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| **AHSN Case Study** |
| **Title**Can Respiratory Specialist Nurse support improve the management of COPD patients in a primary care setting? |
| **Images and/or video** (Please submit any videos or pictures that could accompany the case study; they must be sufficient quality to view online. Prior permission for use of images or video must be obtained prior to submission) |
| **Stakeholder quote(s)** (50 words per quote maximum, please include the full title, name, job title and organisation)“*I have thoroughly enjoyed participating in this project, I feel I have learned so much more. I have therefore been able to deliver a higher standard of care to my patients. My confidence has grown and this has given me more job satisfaction and a desire to increase my skills further”.*Practice Nurse, Darlington |
| **Overview summary** (150 words maximum, the first 50 words should give a powerful summary of the case study, which can be used standalone)We embarked on a two-year project in collaboration with the Academic Health Science Network North East in 2015. The landscape of health care is changing rapidly in a climate where the burden of chronic disease and the pursuit of value in healthcare provision challenges all involved in healthcare to explore new ways of working. For a long time practices have been working in silos on disease specific targets generated by QOF. In Darlington Respiratory Team (DART) we have been able to come together to develop pathways of care and through specific objectives, have been able to improve outcomes in the management of patients with respiratory diseases. |
| **Challenge/problem identified (150 words maximum)**Challenges identified included a significant variation in both the confidence and the competence of practice nurses in the management of respiratory disease. Other identified problems were included:* Smoking services were decommissioned by Local Authority
* Low referral rates into Pulmonary Rehabilitation services
* Widespread variation in the prescribing of respiratory medicines
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| **Overview of Innovation (50 words)*** A Respiratory Specialist Nurse was funded to support every GP surgery in Darlington CCG, allowing for three visits per practice per year.
* A Competency Framework, including quality assurance processes was developed to assess the competence of all practice nurses and healthcare assistants (HCAs) in the performance and interpretation of spirometry.
* An Inhaler Competency Framework was also developed. All practice nurse leads were assessed and then encouraged to adopt a ‘Champion role’ within their practice, sharing best practice with colleagues in context of local guidelines for inhaler prescribing.
* Standardised asthma and COPD review templates were developed and disseminated to all practices. A previously designed ‘COPD exacerbation’ template / pathway was also re-instated into all practices.
* A Breathlessness Pathway was developed, aiming to facilitate more accurate diagnosis of the breathless patient.
* Practice audits were designed and implemented using ‘PointsPlus’ software tool.
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| **Actions taken/Progress to date (150 words)**The project is now complete but Darlington CCG has recognised the achievements and success of this important project and has committed to maintain funding for the Respiratory Specialist Nurse role in the future. |
| **Outcome/Impact (200 words)** (For example patient, financial or economic impacts)* As a result of this project, the management of respiratory disease has changed and improved significantly across all practices in Darlington CCG.
* Every practice now has an identified respiratory lead (expert in inhaler technique).
* Through the introduction of standardised review templates, we now readily promote value based interventions e.g. pulmonary rehabilitation, influenza and pneumonia vaccination within every patient review. We also identify and implement value based medication change opportunities where appropriate. We also ensure that all patients are reviewed in a timely manner following acute exacerbation of asthma or COPD.
* The combination of implementing our Breathlessness Pathway and increased competence in the performance and interpretation of spirometry ensure that patients are more likely to receive an accurate diagnosis of their condition.
* Smoking cessation services have now been re-commissioned in Darlington; supporting practice pathways have also been developed and implemented offering patients far greater support with smoking cessation support.
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| **Benefit (100 words)** (Cover patients, staff and NHS if possible)Patients: Patients in Darlington can expect the same level of care for their respiratory condition regardless of which surgery they belong to. There is improved diagnostic process, which will inevitably affect outcomes positively for patients.Clinicians: The nurses feel more confident and up skilled in their management of respiratory patientsNHS: We have embedded the concept of making every contact count in all practices. Improved clinician skills and review techniques will have a wider impact on the NHS i.e. reducing admissions, reducing prescribing costs, more accurate diagnosis. |
| **Which national clinical or policy priorities does this example address?** Care and Quality 🞎\* Funding and Efficiency 🞎 Health and Wellbeing 🞎\* Driving Economic Growth 🞎 |
| **Support provided by AHSN (50 words max)** (Please advise if this innovation has spread to or from other AHSNs)The AHSH NENC provided the funding to enable the implementation of this project. On-going support has been provided throughout the duration of the project. |
| **Start date:**  2015**End date:** 2017 |
| Plans for the future/Spread and adoption (100 words maximum)The specialist nurse, due to continued funding will continue to provide support for practices on an ad hoc basis along with lead role duties and also ensure that respiratory care remains a focus through the continued provision of the Respiratory Interest Group meetings |
| **Contact Details** (Please include the name, job title, organisation and email)NHS: Claire Adams, Respiratory Nurse Specialist Email: Claire.adams6@nhs.net AHSN: Sue Hart, Respiratory Programme Lead, AHSN-NENC. sue.hart@ahsn-nenc.org.uk  |
| **Related links, references and further resources.** (Please clearly reference any statistics used with a credible source) |

**For Internal AHSN use only**

What happens next?

* The information above will be reviewed and modified if necessary to fit with AHSN style and guidelines
* The case study will go through the internal AHSN sign off procedure
* The case study may appear on the AHSN website and/or the AHSN NENC Innovation Exchange

So our website search facility can provide accurate results, please advise all categories which apply to this work:

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