NHS

GP Delivery Improvement Framework

Name of Area:

Improving diagnosis of key Respiratory conditions

April 2024

Lancashire and South Cumbria ICB

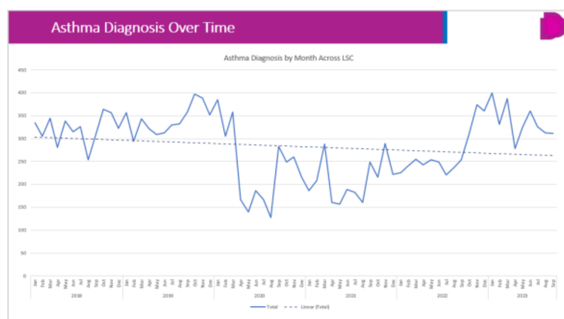
1. Rationale

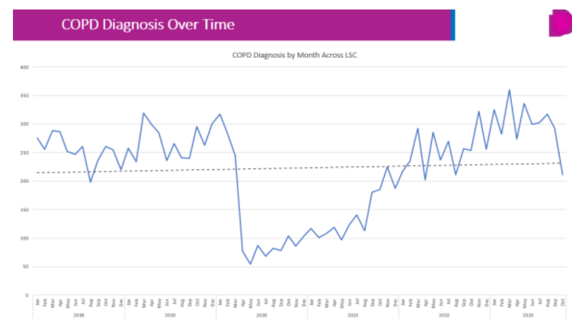
Reduction of chronic respiratory disease is one of the ‘plus 5’ priorities of the Core20PLUS work that is a priority for LSC ICB.

Timely and accurate diagnosis is a priority. Without this people with conditions such as asthma and chronic obstructive pulmonary disease (COPD) cannot access the correct care and treatment that they need to improve symptoms and prevent acute exacerbations or manage their long-term condition. A delayed diagnosis may limit a person’s quality and even length of life. The correct diagnosis and treatment are key to keep people with lung conditions well and out of hospital.

In addition, timely and accurate diagnosis is also better for the NHS, both at a general practice local level and for the system. Inappropriate treatments may be harmful and add unnecessary additional costs to the NHS. The need for timely and accurate diagnosis is recognised and promoted in the NHS Long Term Plan.

Ordinarily, the first point of call for people experiencing respiratory symptoms is General Practice. Although respiratory focused improvement work was already underway, the impact of the COVID 19 pandemic further widened the gap in verified diagnosed cases, as some key diagnostic tests were suspended due to infection risk concerns; these concerns have now been resolved with Infection Prevention Control (IPC) requirements set. There are now two elements of work to focus on: business as usual improvement work and addressing the gap in diagnostic work resulting from the pandemic.
The level of improvement work required varies between practices and PCNs due to differences in historic practice delivery of diagnostics and funding arrangements. Some practices provide these services but may need support to ensure the required standards are in place, some practices do not undertake these tests at either a practice, PCN or hub level.
We know that diagnosis of respiratory conditions in General Practice was adversely impacted by the Covid 19 pandemic as illustrated below.





Quality Outcomes Framework

Practices are be expected to use a minimum of two diagnostic tests to confirm an asthma diagnosis as part of QoF.

FeNO is now listed as one of the tests to contribute to the achievement of QoF points.

Benefits of FeNO testing

- Being non-invasive, quick, and easy to perform
- Increasing the diagnostic accuracy and speed for suspected asthma

- Showing a patient's response to inhaled corticosteroid treatment, enabling the correct prescription of medication and safer/monitored adjustments
- Showing patient compliance
- Aiding identification of patients who do/do not require on-going treatment
- Shown to be superior to most conventional tests of lung function, such as peak flow recording and spirometry
- Aiding definition between allergic, type 2 (eosinophilic) and non-allergic asthma
- Can be used to confirm diagnosis improving misdiagnosis rates for asthma and leading to more appropriate referral to secondary care
- The possibility of using FeNO for dose adjustments and monitoring purposes could result in a reduction in inappropriate inhaler prescribing.
- The simplicity of FeNO testing means that anyone can use a FeNO device. This would reduce dependency on GPs within primary care as FeNO testing could be conducted by a practice nurse or other healthcare professional.
- FeNO increases patient understanding of their condition as they can relate to their FeNO score.

