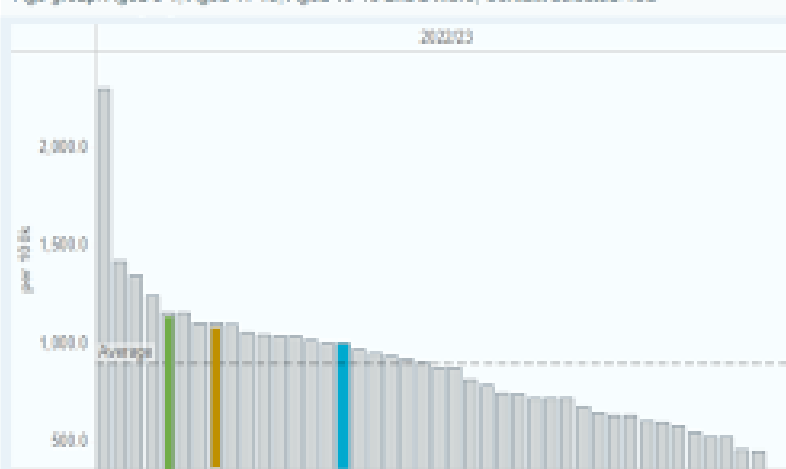
Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



ED attendances - Asthma

National: 897.6 per 100k (FY 2022/23)

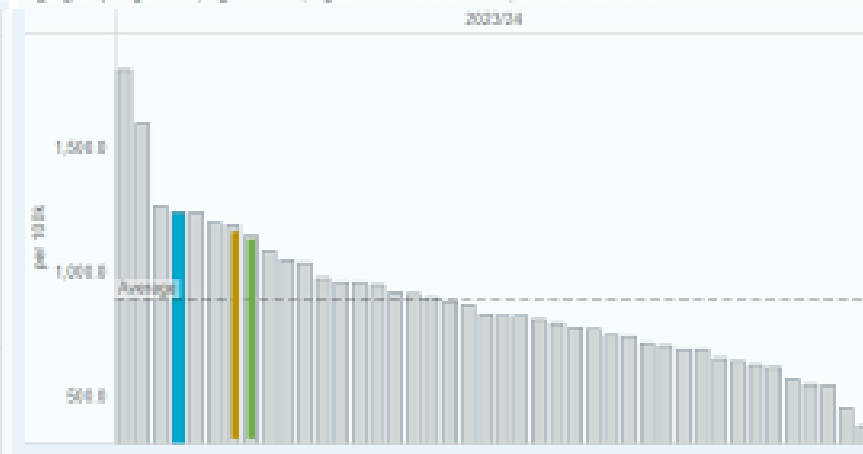
Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



ED attendances - Asthma

National: 902.3 per 100k (FY 2023/24)

Age group: Aged 0-1, Aged 11-15, Aged 16-19 and 2 more, Context selected: ICS



NWL ICB

NEL ICB

NCL ICB

Respiratory ES 24/25 Made Easy

- Aims for 24/25:
 - **To improve outcomes for patients living with COPD and asthma and the quality of their care**
- By means of:
 - Enhanced annual reviews
 - New Respiratory template
 - Risk stratification of most severe disease and use of UCP (Universal Care Plan, Valida)
 - PCN and practice respiratory champions to lead on respiratory care and local health inequalities
 - Training for all primary care staff
- Adjacent services
 - Spirometry RDH
 - Pulmonary Rehab
 - Medicines Optimisation Enhanced Service (MOES)

Respiratory ES 24/25 Made Easy

- Future aspirations
 - Case finding, UCLP searches (practice level data)
 - Use of WISC data to inform our local practice
 - Connecting to community services to form local MDTs
 - NWL respiratory community of practice

High level pathway:

The primary care respiratory pathway is described at a high level

1. Prevention

- I. Smoking
- II. Obesity
- III. Vaccinations

2. Diagnosis

- I. Case finding and Virtual Reviews
- II. Referral to respiratory hub/CDC for diagnostic tests

3. Management

- I. Annual reviews
- II. Personalised action plan
- III. Appropriate inhaler optimisation
- IV. Advice on smoking cessation
- V. Post exacerbation

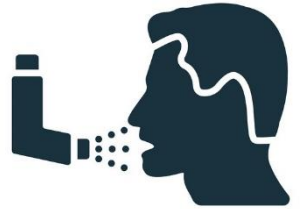
Focus of the spec is management and living with COPD and asthma

4. Living with

- I. Referral to Pulmonary rehabilitation
- II. Home oxygen – creating universal care plans – UCPs for these patients
- III. Palliative care using Universal care plans

Enhanced Asthma Review

1. Confirmation of the diagnosis
2. Assessment of asthma control (ACT or C-ACT)
3. Exacerbations, oral steroids and admissions
4. Medication review, use of SABA and ICS
5. Written Personal Asthma Action Plan
6. Inhaler technique including spacer, mouthpiece or mask
7. Peak flow and predicted peak flow
8. Triggers
9. Smoking, weight
10. Vaccination
11. Inhaler disposal
- 12. 1 week post attack review**
- 13. 3 day post discharge review**



"Acute asthma is treated as if it is a short-lived inconvenience, rather than a red flag that an ongoing chronic disease is out of control."

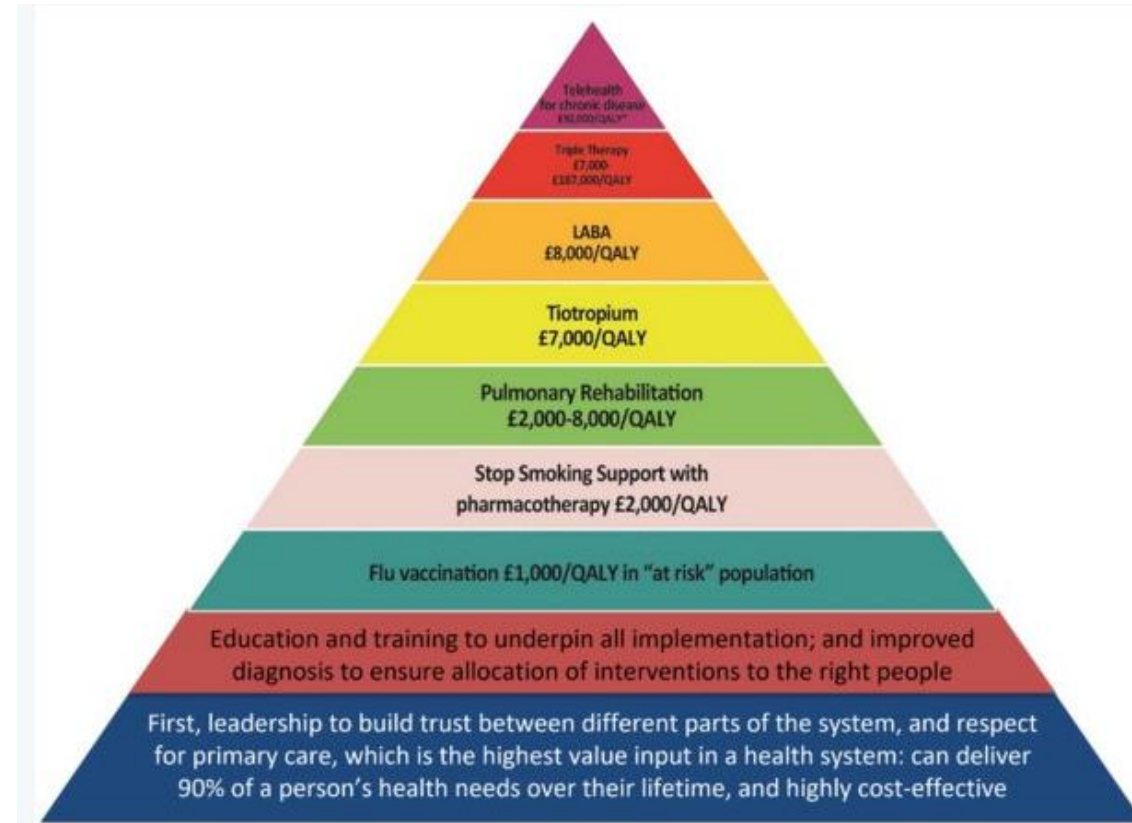
Mark Levy

[NW London Asthma Inhaler Guide Adult - Version 5.2 June 2023.pdf](#)
(nwlondonicb.nhs.uk)

