

# An Outcomes Strategy for COPD and Asthma:

*NHS Companion Document*

SUMMARY



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<b>Policy</b>	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
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**Author** Department of Health / Medical Directorate / Respiratory Team

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**Circulation List** Voluntary Organisations/NDPBs, Professional bodies

**Description** The NHS Companion Document to the Outcomes Strategy for COPD and Asthma sets out best practice for the NHS to achieve the relevant objectives from the Outcomes Strategy. This document provides a summary of the actions and interventions set out in the NHS Companion Document.

**Cross Ref** An Outcomes Strategy for COPD and Asthma

**Superseded Docs** N/A

**Action Required** N/A

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**Contact Details** Kevin Holton  
Respiratory Team  
Room 415 Wellington House  
133 - 155 Waterloo Road  
London SE1 8UG  
020 7972 4980

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# Summary

## Introduction

1. The *Outcomes Strategy for COPD and Asthma* set the high-level direction for all parts of the health and care system, and other government departments and agencies, to fundamentally improve the quality and outcomes for people with COPD and asthma.
2. The NHS Companion Document uses the framework of the five domains of the *NHS Outcomes Framework* to describe the actions and interventions that the NHS can take to meet the objectives in the *Outcomes Strategy for COPD and Asthma*. Under each domain, the evidence for change to make improvements in outcomes is presented and the key actions that the NHS can take are given. For COPD, the actions and interventions under each domain draw on the NICE Quality Standard statements and the NICE clinical guideline for COPD. For asthma, although the NICE Quality Standard is still in development, evidence-based best practice guidelines are also drawn upon.
3. In this document, we provide a summary of the actions and interventions that are outlined in the *NHS Companion Document* as best practice for the NHS in achieving improved outcomes in COPD. These are summarised in the following pages.

# Summary of actions and interventions outlined in the NHS Companion Document

## COPD – What can the NHS do to improve outcomes?

### Domain One: Preventing people from dying prematurely

#### Diagnose earlier and accurately

- Identify people whose treatment history and symptoms suggest that COPD may have been missed, and those currently diagnosed with COPD without a clear diagnosis
- Perform quality-assured diagnostic spirometry on those identified and confirm diagnosis, together with other investigations to assess severity and coexistence of other conditions
- Assess for the presence of alpha-1-antitrypsin deficiency and for bronchiectasis in patients with a suggestive history
- Recognise the link between COPD and lung cancer and explore the use of proactive strategies to diagnose earlier

#### Prevent progression

- Ensure people with COPD receive evidence-based treatment
- Offer appropriate smoking cessation support to people with COPD who smoke
- Identify and treat exacerbations promptly

#### Prolong survival

- Promote regular physical activity in all people with COPD
- Identify those who may need Non-Invasive Ventilation (NIV) both in the acute setting and as a long-term domiciliary treatment, and ensure structured assessment of need for NIV is carried out by a respiratory specialist
- Ensure routine pulse oximetry is performed in people with COPD whose FEV1 is lower than 50% predicted to identify those who may need long-term home oxygen therapy and, for those identified, ensure structured assessment of need by a home oxygen assessment and review service

## Domain Two: Enhancing the quality of life for people with long-term conditions

### Risk stratify and understand the local population

- Assess for disease severity and other complicating factors
- Provide proactive chronic disease management appropriate for the severity level assessed – mild, moderate or severe

### Support self-management and shared decision-making

- Ensure people with COPD are offered support to self-manage their condition, and provide access to integrated community care teams with access to specialist respiratory advice

### Provide and optimise pharmacological and non-pharmacological treatment

- Ensure people with COPD receive evidence-based treatment in a structured medicines management approach
- Provide pulmonary rehabilitation for all people with COPD with an MRC score of three or above

## Domain Three: Helping people to recover from episodes of ill health or following injury

### Provide the right care in the right place at the right time

- Agree locally a pathway of care for acute exacerbations – including timing and location of initial assessment and delivery of care (hospital, GP surgery / community care, or in their own home)

### Ensure structured hospital admission

- Ensure structured hospital admission with early access to specialist respiratory care, prompt management of COPD and co-morbidities in line with NICE guidance
- Ensure prompt assessment on admission to hospital, including blood gas analysis and provision of NIV within one hour of decision to treat being made, where clinically indicated

### Support post-discharge

- Ensure all people with COPD are assessed for suitability for an Early Supported Discharge Scheme
- Ensure that people admitted to hospital with an exacerbation of COPD are reviewed within two weeks of discharge

## Domain Four: Ensuring that people have a positive experience of care

### Empower people with COPD by providing information and education

- Ensure all people with COPD are offered personalised information, with support to understand it, at key points throughout their care, which enables them to make choices and to fully participate in shared decision making

### Assess psychosocial support and social care needs

- Assess the psychosocial needs of people diagnosed with COPD and ensure people identified with psychosocial needs are referred for appropriate treatment and support

### Assess palliative care needs

- Ensure that people with COPD who have an FEV1 < 30 predicted, frequent exacerbations or a history of NIV, are assessed for end of life care needs
- Ensure people identified with end of life care needs are referred for appropriate treatment and support

## Domain Five: Treating and caring for people in a safe environment

### Deliver high flow and emergency oxygen safely

- Identify individuals who would be at risk if they received high-flow oxygen
- Give those identified as high-risk an oxygen alert card

### Prescribe steroids according to evidence-based guidance

- Prescribe steroids in accordance with evidence-based guidance
- Give appropriate people steroid treatment cards

### Robustly risk manage home oxygen environments

- Risk assess the home environment of someone receiving long-term oxygen therapy to ensure that all safety requirements are in place

## Asthma – What can the NHS do to improve outcomes?

### Domain One: Preventing people from dying prematurely

#### Prompt, accurate, quality-assured diagnosis

- Ensure clinicians diagnosing asthma have a good understanding of best practice outlined in the British Asthma Guideline, and have received adequate training in asthma management to be competent in diagnosing asthma
- Include a record of the basis for diagnosis in patient notes
- Investigate people developing asthma in adulthood for the possibility that asthma is being caused by the workplace

#### Aim for freedom from asthma symptoms once diagnosed

- Structured management of asthma (see Domain 2 below)
- Prompt action to avoid or manage asthma exacerbations (see Domain 3 below)

### Domain Two: Enhancing the quality of life for people with long-term conditions

#### Structured, ongoing management of asthma, using a shared decision making approach

- Carry out regular structured reviews to ensure that control of symptoms is achieved
- Support self-management and include an up-to-date personalised care plan in patients' notes, with evidence of a written asthma action plan
- Offer support to stop smoking
- Stratify GP practices' asthma registers according to people's risk of an attack or of losing control
- Ensure specialist services are available for those who need them

### Domain Three: Helping people to recover from episodes of ill health or following injury

#### Prompt action to avoid or manage asthma exacerbations

- Provide the right care in the right place at the right time
- Provide rapid access to specialist care when needed
- Follow up and review with person with asthma following hospital attendance or admission

## **Domain Four: Ensuring that people have a positive experience of care**

### **Shared decision-making to manage asthma**

- Ensure a shared decision-making approach to managing asthma
- Assess for psychosocial and mental health needs

## **Domain Five: Treating and caring for people in a safe environment**

### **Optimal pharmaceutical treatment based on a stepwise approach to prescribing**

- Ensure that the stepwise approach to prescribing, as set out in the British Asthma Guideline, is being followed