General Practice is often the initial point of contact for patients experiencing an exacerbation of their respiratory illness and requiring access to same day or urgent care. Most patients with a long-term respiratory illness will be managed entirely within primary care, supporting patients to manage their condition and recognise when they have an exacerbation. The approach in primary care which is being advocated is to contribute to the improvement of care and outcomes for people with respiratory diseases, by supporting them with the right level of access to diagnostics and care plans, to offer an inclusive approach on the best way to manage their condition successfully in the community.

2. Definition

Spirometry is the most common of the pulmonary function tests. It measures lung function, specifically the amount and/or speed of air that can be inhaled and exhaled. Spirometry is helpful in assessing breathing patterns that identify conditions such as asthma, pulmonary fibrosis, cystic fibrosis, and COPD.

FeNO stands for fractional exhaled nitric oxide. FeNO devices are a novel medical technology used to aid in the diagnosis of asthma. FeNO devices measure fractional exhaled nitric oxide in the breath of patients. Nitric oxide is a biomarker for asthma which provides an indication of the level of inflammation in the lungs.

3. Aim

The aims of the 2024-25 GP Quality contract are two-fold:

1. To **prepare** practices and PCNs to deliver accurate, reproducible, and quality assured diagnostics for Asthma and COPD patients.

2. To **support** capacity to meet the increased demand from COPD and Asthma exacerbations during the year, provide optimised care and offer preventative measures to increase wellness; supporting patients to be cared for in the community, and reducing avoidable hospital admissions.

1. **Preparation to deliver FeNO/Spirometry.**

Preparation to deliver accurate and quality assured respiratory diagnostics is required in the year 2024-25. Practices and/or PCNs are required to undertake a self-assessment of capability to deliver Spirometry and FeNO and undertake steps to meet the training requirements, as agreed and delivered by Training Hub and System Diagnostics Collaborative.

This lays the foundation for year 2025-26 to build on local service quality delivery and diagnostics and that all patients in Lancashire and South Cumbria Integrated Care Board (ICB) have local practice or PCN based access to high quality respiratory diagnostic tests i.e. quality assured spirometry and FeNO as per NICE guidance and NICE Quality Statements.

It will mean that practices and PCNs work towards a Lancashire and South Cumbria (LSC) framework of accreditation for staff undertaking diagnostic tests, developing a workforce with skills and competencies that allow for a trusted assessment and reduces duplication of diagnostic tests across the system. This framework also ensures that those performing or interpreting diagnostic spirometry in general practice must be able demonstrate their competency.

The overarching objectives for the period 2024-2025 remain:

- Practices and PCNs will be in a better position to meet current IPC guidance.
- Improve outcomes for people with suspected asthma through improved diagnostic speed and accuracy, thus supporting national policy.
- Improve the outcomes for people with confirmed asthma through improved management of their condition.
- Improve patient care through better understanding of an individual patient's condition in relation to their fractional exhaled nitric oxide (FeNO) score.
- Improve system working through more efficient respiratory management in primary care, reducing the demand on secondary and tertiary care.
- Reduced use of SABA prescriptions (associated risk with >12 inhalers per year) and prednisolone through accurate diagnosis of query asthma.
- Reduction in emergency hospital admissions by diagnosing asthma earlier.
- Address health inequalities by improving access and outcomes for people, and empowering people to self-manage their respiratory condition.
- Strengthened collaborative working with PCNs, population health teams, Health Inequalities Clinical Lead (HICL) and wider Integrated Neighbourhood Team partners to developed joined up plans.

