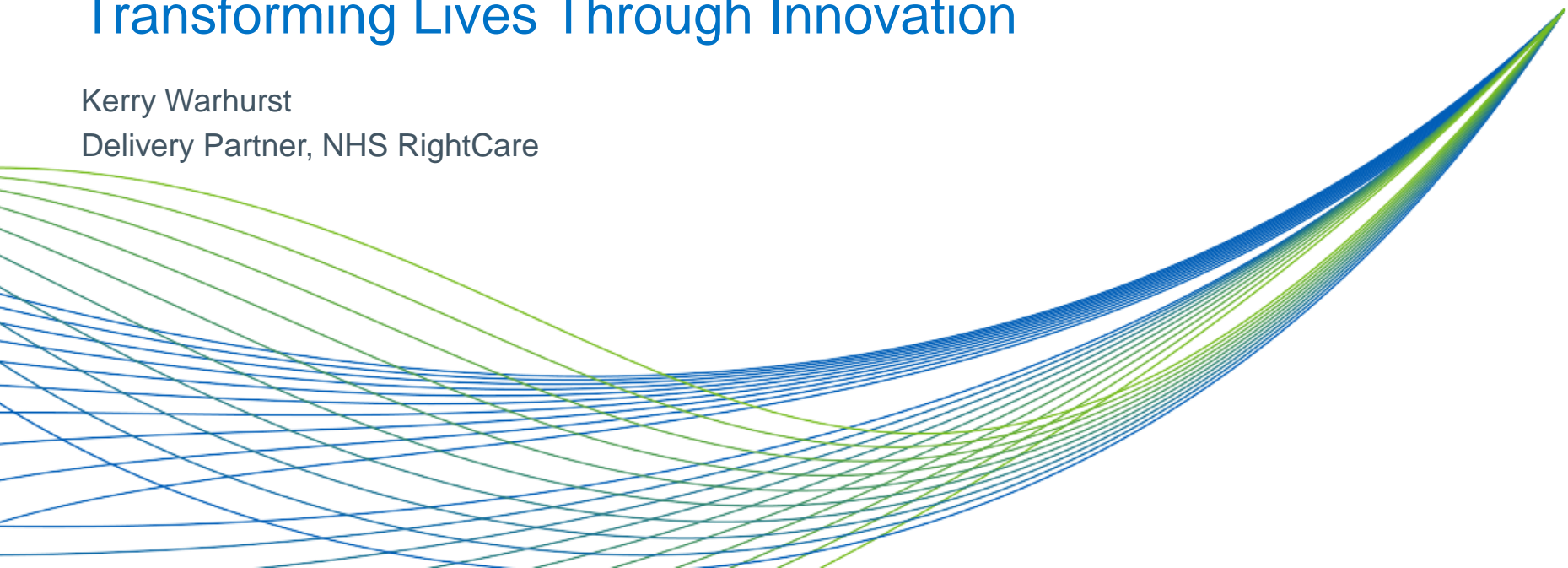


North Respiratory Programme

Transforming Lives Through Innovation

Kerry Warhurst
Delivery Partner, NHS RightCare

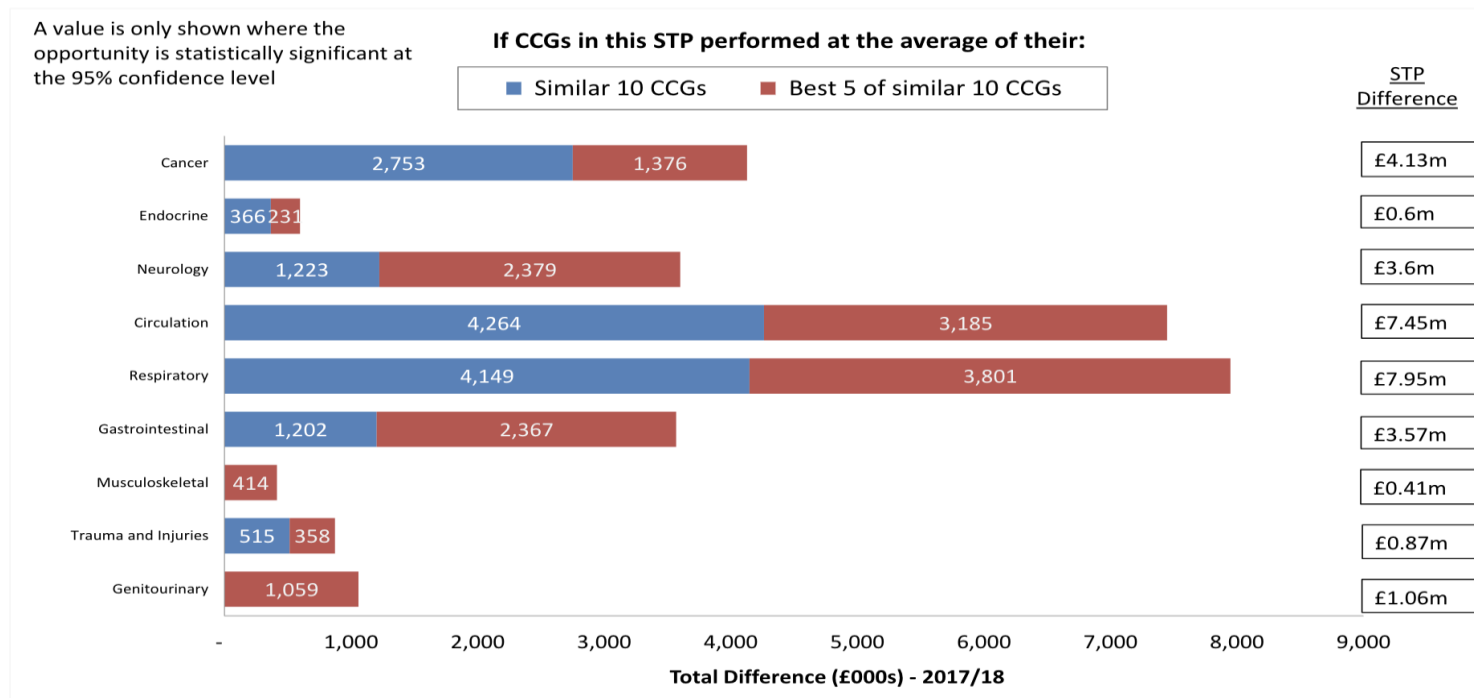


What is NHS RightCare?

- An NHS England and NHS Improvement Programme working with local systems
- Nationally collected, robust data aids improvement in patient outcomes and spend
- Intelligence packs place CCGs within group of similar 10 CCGs
- Identity variation and benchmark against best 5 within the similar 10
- Focus is on 9 main programmes
- Methodology we use is **DIAGNOSE**, **DEVELOP** and **DELIVER**

North and Respiratory Disease: South Yorkshire and Bassetlaw

How different are we on spend on non-elective admissions?



The calculations in this slide are based on admission for any primary care diagnoses that fall under the listed conditions (based on Programme Budgeting classifications). This only includes expenditure on admissions covered by the mandatory payment by results tariff and includes NHS England Direct Commissioning expenditure.

Source: National Commissioning Data Repository – Hospital Admissions Databases, SUS SEM (Secondary Uses Services Standard Extract Mart) - Correct as of extract 15/08/18

- Winter 2017/18 major challenge in the North
- RightCare review identified that **respiratory disease is as a key contributor of demand** on the urgent and emergency care system:
 - In the North, respiratory is the largest contributing programme to non-elective admissions (NEL) - 15.4% for 2016/17
 - If we look at variation **19.6% of all variation on non-elective admission spend is within the respiratory programme**
- Additionally we know that over the last seven years, **respiratory non- elective admissions have risen at over three times the rate of other conditions** – 36.6% vs 11.1% and are significantly higher from December to March¹
- There are known, evidence-based interventions that will improve respiratory care and outcomes

