

# Rotherham Respiratory Pathway

**Jacqui Tuffnell**  
**Head of Commissioning**



The NHS 10 year plan stresses the need to develop better integrated care pathways with emphasis upon **Primary Care Networks**, with ***practices working together at scale***, with a ***combined workforce*** to better care for patients.

## The Right Care Data - highlights


















- Rotherham has high cost respiratory services, high admission levels and poorer outcomes for our patients than our counterparts across the integrated care system.
- Non elective admission levels are high particularly for chronic lower respiratory, especially COPD.
- Asthma, influenza and pneumonia were also highlighted as areas where Rotherham admitted more non-electively than the right care peer group.



# Respiratory health outcomes – U75 mortality rate ‘preventable’

4.07ii - Under 75 mortality rate from respiratory disease considered preventable New data 2015 - 17

Directly standardised rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	–	26,075	18.9		18.6	19.1
Yorkshire and the Humber region	–	3,060	22.0		21.2	22.8
Barnsley	–	136	20.4		17.1	24.1
Bradford	–	329	29.7		26.6	33.2
Calderdale	–	129	23.4		19.5	27.8
Doncaster	–	198	24.4		21.1	28.0
East Riding of Yorkshire	–	170	15.0		12.8	17.4
Kingston upon Hull	–	217	39.6		34.4	45.2
Kirklees	–	223	20.6		18.0	23.5
Leeds	–	393	23.4		21.2	25.9
North East Lincolnshire	–	104	23.9		19.5	29.0
North Lincolnshire	–	134	27.2		22.8	32.2
North Yorkshire	–	282	14.3		12.7	16.1
Rotherham	–	185	25.4		21.9	29.4
Sheffield	–	249	19.6		17.2	22.2
Wakefield	–	231	25.1		21.9	28.5
York	–	80	15.9		12.6	19.9

Source: Public Health England (based on ONS source data)

## Respiratory disease in the North East & Yorkshire

### Impact on UEC(2017/18 data)

- NE&Y has the highest rate of emergency admissions for COPD
- Over last 2 winters, NE&Y has seen NEL for adults up to 4,400 admissions in a single week
- Compared to peers there are opportunities in NE&Y to reduce respiratory bed days, prescribing and NEL spend:



### Respiratory disease has the largest RightCare opportunity for NEL activity and ££s in NE&Y above CVD

#### Flu & Pneumonia



**33,500** more patients aged **65+** could receive the **PPV vaccine**

**25,500** more patients aged **65+** could take up the **seasonal flu vaccine**

**4,200** more patients with **COPD** could receive an **influenza immunisation**



**24,400** more people with COPD could be registered

**2,500** more people with COPD could have diagnosis confirmed by spirometry

**6,000** more people could have a review by a HCP

# Local Challenges

- Fragmentation across the respiratory pathway
- Fragmentation of the home oxygen service
- Inconsistent diagnosis across Rotherham
- Inconsistent management of respiratory patients across the system
- High admissions to hospital, which could have been prevented
- Low uptake of smoking cessation
- No respiratory Community team – now best practice

*56% of the admissions to breathing space could have been avoided with support in the patient's own home from a Community Respiratory Team saving 156 bed days.*

# Patient Engagement Feedback

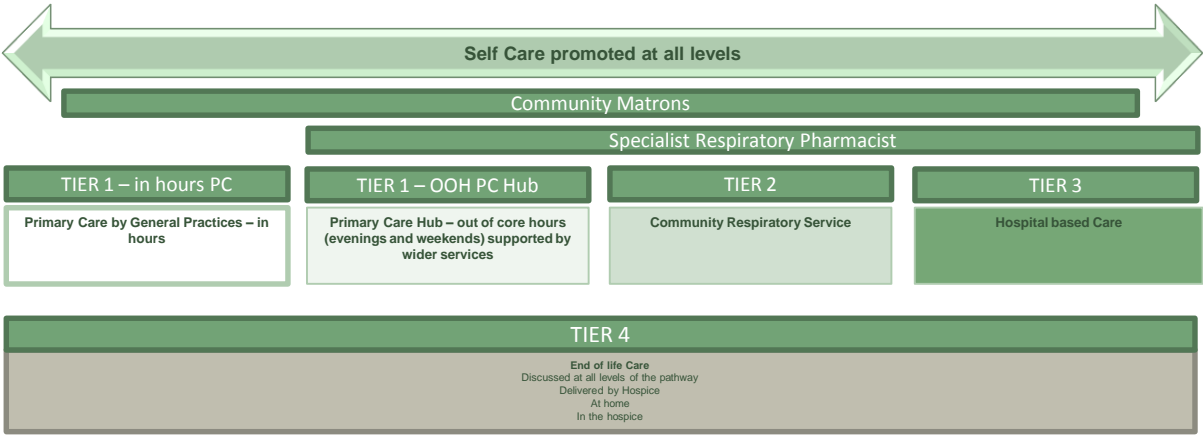
- Timely access to primary care - Day time, evenings and weekends for reviews and feel unwell
- Pulmonary rehabilitation closer to home and at evenings and weekends
- Alternative access to care and information via APPs and websites, phone and video
- Faster discharge from hospital with specialist support at home
- Consistent information on how to manage their conditions

# Rotherham Opportunities

- We could detect and diagnose 2,366 more patients with COPD
- Spirometry – diagnosis and measuring disease progression
- Annual reviews of people with COPD and asthma
- We are doing well on pneumonia and influenza vaccination over 65s
- Opportunities around ‘flu vaccination’ for people with COPD
- 2000 smokers could be offered support and treatment to quit
- RCCG is spending just over £1 million more on prescribing than lowest 5 peers







# Proposed Model

## Tier 1 - Primary Care

- *Supports patients requirements for day, evening and weekend reviews*
- *Supports PCN requirements of working at scale*
- *Provides consistency and equity of care*
- *Good feedback from present hub services across primary care*
- *Hub can be supported by a specialist respiratory clinical pharmacist , who also supports in the community*
- *Hubs could support new roles such as physiology apprentices and physician associates*



# Community Team – based at breathing space

## TIER 2

### Community Respiratory Service

- Outpatient clinics
- Rapid access clinic/hotline
- Housebound patient management
- Assessment and management
- End of life care management
- Pulmonary rehabilitation /physiotherapy
- Enhanced CTB: psychology input & support
- Discharge management
- Early supported discharge follow up within 2 days
- Clinic reviews (caseload)
- Management plans for primary care follow up
- Discharge to tier 1 &Community Matron
- Telephone Advice for Tiers 1 & Community Matrons
- Training for primary care (PCN footprint)
- High intensity User – Targeted support
- Admission avoidance
- Virtual clinic /MDT



# Acute Care

## TIER 3

### Hospital based Care

- Acute admissions
- Inpatient pulmonary rehabilitation
- NIV assessment & management
- Inpatient discharge to tier 3
- Outpatient discharge back to tiers 1 and 3
- Complex co-morbidities
- Deterioration beyond expected rate

# Proposed Service Model

# Questions?