[NW London Asthma Prescribing Guide for Children and Young People-
Version 2 March 2023.pdf](#) (nwlondonicb.nhs.uk)

Enhanced COPD Review

1. **Check diagnosis (Spirometry)**
2. Think multi-morbidity
3. Symptomatic review, exacerbation review
4. Inhaler technique
5. Triggers
6. Patient education: maintenance and exacerbation
7. No. of rescue packs
8. Screening for anxiety/depression
9. Offer of vaccination
10. Offer of smoking cessation
11. **Offer of pulmonary rehab**
12. **Home oxygen**
13. Care planning for those with advanced disease (Links to UCP for high risk)



COPD Value Pyramid: used in United Kingdom Outcomes Strategy for COPD

[NW London COPD Inhaler Guide Version 5.2 June 2023.pdf](https://nwlondonicb.nhs.uk/NW_London_COPD_Inhaler_Guide_Version_5.2_June_2023.pdf)
(nwlondonicb.nhs.uk)
[InhalerStandardsMASTER.docx2019V10final.pdf](https://ukinhalergroup.co.uk/InhalerStandardsMASTER.docx2019V10final.pdf)
(ukinhalergroup.co.uk)

Respiratory Templates

Feedback to: m.jahn@nhs.net

Respiratory Conditions template – overview and rationale – EMIS and S1 – supporting everyday practice

UCP – Universal Care Plan alignment – Valida (Previously CMC)

Risk stratification – tool usage – “higher risk” – practice level – UCLP searches – Group 1

Home oxygen therapy -

Closing the loop on Pulmonary Rehabilitation and Spirometry

Asthma – acute and chronic reviews

COPD – alignment of the above with the annual review and high risk patients identification

The screenshot shows the 'Overview' page of the 'Respiratory Conditions (NWL ES 2024/25)' template. The left sidebar contains a list of navigation options: Acute Respiratory Infections - History, Acute Respiratory Infections - Symptoms, Acute Respiratory Infections - Examination, Immunisation History, 999 & NEWS2 Score, Antiviral/Antibiotics, Winter Preparedness, Long Term Conditions (Diagnostic Hublets, COPD), Spirometry, Pulmonary Rehabilitation, Oxygen Home Supply, Referral, and Virtual or Ward Admissions. Below these are two buttons: 'Asthma NWL ES 2024/25' and 'NWL COPD ES 2024/25'. The main content area features a vertical toolbar with icons for Asthma triggers, Asthma Control, Smoking V2, Spirometry, Lifestyle, WSIC Login, NICE: Asthma S..., View current in..., Inhaler Techniq..., New Task..., Electronic Patho..., Meds Managem..., Referral Wizard, and Record Vaccin... At the bottom, there are buttons for Information, Print, Suspend, OK, Cancel, and Show Incomplete Fields.

The screenshot shows the 'Diagnosis and Management' page of the 'NWL ICS Respiratory Conditions ES 2024/25' template. The page is for a patient named 'Birn, 01-Apr-1965 (59y)', Female, with an unknown NHS number. The 'Diagnosis and Management' section includes a dropdown for '*For Diagnosis - Record once only' and a table of QOF (Quality of Framework) items. The table has columns for the item name, a date field, and a status field. The items listed are: '*Diagnosis (QOF)', '*Demonstration of inhaler technique (QOF)', '*Asthma action plan agreed and copy to patient (QOF)', '*Smoking cessation education (QOF)', '*Acute asthma (QOF)', '*Asthma Review (QOF)', '*Enhanced services administration (QOF)', '*Patient has Universal Care Plan (UCP) (QOF)', '*Asthma Triggers (Once Only)', '*Number of asthma exacerbations in past year (QOF)', '*ACT Score (Age 12+) (QOF)', '*cACT score (Age 4-11) (QOF)', '*PFR - measurement (QOF)', '*Best ever peak expiratory flow rate (QOF)', '*Predicted peak expiratory flow rate (QOF)', '*Asthma medication review (QOF)', '*Number of SABA inhalers prescribed in last 12m (QOF)', '*Inhaler technique observed (QOF)', '*Inhaler technique (QOF)', '*Smoking status (QOF)', '*Smoke exposure (QOF)', and '*Smoking cessation education (QOF)'. The bottom of the page has a 'Latest Contacts' section and a footer with 'NHS Practice Manager (SR004) | NWL Mail (0) | Location: NWL EMIS Enterprise SBR'.

EMIS/S1

Overview

This screenshot shows the EMIS/S1 Overview page for 'NWL ICS Respiratory Conditions ES 2024/25'. The page is titled 'North West London' and 'North West London ICB Respiratory Conditions 2024/25'. It features a navigation menu on the left with categories like 'Introduction', 'Acute Respiratory Infections', 'Immunisation History', '999 and NEWS Score', 'Antiviral/Antibiotics', 'Self Care/ Winter Preparedness', 'Asthma COPD/Adults', 'COPD', 'Spirometry', 'Pulmonary Rehabilitation', 'Oxygen - home supply', 'Referrals', 'NWL Virtual or Ward Admission', and 'Clinician Resources'. The main content area contains an 'Introduction' section with a 'Dear Colleague' message and a 'Training' section with links to various resources.