These aims are drawn from key consistent themes from:

Asthma: diagnosis, monitoring, and chronic asthma management
NICE guideline [NG80] Published: 29 November 2017 Last updated: 22 March 2021

Chronic obstructive pulmonary disease in over 16s: diagnosis and management
NICE guideline [NG115] Published: 05 December 2018 Last updated: 26 July 2019

Asthma
Quality standard [QS25] Published: 21 February 2013 Last updated: 20 September 2018

Chronic obstructive pulmonary disease in adults
Quality standard [QS10] Published: 28 July 2011 Last updated: 19 September 2023
These themes are:

- Delivery of spirometry with reversibility
- Delivery of Fractional Exhaled Nitric Oxide (FeNO)
- Quality assurance of staff training and delivery of diagnostic tests by agreeing a framework for training, skills, and competence.

Updated ICB Infection Prevention & Control (ICP) guidance relating to provision of respiratory/spirometry services can be found here:

To support Practices/PCNs and Integrated Neighbourhood Teams to shape their support and role in the delivery of reducing health inequalities line with the new NHS England Inclusion Health Framework: NHS England » A national framework for NHS – action on inclusion health.

Importantly, the work undertaken in 2024-26 will lay the foundation for whole system working between primary care, community diagnostic hubs and secondary care and will generate improved clinical care including prescribing, practice efficiencies (reduction of duplicate testing) and cost savings to the system in the years to come.

This initiative will begin to move the general practice element of diagnosis to a state of readiness for a system approach to diagnosis and management, with secondary care diagnostics work happening in tandem as part of the Community Diagnostic Hub initiative. The intention is that initial diagnosis is undertaken in general practice with a high degree of competence. More complex testing and diagnosis will happen in secondary care with co-ordination and quality assurance that will eliminate the unnecessary duplication of tests which we understand happens at present.

Prescribing of low carbon inhalers continues to be a priority in delivering effective respiratory care, the ICB continues to promote this priority and supports the work practices have already undertaken and continue to do to maximise the use of low carbon inhalers.

2. Increased capacity for COPD/Asthma patients

Practices are asked, to deliver additional appointments to meet the increased demand from COPD/Asthma patients experiencing exacerbations. Ideally practices will focus on the months from September to March, however this funding allows practice flexibility to address the capacity required for their practice population.

Appointments can be delivered flexibly, at practice or PCN level and as daily additional slots or weekly sessions, depending on staffing availability or numbers required for practice size. Appointments could be used to provide proactive care for patients with respiratory illness to provide care planning or to support proactive admission avoidance initiatives.

The additionality will provide practices and PCNs with much needed enhanced capacity at a period of the year when demand is much greater. Patients with COPD and Asthma are at much higher risk of attending ED and or being admitted; this additional capacity aims to support patients being managed within primary care where this is appropriate.

To support whole system understanding of the role of additional capacity in General Practice for exacerbations of long-term conditions and how this complements other schemes and the wider urgent and emergency care delivery, accurate audit of the provision and use of these appointments will be undertaken.

4. Delivery

Ideally outcome one should be created at a PCN level to aid development and maintenance of quality and competence and provide cost-effective delivery, however, this could be offered at a practice level if quality and competence requirements can be met.

Outcome 1: Preparation to deliver accurate and quality assured Spirometry and FeNO

Aim

The Practice and/or PCN to establish and meet their learning needs to provide spirometry and FeNO routinely for diagnostic purposes from 2025.

Practices are required to:

- Complete the provided self-assessment questionnaire on current capability in the delivery of Spirometry and FeNO.
- Establish who will undertake training to perform and deliver Spirometry and FeNO and whether this is at practice or PCN level.
- By the end of year, staff to be competent to undertake spirometry and FeNO and interpret the results.
- Staff training gap analysis to be undertaken to allow for whole system planning within the contract year and agree a consistent training offer and framework for practices/PCNs to work towards.
- Spirometry certification includes 'performing' and 'reporting' elements. Any healthcare worker can undertake and report spirometry if appropriately trained and certified.
- Quality assurance can be evidenced by inclusion on the ARTP register. For staff who do not wish to be included on the ARTP register, the ICB will agree a quality assurance process with the Training Hub and Diagnostic Collaborative to develop a Lancashire and South Cumbria Primary Care Training Framework.
- Staff to undertake FeNO online learning modules which should be completed via accessing NHS E E-learning for Healthcare website – see link for access to a number of e-learning programmes available. Practices are required to complete the Asthma programme for adults and children and young people.