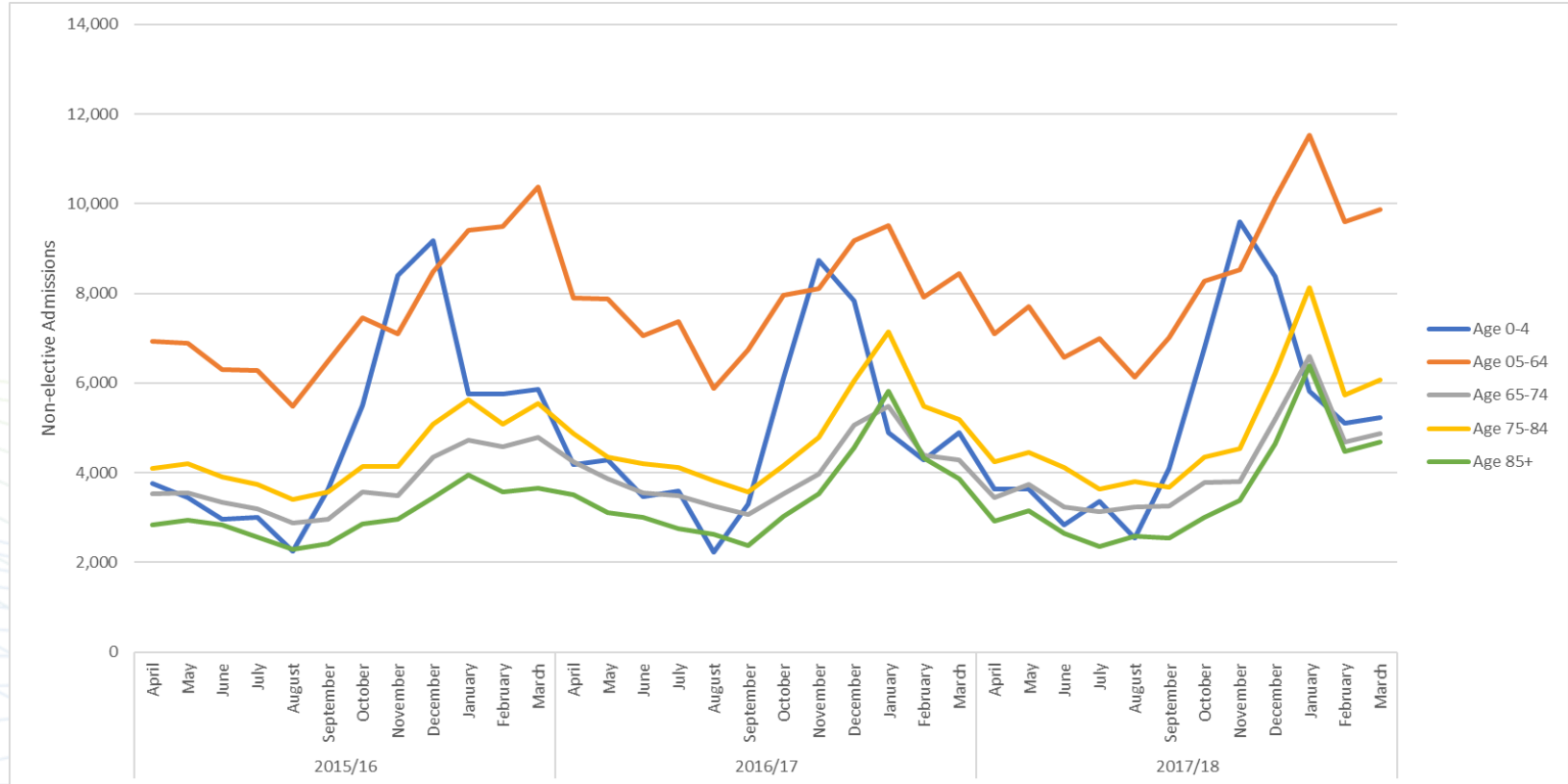
¹ British Lung Foundation "Out in the cold" December 2017,

North Region and Respiratory Disease

Variation (2016/17 data) on:	North
Spend on non-elective	£70m
Additional bed days	290,000
Lives saved	666
% of long stay \geq 21 days with respiratory conditions*	15% (17,962 admissions)

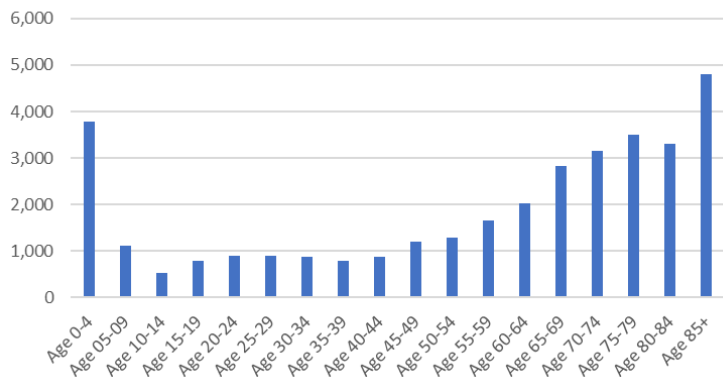
* Based on total figures, not variation

North: When are people admitted with respiratory disease - seasonal trends?

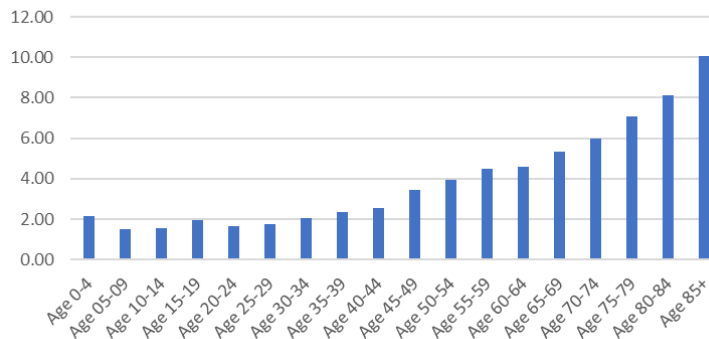


Who is admitted to hospital with respiratory disease and for how long?