Acute care

This screenshot shows the EMIS/S1 Acute care page for 'NWL ICS Respiratory Conditions ES 2024/25'. The page is titled 'North West London' and 'North West London ICB Respiratory Conditions 2024/25'. It features a navigation menu on the left with categories like 'Presentation', 'Pre-existing condition if relevant', 'Source of referral', 'Type of consultation/location', 'History and symptoms suggestive of an acute respiratory infection - most likely', 'Hypoxaemia - PO2 is equal to or less than 92% in air or below agreed threshold', 'Self Care/ Winter Preparedness', 'Asthma COPD/Adults', 'COPD', 'Spirometry', 'Pulmonary Rehabilitation', 'Oxygen - home supply', 'Breathlessness', 'Additional symptoms', 'Referrals', 'NWL Virtual or Ward Admission', and 'Clinician Resources'. The main content area contains a 'Presentation' section with a 'Pre-existing condition if relevant' dropdown, a 'Source of referral' dropdown, a 'Type of consultation/location' dropdown, and a 'History and symptoms suggestive of an acute respiratory infection - most likely' dropdown. It also includes a 'Hypoxaemia - PO2 is equal to or less than 92% in air or below agreed threshold' checkbox, a 'Self Care/ Winter Preparedness' dropdown, an 'Asthma COPD/Adults' dropdown, a 'COPD' dropdown, a 'Spirometry' dropdown, a 'Pulmonary Rehabilitation' dropdown, an 'Oxygen - home supply' dropdown, a 'Breathlessness' dropdown, an 'Additional symptoms' dropdown, a 'Referrals' dropdown, a 'NWL Virtual or Ward Admission' dropdown, and a 'Clinician Resources' dropdown. The right side of the page shows a list of recordings with columns for 'Date', 'Selection', and 'Value'. The list includes recordings for '03-Jan-2024 Asthma', 'No previous entry', 'No previous entry', 'No previous entry', '17-May-2024', 'No previous entry', 'No previous entry', '27-Apr-2022 100 beats/min', 'No previous entry', 'No previous entry', 'No previous entry', 'No previous entry', '06-Feb-2024 150/90 mmHg', 'No previous entry', 'No previous entry', '08-May-2024 500 L/min', 'No previous entry', '06-Feb-2024 170 cm', and '06-Feb-2024 80 kg'.

This screenshot shows the EMIS/S1 'Acute Respiratory Infections - History' page. The page is titled 'North West London' and 'North West London ICB Respiratory Conditions 2024/25'. It features a navigation menu at the top with categories like 'Overview', 'Acute Resp Infections - History', 'Acute Resp Infections - Symptoms', 'Acute Resp Infections - Exam', 'Immunisation History', and '999...'. The main content area contains a 'History & symptoms suggestive of an acute respiratory infection' section with a 'Pre-existing condition if relevant' dropdown, a 'Source of referral' dropdown, a 'Consultation type' dropdown, and a list of checkboxes for 'Acute respiratory infections (H0...)', 'Acute upper respiratory infection (X1002)', 'Acute lower respiratory tract infection (XE001)', 'Suspected COVID-19 (Y31ce)', 'COVID-19 (Y2d55)', 'Suspected respiratory disease (X1ahB)', and 'Pneumonia (X100E)'. It also includes a 'Hypoxaemia - PO2 is equal to or less than 92%' checkbox, a 'Travel History' dropdown, a 'Days since symptom started' dropdown, a 'Cough' section with checkboxes for 'Has a sore throat (1C92.)', 'No sore throat (1C91.)', 'Pain of ear structure (Xa7wh)', 'Sore eye (Xa8A6)', 'Conjunctivitis (X00Zh)', 'Cough (XE0ap)', and 'Dry cough (1712.)', and a 'Breathlessness' section with a 'Breathlessness' dropdown. The right side of the page shows a 'Pre-existing condition if relevant' dropdown and a 'Selection' dropdown. The bottom of the page has buttons for 'Information', 'Print', 'Suspend', 'OK', 'Cancel', and 'Show Incomplete Fields'.

999

999 & NEWS Score (NWL ES 2024/25)

999 and Health Care Professional Contact details

If the symptoms are severe - please call 999
Otherwise you can also use the Healthcare Professional Line number of 020 3162 7525

Ambulance Referral

Patient advised to contact emergency ambulance service ASAP

Ambulance transport to hospital declined

Referral to emergency ambulance service

CAD Reference number

Seen by ambulance crew

Other relevant information

NEWS2

National Early Warning Score

Respiration Rate (per Minute)	N/A
SpO2 Scale 1(%)	N/A
SpO2 Scale 2(%)	N/A
Air or Oxygen	N/A
Systolic Blood Pressure (mmHg)	N/A
Pulse (Per Minute)	N/A
Consciousness	N/A
Temperature (Degrees C)	N/A
NEWS2 National Early Warning Score	

NEWS2 Score	Clinical Risk
Aggregate Score = 0 - 4	Low
Score 3 in any individual parameter	Low - Medium
Aggregate Score 5 - 6	Medium
Aggregate Score 7 or More	High

Paediatric Early Warning Score (PEWS2)

Paediatric Early Warning Score

Centor criteria

NEWS 2

- MDCALC NAT E
- NHSE NEWS

MDCALC PEAD

NHSE PEWS

Back to Overview

Information Print Suspend **Ok** Cancel Show Incomplete Fields

Antivirals – COVID19 - CMDU

Antiviral/Antibiotic (NWL ES 2024/25)

Guidelines for CMDU Referral

CMDU Guidance

CMDU
Clinicians are reminded to promptly refer on receipt of a request for an eligible patient as eligible patients should receive treatment within 5 days of a positive COVID test.

Referral routes

- via e-RS - (NHS E Referral service)
Search "Infectious Diseases" - Not otherwise specified
Service COVID19 - Neutralising Monoclonal Antibodies (nMABs) Delivery Unit (CMDU) CheWest NHSFT RQMO1
- Via SystmoOne email to chelwest.cwhft.cmdu@nhs.net
Please give patient's NHS number, date symptoms started, high risk condition or therapy, phone number and postcode.

Please note the CMDU is only open Monday-Saturday, 9am-6pm and the patient may be contacted on the next working day.

NWL Antibiotic Guidelines

[NWL ICB Antibiotics Guidance](#)

Information Print Suspend **Ok** Cancel Show Incomplete Fields



north west London

COPD – Spirometry/Pulmonary Rehab

COPD

NWL ICS Respiratory Conditions ES 2024/25

COPD

- Did not attend chronic obstructive pulmonary disease clinic No previous entry
- *Chronic obstructive pulmonary disease annual review (QOF) 22-Nov-2021
- **Enhanced services administration 27-Oct-2023
- Only tick QOF if patient has Universal Care Plan**
- *Patient has Universal Care Plan (UCP) No previous entry
- COPD monthly review (QOF) No previous entry
- **Issue of chronic obstructive pulmonary disease rescue pack No previous entry
- **Hie supply of rescue medication No previous entry
- Rescue pack declined No previous entry
- ***WBC Scale No previous entry
- **Smoking status (QOF) 05-Nov-2019 Never smoke...
- *Smoke exposure (QOF) No previous entry
- Initial post-discharge review No previous entry
- Chronic obstructive pulmonary disease resolved No previous entry

Examinations/Investigations

Standing height cm

Body weight kg

Body Mass Index Calculate

BP /

Pulse rate beats/min

Respiratory rate /min

Predicted PEFR using EN 13826 standard (QOF) L/min

Peak expiratory flow rate L/min

Forced expired volume in 1 second L

Percent predicted FEV1 %

FEV1/FVC percent %

Expected FEV1 L

NWL ICS Respiratory Conditions ES 2024/25

Spirometry

- Spirometry screening 22-Dec-2022
- Spirometry screening administration 27-Oct-2023
- Indication for spirometry referral 22-Dec-2022 Respected as...
- Spirometry unsuitable/declined No previous entry
- Diagnostic spirometry service not available 17-May-2024 No previous entry
- Outcome of spirometry 03-Jan-2024 Asthma

NWL ICS Respiratory Conditions ES 2024/25

Pulmonary Rehabilitation

- Pulmonary Rehab (QOF) 17-May-2024 22-Dec-2022 Referral to p...
- *Code indicating pulmonary rehabilitation (QOF) No previous entry
- Pulmonary rehabilitation review 17-May-2024 No previous entry

NWL Respiratory Conditions ES 2024/25

Winter Preparedness | Long Term Conditions | Spirometry | **Pulmonary Rehabilitation** | Oxygen Home Supply | Referrals | Virtual or Ward...