  See hyperlink: Programmes - elearning for healthcare (e-lfh.org.uk):

- The e-learning programmes are split into 2 x 30min modules. Staff must be competent to understand and perform FeNO testing and ensure accurate and effective interpretation of FeNO results and to support any staff who have not undertaken FeNO training to date.
- Updated Infection and Prevention Control (IPC) guidance has been approved by the ICB to ensure a safe clinical environment to undertake spirometry and FeNO.

Respiratory IPC Standard Operating P

Measurement (1)

2.Outcomes

1. Practice/PCNs to be able to work together to provide quality assured consistent delivery of diagnostic spirometry and FeNO (hub model is the preferred approach) to meet minimum staffing and training standards by April 2025.
2. There will be a high degree of confidence in the quality and consistent coding of newly diagnosed patients in 2025-26.

3.Key performance indicators

- Practice/PCN to complete and return self-assessment questionnaire which includes current staff training by the end of quarter one 2024/25.
- Practice/PCN to confirm their readiness to undertake spirometry and FeNO testing by confirming the gaps in readiness and provide a plan to meet the needs of their population by the end of quarter one by completing the annual performance template.
- Agree a plan to achieve the Primary Care Training Framework which will be provided to practices in 2024/25 and to develop a plan to implement consistent levels of training and competence during 2024-26 (plans to be outlined in the annual performance template).

4.Payment:

Practices will be paid a fixed payment of £0.50 per weighted head of population.

Outcome 2: Supporting capacity to meet demand for COPD/Asthma

1.Aim

- The Practice or PCN provides additional appointments to meet the proactive and acute needs of existing patients with COPD or Asthma.
- Early General Practice access for patients with COPD/Asthma in exacerbation allows control of the acute episode, reducing risk of attending ED or being admitted to secondary care; and offers an opportunity to review medication to reduce the likelihood of further exacerbations.
- It is likely that the acute demand will peak from September to March.
- Practices will have a financial allocation as described below and will provide additional appointments, assuming:
  - A maximum average cost of £42 per appointment
  - 80% or more of the allocation should be used for the provision of additional appointments to deliver a minimum activity level and the remainder to support population health planning and collaborative working.
  - Appointments could be undertaken by a range of clinicians flexibly to meet the needs of the practice/PCN. Practices to provide evidence of the additional appointments by completing the annual performance template.
- Practices may choose to provide additional appointments (in or outside core hours). flexibly to meet their patient needs, with daily appointment slots, or additional sessions weekly, or work with the PCN to provide this additionality. Practices to provide information about their plans in the delivery plan which is outlined in the annual performance template.
- The targeting of these additional appointments should be informed by your Core 20 plus 5 population and priority ward/group population needs analysis, available from your PCN Health Inequalities Clinical Lead (HICL) or locality population health team.
- The additional appointments should seek to address the health inequalities in your practice/PCN geographical area.
- Practices should build on their collaborative working relationships with their PCN/s and HICL to share their planning and learning outcomes.
- Practices should submit their delivery plan using the annual performance template provided no later than end May 2024. Feedback will be provided no later than end of June 2024 however, practices are encouraged to begin implementation whilst awaiting sign off of the plan. Practices may wish to submit earlier than the above deadlines.

Measurement (2)

2.Outcomes

- Practices and PCNs will have additional appointment slots daily or weekly sessions according to financial allocation and cost and the required minimum activity level.
- Demand on ED and admissions will reduce leading to better outcomes for patients and reduced costs to the system.
- Reduced exacerbations in patients with COPD/Asthma through proactive care planning and support to manage acute care.
- Continue to embed a population health approach in primary care.