Activity 2016/17 - South Yorkshire and Bassetlaw



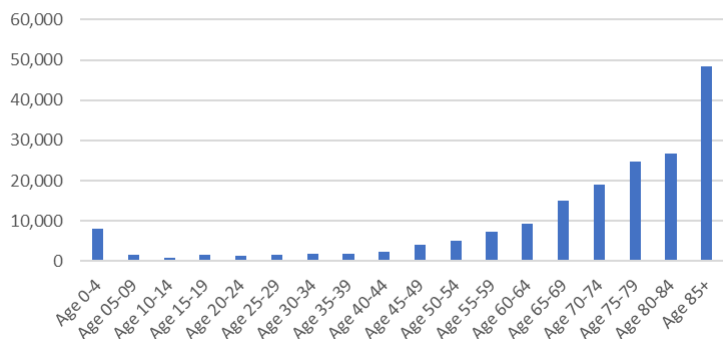
Average Length of Stay 2016/17 - South Yorkshire and Bassetlaw



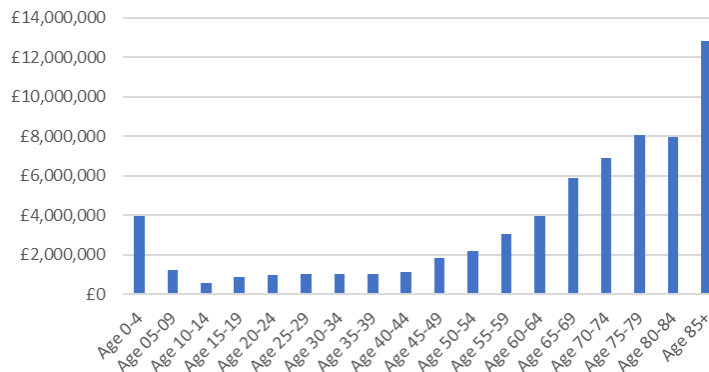
Patients aged ≥ 75 years accounted for 55% (over 11,000) of respiratory bed days

Patients aged ≥ 85 years accounted for 27% of respiratory bed days with average LOS of over 10 days

Bed Days 2016/17 - South Yorkshire and Bassetlaw



Cost 2016/17 - South Yorkshire and Bassetlaw



Who is most affected by respiratory conditions?

There are strong links between deprivation, health inequalities and lung disease.

- Asthma rates are 36% higher in the most deprived communities vs the least
- COPD prevalence is 2.5 times higher in the most deprived community vs the least
- Pneumonia incidence is 45% higher in the most deprived vs the least deprived
- Influenza – whilst there is not a known link between deprivation and influenza, people with existing lung disease are more likely to develop complications or an exacerbation of their existing lung condition.

[Battle for breath report, 2016](#). Report from the British Lung Foundation that looks at the extent and impact of lung disease across the UK

North Respiratory Programme

Insights Pack - RightCare intelligence on key indicators across the pathway and opportunities

Delivery Pack - clinically led recommendations - key high impact interventions

Primary Care	Managing crises	Secondary care
Accurate diagnosis of acute & chronic breathlessness	Identifying appropriate place for care – risk assessing	Rapid hospital assessment and response – Ambulatory Emergency Care
Holistic review & personalised management plans	Coordinated & rapid response to deterioration	Implementing optimum care for inpatients (care bundles, BPT)
Vaccination – ‘flu and pneumococcal	Management of breathlessness in severe COPD	Reducing the number of long stay patients implementing Local Government Association & NHS guidance
Pulmonary rehabilitation (COPD)		
Smoking cessation	Smoking cessation	Smoking cessation

In addition to local clinical leadership, support to the programme was given nationally by Professor Mike Morgan National Clinical Director NHS England and Dr Noel Baxter Chair Primary Care Respiratory Society

Challenges

- Getting diagnosis right – breathlessness algorithm, tools to aid diagnosis and early detection
- Spirometry
- Primary and secondary prevention – treating tobacco dependency
- ‘Flu and pneumonia vaccination
- Medication use
- Pulmonary rehabilitation

Challenges

- Shared prevention and management plan – look at frailty as well as respiratory condition
- Weather and pollution alerts
- Supporting care homes
- Admission avoidance
- Optimum care for admitted patients and facilitating early discharge

North Respiratory Programme

- Programme is ongoing
- Led by Sir Andrew Cash on behalf of the North West and North East & Yorkshire STPS/ICSs
- Focus on the NHS Long Term Plan respiratory interventions
- Supporting STPs to respond to the NHS Long Term Plan and work collaboratively across the North