Pulmonary Rehabilitation (NWL ES 2024/25) North West London

- Referral to pulmonary rehabilitation (Xa1f9) QOF
- Pulmonary rehabilitation (XS7qP) QOF
- Pulmonary rehabilitation declined (XaNQU) QOF
- Unsuitable for pulmonary rehabilitation (XagBC) QOF
- Pulmonary rehabilitation programme commenced (Xa1Uq) QOF
- Pulmonary rehabilitation programme completed (Xa1Us) QOF
- Pulmonary rehabilitation programme not available (XabvN) QOF
- Pulmonary rehabilitation class (Ub1ni) QOF
- Assessment for pulmonary rehabilitation completed (Xa1Up) QOF
- Delivery of rehabilitation for respiratory disorders (XaL19) QOF
- Did not complete pulmonary rehabilitation programme (XaZuM) QOF
- Pulmonary rehabilitation review (Xa1NR) QOF
- Pulmonary rehabilitation offered (XabGM) QOF

QOF Code indicating pulmonary rehabilitation

Asthma

EMIS Enterprise (M) EMS Web Health Care System - NWL EMS Enterprise SB&R - 136008

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals New Consultation

Active [v] EMIS, Enterprise (M) Born: 01-Apr-1965 (59y) Gender: Female NHS No.: Unknown

NWL ICS Respiratory Conditions ES 2024/25

KPI Introduction Acute Respiratory Infections Immunisation History 999 and NEWS Score Antiviral/Antibiotics Self Care/ Winter Preparedness **Asthma CIP/Adults** COPD Spirometry Pulmonary Rehabilitation Oxygen - home supply Referrals NWL Virtual or Ward Admission Clinician Resources

North West London

North West London ICB Respiratory Conditions 2023/24
NOTE: All of the below fields marked with * are mandatory fields
 This template captures all aspects of asthma care including diagnosis, asthma review, acute asthma and post attack review

Type of Asthma Review
 Asthma telephone review not recommended - inhaler technique cannot be assessed over the phone

***Acute asthma 17-May-2024 No previous entry

Tick both codes below for ES
 *Asthma Review (QOF) 26-Jan-2024 [Asthma amm...](#)
 *Enhanced services administration 27-Oct-2023

Only tick UCP if patient has Universal Care Plan (UCP)
 *Patient has Universal Care Plan (UCP)
 Type of consultation/location 16-Mar-2023 [Group consul...](#)
 Did not attend asthma clinic No previous entry
 Consider safeguarding referral if asthma poorly controlled and two or more non-attendance
 Safeguarding concern No previous entry

Growth
[Growth charts \(voct.ac.uk\)](#)
 Height 06-Feb-2024 170 cm
 Weight 06-Feb-2024 80 kg
 Body Mass Index 06-Feb-2024 27.68 kg/m2

Symptoms & Past Medical History
 Freetest history

Clinical features of high/ intermediate probability of asthma - the more features/ symptoms the higher the probability

Episodic dry cough No previous entry
 Nocturnal cough / wheeze No previous entry
 No cough No previous entry
 Expiratory wheeze No previous entry

Latest Contacts
 Practice Manager (SR004) | JPH, Mar (M) | Location: NWL EMS Enterprise SB&R

EMIS Enterprise (M) EMS Web Health Care System - NWL EMS Enterprise SB&R - 136008

Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals New Consultation

Active [v] EMIS, Enterprise (M) Born: 01-Apr-1965 (59y) Gender: Female NHS No.: Unknown

NWL ICS Respiratory Conditions ES 2024/25

KPI Introduction Acute Respiratory Infections Immunisation History 999 and NEWS Score Antiviral/Antibiotics Self Care/ Winter Preparedness **Asthma CIP/Adults** COPD Spirometry Pulmonary Rehabilitation Oxygen - home supply Referrals NWL Virtual or Ward Admission Clinician Resources

Clinical features of high/ intermediate probability of asthma - the more features/ symptoms the higher the probability

Episodic dry cough No previous entry
 Nocturnal cough / wheeze No previous entry
 No cough No previous entry
 Expiratory wheeze No previous entry
 Dyspnoea No previous entry
 Tight chest No previous entry

Triggers (if applicable)
 *Asthma trigger - respiratory infection No previous entry
 *Asthma trigger - pollen No previous entry
 *Asthma trigger - seasonal No previous entry
 *Asthma trigger - cold air No previous entry
 *Asthma trigger - damp No previous entry
 *Asthma trigger - animals No previous entry
 *Asthma trigger - exercise No previous entry
 *Asthma trigger - airborne dust No previous entry
 *Asthma trigger - tobacco smoke No previous entry
 *Asthma trigger - others Text: No previous entry

Asthma history
 Allergic rhinitis Text: No previous entry
 Eczema Text: No previous entry
 Food allergy Text: No previous entry
 Rhc. Atopy Text: No previous entry

Previous acute asthma/wheeze attacks
 Episodes of acute wheeze/ asthma responsive to bronchodilators Text: No previous entry
 AEDU admission for asthma Text: No previous entry

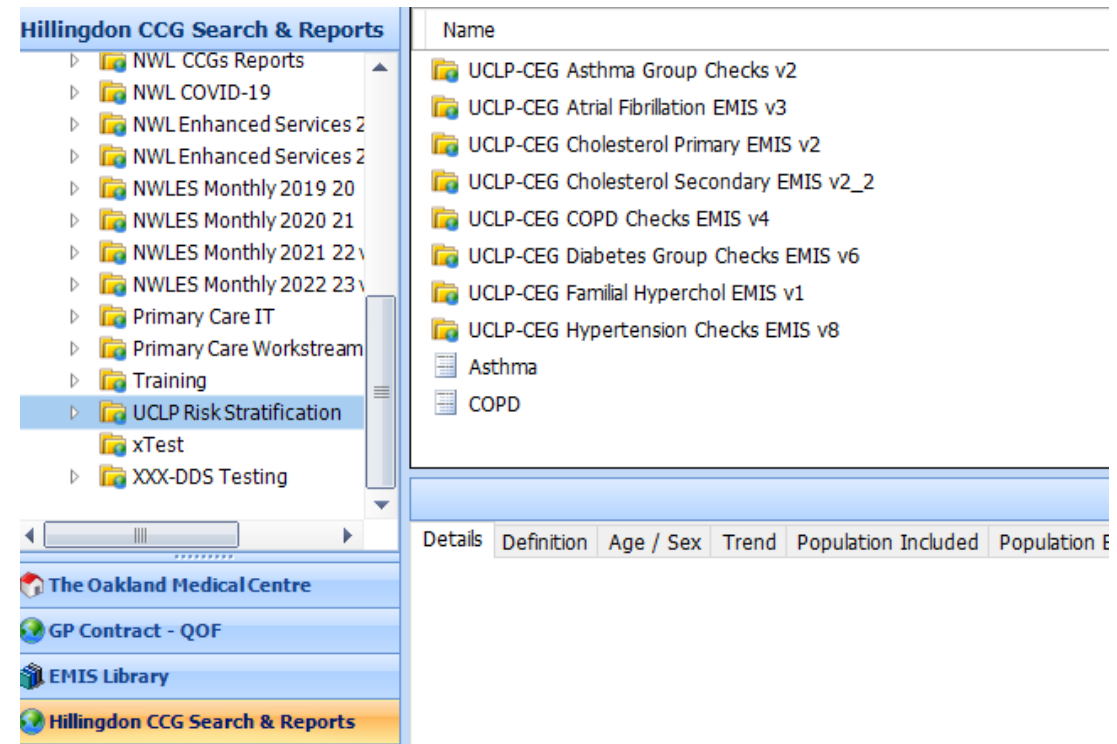
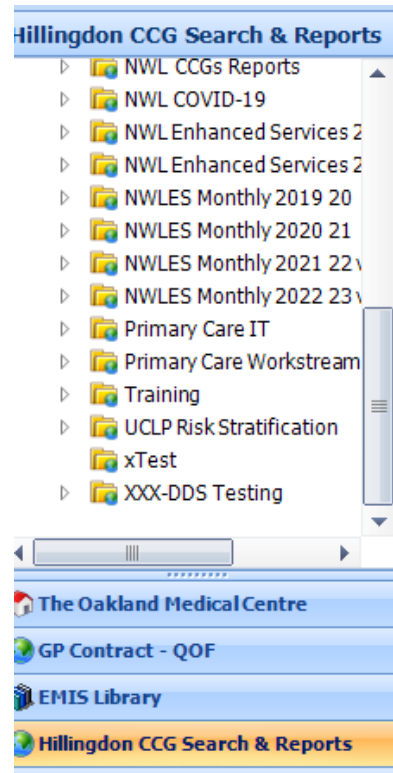
Symptoms suggestive of alternative condition
 Breathlessness with paraesthesia
 Hyperventilation, suggestive of anxiety/ panic attack
 Symptoms since birth
 Persistent wet cough
 Recurrent vomiting/ dysphagia
 Failure to thrive/ stridor/ focal clinical signs