3.Key performance indicators

- In accordance with the agreed delivery plan, evidence of the provision of additional respiratory appointments to be outlined via annual performance template.
- The delivery plan must include:
  - ✓ Details of appointment usage and outcome.
  - ✓ Comparative analysis of respiratory patient ED attendances and admissions.
  - ✓ Provision of learning to inform future planning.
  - ✓ Demonstrate strengthened collaborative working with PCN, population health teams, Health Inequalities Clinical Lead (HICL) roles and wider Integrated Neighbourhood Team partners.

4.Payment:

Practices will have a financial allocation and will provide additional appointments within that allocation, assuming:

1. A maximum average cost of £42 per appointment.
2. 80% or more of the allocation should be used for the provision of additional appointments to deliver a minimum activity level and the remainder to support population health planning and collaborative working.

The delivery plan will be signed off by the ICB and the annual performance template submitted by practices will be used to reconcile appointment-based payment.

Outcome 3: Sit Rep reporting.

1.Aim

The submission of situation reports (SitRep) by general practices are incredibly valuable to the ICB; to let us and System Partners know what pressures are being experienced and it is also a method by which practices can notify the ICB of an issue and receive support.

All submissions are collated and escalated as appropriate within the ICB, with the following aims:

1. Submissions enable the local teams to identify practices who are under significant pressure and/or struggling, and 'hot spots' within localities. The local teams will facilitate and coordinate support from other ICB functions and System Partners where applicable and ensure System awareness.
2. Reporting the collated submissions into the System Control Centre (formerly Gold Command). This ensures that the current state of primary care is reflected in System-wide discussions alongside other providers including hospital trusts (all acute and community services report onto EMS+ which can therefore provide a detailed overview of System pressures).
3. Escalation of issues as appropriate at system, region and national levels when required.

The submissions received to date, have helped us to support practices with operational issues and have been essential to aid our understanding of primary care issues, allowing escalation region and national levels when required.

Practices are required to:

4. Identify the staff members responsible for SitRep submissions and ensure they are registered with the following systems (if they have not already done so) to undertake SitRep submissions and view local service escalation statuses.
   - EMSPlus (Morecambe Bay, Fylde Coast, Central and West Lancs practices), or
   - GP TeamsNet (Pennine Lancs practices only)

5. Practice is to carry out a weekly practice SitRep submission on the appropriate system each Tuesday by 11am, and update on other days should their status change (either escalate or de-escalate) from their Tuesday submission. In any cases where a Tuesday is a bank holiday practices should submit on the next working day.

6. The submission is to comprise of two elements*:
   - a Red, Amber, Blue, Green status
   - a single free-text box. Practices are encouraged to complete the free text box; this aids the ICB's understanding of any issues and the current pressures that practices are facing.
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**The content of the submission may be subject to changes and improvements during the length of the Quality Contract. The ICB will work with the LMC and practices to develop and agree these any changes.*

Guidance notes regarding the SitRep and escalation processes for practices are available on the GP Intranet and Practices should look out for any changes highlighted in the weekly newsletter digest.

Measurements (3)

2.Outcomes

- Practices' weekly sitrep submissions received by the ICB.
- Local teams offer/ facilitate support to escalated practices with operational issues where appropriate.
- ICB awareness and trend analysis of escalated practices and 'hot-spot' areas.
- Collated sitreps, analysis and situational awareness fed into System Control Centre (formerly Gold Command).
- System and local providers' have an understanding of current general practice pressures.
- The current state of primary care is reflected in system-wide discussions.
- Escalation of issues as appropriate at system, region and national levels when required.

3.Key Performance Indicators

- Identify staff members who will be responsible for completing the weekly SitRep and any updates by exception.
- Practice submission frequency will be monitored by ICB, with an expected threshold of a minimum 85% submission. This will commence from 1st June 2024.

4.Payment

No payments are associated with this element of the GPQC.