Latest Contacts
 Practice Manager (SR004) | JPH, Mar (M) | Location: NWL EMS Enterprise SB&R

UCLP Searches - UCLPartners Proactive Care Search and Stratification tools – These tools support the Proactive Care Frameworks

<https://uclpartners.com/our-priorities/cardiovascular/proactive-care/search-and-risk-stratification-tools/supporting-resources/>

EMIS



Hillingdon CCG Search & Reports		Name	Population Count	%	Last Run	Search Type	Scheduled	Code System
▶	NWL Enhanced Services 2 ▲	🔍 All COPD Patients 18+	79	1%	14-Jan-2024	Patient	Paused	SNOMED CT
▶	NWLES Monthly 2019 20	🔍 Priority Group 1 (highest risk)	19	24%	25-Dec-2023	Patient	Paused	SNOMED CT
▶	NWLES Monthly 2020 21	🔍 Priority Group 2 (risk determined by ACT score)	58	73%	24-Dec-2023	Patient	Paused	SNOMED CT
▶	NWLES Monthly 2021 22 \	🔍 Priority Group 3 (lowest risk)	2	3%	26-Nov-2023	Patient	Paused	N/A
▶	NWLES Monthly 2022 23 \							
▶	Primary Care IT							

Hillingdon CCG Search & Reports		Name	Population Count	%	Last Run	Search Type	Scheduled	Code System
▶	NWL Enhanced Services 2 ▲	🔍 All Asthma Patients with ICS or SABA in 12m	390	5%	25-Dec-2023	Patient	Paused	SNOMED CT
▶	NWLES Monthly 2019 20	🔍 All Asthma Patients 12-16	25	6%	24-Dec-2023	Patient	Paused	N/A
▶	NWLES Monthly 2020 21	🔍 Group 1 - Asthma Patients 12-16	2	7%	26-Nov-2023	Patient	Paused	N/A
▶	NWLES Monthly 2021 22 \	🔍 Group 2 - Asthma Patients 12-16	4	14%	26-Nov-2023	Patient	Paused	SNOMED CT
▶	NWLES Monthly 2022 23 \	🔍 Group 3 - Asthma Patients 12-16	22	79%	26-Nov-2023	Patient	Paused	SNOMED CT
▶	Primary Care IT	🔍 All Asthma Patients 17+	338	87%	24-Dec-2023	Patient	Paused	N/A
▶	Primary Care Workstream	🔍 Group 1 - Asthma Patients 17+	91	26%	26-Nov-2023	Patient	Paused	N/A
▶	Training	🔍 Group 2 - Asthma Patients 17+	60	17%	26-Nov-2023	Patient	Paused	SNOMED CT
▶	UCLP Risk Stratification	🔍 Group 3 - Asthma Patients 17+	194	56%	26-Nov-2023	Patient	Paused	SNOMED CT
▶	UCLP-CEG Asthma Gr							
▶	UCLP-CEG Atrial Fibril							



Secondary care data access to BP readings - and yes it does exist - so continue to enter it... but don't ignore it... eg EMIS

Portal Corner

2

Problem List (44) Summary				Encounters (53) Summary				Lab results (91/441) All Results (441)					
Problem	Status	Date Onset	Source	Location	Encounter Types	ADM Date	Source	Value	No Data	No Data	No Data	No Data	No Data
Bursitis of shoulder			T&H	NWL VIRTUAL HOSPITAL	Virtual		CHELWERT	Biochemistry					
Chronic obstructive pulmonary disease, unspecified			T&H	The Hillingdon Hospital	Outpatient Referral		T&H	NT Pro BNP (ng/L)					
Inflammatory spondylopathy, unspecified; Cervical region			T&H	The Hillingdon Hospital	Outpatient Referral		T&H	Prostate Specific Ag (µg/L)					
Lateral epicondylitis; Upper arm			T&H										

1

Summary Care Record

- Docman Share Viewer
- EMIS App Library
- Patients Know Best
- Portal Corner New HI
- Social Prescribing
- GP Connect
- Record not available
- TPP view

3

Vital Signs (62/64) All Results (64)

	03/04/2024	03/04/2024	03/04/2024	08/03/2024
Temperature				
Temperature (Cel)			36.8	36.6
			36 degree C	36 degree C
O/E - tympanic temperature (degrees C)				
Pulse Rate / Heart Rate				
Heart Rate (beats/min)			61	56

4

Vital Signs

O/E - pulse rate (beats/min)				
Blood Pressure				
Systolic Blood Pressure Cuff (mm[Hg])			147	132
			91 - 140	91 - 140

Any questions so far?

PCN Respiratory Champion

Functions

- Building up expertise and encouraging wider staff training and best practice
- Helping PCN and practice meet KPIs and targets to ensure payment
- Interacting with WSIC Dashboard (COPD and LADS) to understand local population trends and health inequalities
- Linking to local services and being part of evolving MDTs

Benefits

- Becoming part of a NWL community of practice
- Access to teams channel to share learning and best practice
- The opportunity to improve respiratory care in your local area
- Subsidised access to training to upskill in respiratory disease

Request access to the teams channel: [NWL Respiratory Champions 24 and 25 | General | Microsoft Teams](#)
Once nominated a champion please email Eleanor.phelan@nhs.net

Offers for training from NWL Training hub


- **Paid Membership to the PCRS (Primary Care Respiratory Society) for 2 members of staff per PCN** [Inspiring best practice in respiratory care | Primary Care Respiratory Society \(pcrs-uk.org\)](#). *Applications will have to come via the NWL Training Hub, recommended that PCN champion attends.*
- Access to CPD to pay for Foundation Modules in Asthma and CPD for Nurses and AHPs
- Access to Foundation Modules for Pharmacists – max 1 per PCN
- Access to advanced modules for PCN Respiratory Champions (1 per PCN)

Training for all

- National capabilities framework for CYP asthma


*“Previous reports have identified **lack of specific asthma expertise and knowledge amongst health professionals** as a significant avoidable factor in asthma deaths with recommendations that all who care for children and young people with asthma should be better educated in how to manage it.”*

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>




Health Education England

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma



Supporting excellent asthma care for all children and young people



www.hee.nhs.uk We work with partners to plan, recruit, educate and train the health workforce.

CYP Asthma Capability Framework Tiers

Tier	Level of care	Example profession	Knowledge and skills
1	Signposting	<ul style="list-style-type: none"> • Social care • Education staff • Childcare providers • Leaders of children's clubs • GP receptionists • Health Care Assistants 	<p>Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors.</p> <p>Able to signpost families to resources.</p>
2	Supporting prescribed care	<ul style="list-style-type: none"> • Practice, School, Community and ward nurses • Health visitors • Community pharmacist • AHPs • Ambulance staff 	<p>Greater understanding of the principles of asthma management and able to deliver prescribed care both routinely and in an emergency.</p> <p>Able to view asthma as a chronic condition and identify risk factors for poor control</p>
3	Assessment and prescribing of care	<ul style="list-style-type: none"> • General Practitioners • Emergency department doctors • Paediatricians • Doctors in training • Nurses with a special interest • Clinical pharmacist 	<p>Able to diagnose, assess and manage acute and chronic asthma.</p> <p>Able to address the factors that contribute to poor control</p>
4	Assessment and prescribing for the more difficult to treat asthmas	<ul style="list-style-type: none"> • Paediatricians with special interest • Advanced nurse practitioners 	<p>In depth knowledge of asthma and the differentials and able to diagnose, assess and manage the more difficult to treat asthmatic.</p> <p>Able to work with wider teams to support all aspects of management and transition</p>
5	Managing the difficult and severe asthmas	<ul style="list-style-type: none"> • Tertiary paediatrician • AHP member of the asthma MDT 	<p>Specialist knowledge and skills to diagnose, assess and manage the most severe and difficult to treat asthmatics</p>

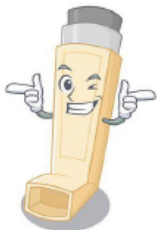
Additional Tier 3 Asthma CYP Training on 19th June

Calling All Health Care Professionals who Provide Asthma Care for Children and Young People!

GPs, Pharmacists, Practice Nurses, Paediatric Trainees

Join us at Imperial College Healthcare NHS Trust,
St Marys Hospital, Praed Street, London, W2 1NY

For a Tier 3 CYP Asthma Training and Workshop



On Wednesday 19th June 2024

In the Clinical Lecture Theatre, Cambridge Wing, 2nd Floor

From 09:00 - 16:30

Lunch and Refreshments Provided



Content aligned to the "Children and Young People Asthma Training for Tier 3 Providers" on elfh & certificate provided on completion.

Delivering excellence in Children and Young People's Services: North West London Children and Young People Asthma Network

[Click here to book your free place now on Eventbrite!](#)

NHS

North West London

FAO all PCN clinical leads NWL CYP asthma GIRFT reviews

- We would like to run a review in your PCN
- It's a 1 hour Teams meeting with each practice represented
- Data pack created by GIRFT - sent in advance
- Review of local practice plus CYP Asthma teaching
- Toolkit of support offered

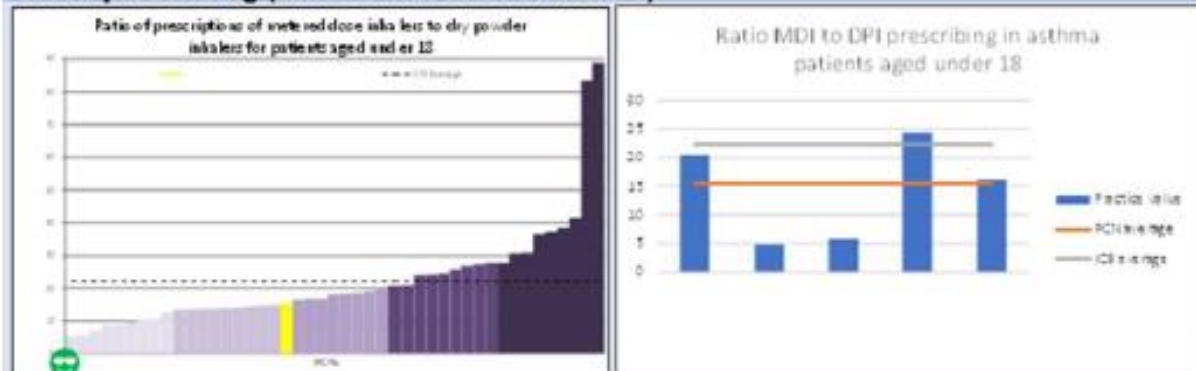
**What is required from you?
No prep – just book a meeting slot!**

To book a review or for further information please contact the GIRFT central inbox england.girft.central@nhs.net or alternatively the Childhood Asthma workstream delivery manager; Rebecca Dooley at Rebecca.dooley2@nhs.net

Scan for booking details
and FAQs here



Green prescribing (ratio of MDI to DPI inhalers)



Background

- There is a national drive to increase prescribing of DPIs due to their lower carbon [footprint](#)
- There are clinical advantages if the DPI is part of a SABA free pathway, for example using budesonide/ formoterol as a Symbicort [Turbohaler](#), licensed from 12 years of age.
- The aim is to reduce the ratio of MDI to DPI inhalers [overall](#)
- Care must be taken to ensure children are able to use a DPI effectively before [switching](#)
- NB - well controlled asthma has the lowest carbon [footprint](#)

Discussion

- The PCN recognizes the benefits of switching from MDIs to DPIs and have implemented a system to prompt when reissuing inhalers to ensure they are CFC [free](#)
- Variation between practices [noted](#)

Recommendation

- The PCN to consider making green prescribing a priority for 23/24

Resources

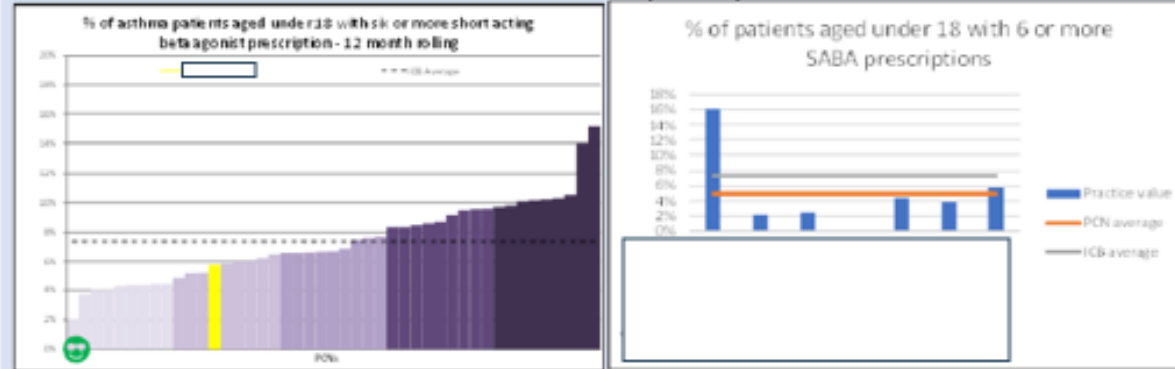
- The NWL [prescribing guide](#) has an indication of green prescribing options
- [Guide to reducing the carbon footprint of inhaler prescribing – Greener Practice](#)
- Top tips – greener respiratory prescribing care in children and young people [1701190558-f1aa64e0369f50b7d34a6d32d6ef02e2.pdf \(gpwebsite.org\)](#)

GIRFT principles

- Identifying variation
- Benchmarking against agreed metrics
- Data driven evidence base for change
- Toolkit of practical support

Effective preventative medication – monitoring SABA prescriptions

% of children with asthma with six or more SABA prescriptions in the last 12 months



Background

- Use of three or more SABA inhalers in twelve months is associated with fatal [asthma](#)
- Pragmatically, use of six or more in last 12 months is a clear indication that a child should be reviewed. Sometimes this is simply due to inhalers being over issued/ lost [etc.](#), in which case medicines management is the correct approach. [However](#) if children are actually using excess salbutamol for asthma symptoms, they need [urgent clinical review](#)

Discussion

- The PCN have good processes in place to monitor SABA prescriptions reflected by low overall [% rates](#)
- This is led by PCN pharmacists through medicines [management](#)
- [\[redacted\]](#) have higher numbers, and agreed to [review](#)

Recommended:

- [\[redacted\]](#) to review selected patients using the WSIC Asthma Radar
- The PCN to ensure all patients receiving excess salbutamol are appropriately [reviewed](#)

GIRFT principles

- Identifying variation
- Benchmarking against agreed metrics
- Data driven evidence base for change
- Toolkit of practical support

Testimonial

Dr Ayia Al-Asadi – GP at Direct Practice (Sphere PCN review);

“Incredibly useful meeting to gain knowledge on managing tricky cases, share excellent and helpful resources such as steroid dosing for children, QoF target achievement suggestions, and plus to network and build relationships with the team around you. Working closely with secondary care, the nursing and asthma team helps improve integrated care services and ultimately better outcomes for our patients. I would highly recommend.”

To book a review or for further information please contact the GIRFT central inbox england.girft.central@nhs.net or alternatively the Childhood Asthma workstream delivery manager; Rebecca Dooley at Rebecca.dooley2@nhs.net



Any questions so far?

Contractual requirements

- The payment attached to the spec is for achievement of the following targets:

- **>80% UCLP Group 1 asthma COPD patients to have a UCP and an enhanced asthma review**
- **>90% of patients living with home oxygen to have a UCP and an enhanced annual review**
- **A decrease in adult asthma patients prescribed ≤ 5 ICS containing inhalers per year**

- The maximum total of £0.48 per weighted patient (per weighted practice size)

How to achieve payment

>80% UCLP Group 1 asthma COPD patients to have a UCP and an enhanced asthma review

RESP01N	% of UCLP Group 1 Asthma or COPD Patients with UCP and an Enhanced annual review	UCP	Advance care planning (713603004)	Numerator: The number of patients with UCP and an enhanced annual review	Denominator: The number of patients on UCLP Group 1 Asthma and COPD as of 31 March 2024
		Enhanced annual review	Chronic obstructive pulmonary disease annual review (394703002) OR Asthma annual review (394700004) AND Enhanced services administration (166221000000105)		

Tariff	KPI	Target Thresholds	Financial Achievement
£0.31	UCLP Group 1 Asthma and COPD patients to have a UCP and an enhanced annual review	<50%	0%
		50-80%	50%
		>80%	100%

Note: UCLP: UCLPartners Proactive Care Search and Stratification tools

UCP: Universal Care Plan

How to achieve payment

>90% of patients living with home oxygen to have a UCP and an enhanced annual review

RESP02N	% Patient living with home oxygen to have a UCP and an enhanced annual review	UCP	Advance care planning (713603004)	Numerator: The number of patients with UCP and an enhanced annual review	Denominator: The number of patients living with home oxygen
		Enhanced annual review	Chronic obstructive pulmonary disease annual review (394703002) OR Asthma annual review (394700004) AND Enhanced services administration (166221000000105)		

Tariff	KPI	Target Thresholds	Financial Achievement
£0.02	Patient living with home oxygen to have a UCP and an enhanced annual review	<90%	0%
		>90%	100%

How to achieve payment

A decrease in adult asthma patients prescribed ≤ 5 ICS containing inhalers per year

<p>RESP03N</p>	<p>% decrease adult asthma patients prescribed ≤ 5 ICS containing inhalers per year</p>	<p>Data source – ePACT (respiratory dashboard)</p>	<p>Numerator: Number of patients receiving 5 or fewer steroid inhalers including ICS LABA products within a rolling 12 month period</p>	<p>Denominator: Total number of patients receiving any prescription items for steroid inhalers including ICS LABA products (see numerator for list) within a rolling 12 month period</p>
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Tariff	KPI	Target Thresholds	Financial Achievement
£0.15	% decrease adult asthma patients prescribed ≤ 5 ICS containing inhalers per year	Any decrease	0% 100%

Quality markers

QUALITY METRICS				
Ref.	Description	SNOMED Code		Measurement
RESP04	Patients with COPD rescue pack recorded	Has supply of rescue medication (734347001) Issue of chronic obstructive pulmonary disease rescue pack (718241000000107)		Rescue pack > 4 recorded 24/25 will be a baselining year
RESP05N	% of people on the CYP asthma register who have had ALL 8 care processes completed	Asthma control Test (aged 12+) OR Children asthma control test (aged 6-12)	Asthma control test score (443117005) Childhood Asthma Control Test score (905301000000103)	Numerator: The number of asthma patients aged between 6 and 17 with ALL 8 care processes completed Denominator: The number of asthma patients aged between 6 and 17
		Personalised asthma action plans	Asthma clinical management plan (736056000) AND Patient has a written asthma personal action plan (527171000000103)	
		Inhaler technique	Inhaler technique – good (170625000) OR Inhaler technique – moderate (390869002) OR Inhaler technique – poor (170626004)	
		Measurement of peak flow	Peak expiratory flow rate (18491006)	
		Predicted peak flow	Predicted peak expiratory flow rate using EN 13826 standard (178271000000100)	

QUALITY METRICS				
Ref.	Description	SNOMED Code		Measurement
		Asthma trigger (once ever)	Any of the following: Asthma trigger (400987003) Asthma trigger respiratory infection (201031000000108) Asthma trigger – pollen (340911000000109) Asthma trigger – seasonal (201041000000104) Asthma trigger – cold air (201191000000108) Asthma trigger – damp	
			(201201000000105) Asthma trigger - animals (201051000000101) Asthma trigger – exercise (340901000000107) Asthma trigger – airborne dust (340891000000106) Asthma trigger – tobacco smoke (340921000000103)	
		Episodes of exacerbations	Number of asthma exacerbations in past year (366874008)	
		Asthma medication review	Asthma medication review (394720003)	
RESP06N	% increase adult Asthma patients prescribed no more than 3 SABA inhalers issued per year	Number of SABA inhaler prescribed per year (734949005)		Numerator: Number of adult asthma patients prescribed no more than 3 SABA inhalers per year Denominator: Number of adult asthma patients prescribed SABA inhalers per year

Additional enhanced service specifications

Medicines Management

Spirometry

Spirometry

This service is intended to commission the service provider to deliver quality assured diagnostic spirometry and FeNO testing (as appropriate) to enable the accurate diagnosis of COPD and asthma.

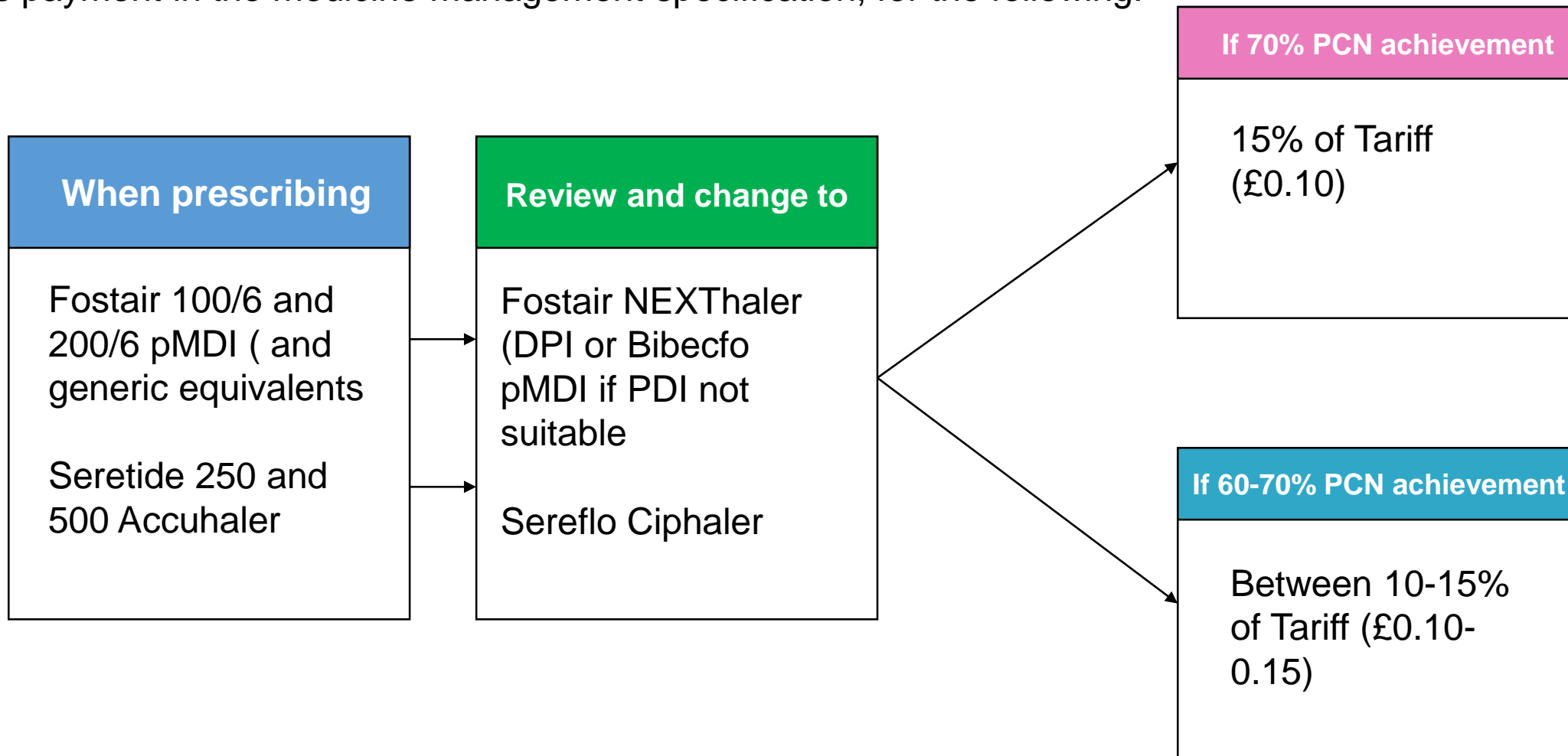
By referring to PCN respiratory diagnostic hubs

£82.27 per patient appointment

Note: There are community diagnostic centres in Brent and Ealing that can accept referrals for spirometry, from any PCN. These will not be paid through the enhanced service specification but will have no cost to the PCN

Medicines Management (relating to Respiratory)

There is payment in the medicine management specification, for the following:



Other aligned respiratory work

- New NWL CYP asthma guidelines coming soon
- PCN CYP MDT asthma reviews as part of GIRFT (Getting it Right First Time)

<https://www.nwlondonicb.nhs.uk/professionals/children-and-young-people/getting-it-right-first-time-girft>

Future webinars

WSIC: LADS and COPD introduction

NWL Asthma Guidelines

COPD Update

Questions?

References and resources

- Asthma deaths in children in the UK the last straw!

<https://bjgp.org/content/early/2024/04/29/bjgp24X738201>

- Achieving earlier diagnosis of COPD

https://www.ipcrg.org/sites/ipcrg/files/content/attachments/2023-08-09/IPCRG_DTH_No.13_Achieving_earlier_diagnosis_of_COPD.pdf

- Asthma reviews: a new look

<https://www.transformationpartners.nhs.uk/wp-content/uploads/2017/10/Asthma-reviews-MArk-Levy-Practice-Nurse-Jan-2020.pdf>

- Reviewing people with COPD

https://www.pcrs-uk.org/sites/default/files/os19_copd_review.pdf

- PCRS website: clinical resources (webinars, podcasts, guidelines)

<https://www.pcrs-uk.org/asthma>; <https://www.pcrs-uk.org/copd>

Appendices

- QOF requirements for respiratory care 24/25

QOF Requirements for Asthma

AST005	The contractor establishes and maintains a register of patients with asthma aged 6 years or over, excluding patients with asthma who have been prescribed no asthma related drugs in the preceding 12 months
AST011	The percentage of patients with a diagnosis of asthma on or after 1 April 2023 with either: <ol style="list-style-type: none">1. A record of quality assured spirometry and one other objective test (FeNO or, bronchodilator reversibility or peak flow variability) between 3 months before or 6 months after diagnosis; or2. If newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2023 but no record of objective tests being performed at the date of the registration, with a quality assured spirometry and one other objective test (FeNO or bronchodilator reversibility or peak flow variability) recorded within 6 months of the registration.
AST007	The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan
AST008	The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months

QOF Requirements for COPD

COPD015	<p>The contractor establishes and maintains a register of:</p> <ol style="list-style-type: none">1. Patients with a clinical diagnosis of COPD before 1 April 2023; and2. Patients with a clinical diagnosis of COPD on or after 1 April 2023 whose diagnosis has been confirmed by a quality assured post-bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered at the practice in the preceding 12 months without a record of spirometry having been performed, a record of an FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and3. Patients with a clinical diagnosis of COPD on or after 1 April 2023 who are unable to undertake spirometry.
COPD010	<p>The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale</p>
COPD014	<p>The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥ 3 at any time in the preceding 12 months, with a subsequent record of referral to a pulmonary rehabilitation programme (excluding those who have previously attended a pulmonary rehabilitation programme)</p>