Executive Summary

Following a successful Joint Working project focusing on COPD, NHS East Surrey CCG approached NHS Improvement to participate as an asthma test site for the Lung Improvement Programme. This gave the CCG an opportunity to improve asthma patient care, and reduce unnecessary spending by optimising and standardising the approach taken to the condition’s management across their 18 practices.

Through a second Joint Working project with AstraZeneca, and in collaboration with local stakeholders, the CCG was able to develop a fully integrated pathway that focused on every aspect from case finding and accurate diagnosis, chronic disease management, through to acute care. This allowed practices to:

- formally identify 154 additional asthma patients,
- reduce emergency asthma hospital admissions by 21%,
- and increase patient recognition of having a formal self-management plan up to 73%.

The success of the project was recognised across the NHS when it was nominated as a finalist at the 2012 National Association of Primary Care (NAPC) Vision Awards.

AstraZeneca Joint Working Case Study

Improving Asthma Care in Partnership with NHS East Surrey CCG

AstraZeneca and Joint Working

Improving patient lives is at the heart of AstraZeneca’s business. In the UK the primary customer for our medicines, and consequent partner in helping us achieving that goal, is the NHS.

The ambitions of the NHS are broad and wide ranging, and it faces many challenges in achieving all it wants for people across the UK. As a result, NHS organisations are increasingly calling on external expertise to help them to meet these challenges. This ‘Joint Working’ approach is one that is actively promoted by key industry bodies including the Department of Health and the ABPI (Association of the British Pharmaceutical Industry).

AstraZeneca is committed to Joint Working as a means of supporting the NHS to achieve more for patients, and welcomes the opportunity to pool skills, experience and/ or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.

Situation

Following a highly successful COPD focused Joint Working project that NHS East Surrey CCG and AstraZeneca worked on together, the partnership embraced the opportunity to take on a new challenge to tackle the variation in asthma care across the CCG’s 18 practices.

The prevalence of asthma in England is amongst the highest in the world, estimated to affect 3 to 5.4 million people. Between 1,000 - 1,200 people a year still die from asthma in England, and it is estimated that 90% of those deaths are attributed to preventable factors. Asthma is managed predominately in primary care with patients taking responsibility for lots of the management of their condition themselves outside of the healthcare setting.

Despite emergency admission rates being low (84 in 2010/11) across the CCG’s patient population, it was recognised that the care patients received from the 18 practices was variable and that this variation could lead to suboptimal patient outcomes and ultimately unnecessary spending.
Joint Working Project Objective

- Reduce unwarranted variation and deliver consistent standards of care across the entire pathway for patients with asthma from the CCG’s 18 practices

Joint Working Project Strategy

Work together with NHS Improvement, practices, patients, PCT pharmacists, the Local Prescribing Committee (LPC) and secondary care specialists to create centralised guidance, education and resources that allow practices to autonomously manage their asthma patients in the most effective and efficient manner.

Working Together in Practice

Step 1: Consistent patient cohorting

- AstraZeneca provided a data interrogation tool which defined specific cohorts to help practices group and manage their patients
  - Four cohorts were identified and profiled - with the largest being patients who were receiving asthma medications but had not received a formal diagnosis - which went on to inform the types of other resources required
- Risk stratification was a key outcome, and through three “Plan Do Study Act” cycles, four key cohorts were identified through risk stratification for intervention

Step 2: Creating central resources

- From the cohort profiling, the team developed standardised read codes and two types of formal self-management plans – one pictorial and one text-based – for use by practices with patients
- Local asthma diagnostic guidelines and a treatment pathway were developed in line with the BTS/SIGN Guideline, in a collaboration between the medicines management team, PCT pharmacists, LPC representatives and patients from each practice

Step 3: Engaging and upskilling practices

- An asthma education day was held with guest speaker, Professor Martyn Partridge, which was attended by 60 GPs and nurses
- Practice specific cohort breakdowns were presented individually to practices alongside the management resources to enable and empower them to put in place appropriate plans of action
- AstraZeneca nurses helped mentor practice nurses on optimal management for different cohorts
- PCT pharmacists visited practices to carry out medication reviews and went into care homes to do patient medication reviews

Step 4: Working with secondary care

- A monthly newsletter was developed by the project team to keep all practices up to date on project progress

Step 4: Working with secondary care

- Data sharing between the hospital trust and practices was established to allow proactive case management by practices following A&E attendance
- Standardisation of hospital paperwork was agreed and that a discharge summary would be sent by the hospital to a patient’s practice to allow primary care follow up within 7 days

Key Outcomes

Primary successes:

- Willing and engaged practices across the CCG, allowing the new tools and guidelines to become the natural way of consulting, and standardised optimal care becoming the norm
- BTS step recording went from 4% to 20%v
- Compliance recording increased by 7%v
- Recording of inhaler technique increased by 813 patientsv
- 454 extra patients had a self-management planv
- Within the identified high risk group, improvement from 24.6% to 73.1% who were aware of having a self-management planv
- 58 additional patients were referred for smoking cessationv

’Some increase in prescribing costs did occur, but as a consequence of the prevalence of people with asthma increasing through correct diagnosis and treatment, as well as some initial medication wastage due to therapy adjustments.’

Lizette Howers, Primary Care Pharmacist, NHS Surrey

‘The project has been a real success for the 18 practices across the CCG and has clearly demonstrated that case finding, standardised management and medicines optimisation improves asthma care for patients, joins up the efforts of healthcare professionals working with asthma patients across the healthcare spectrum and has the potential to result in important cost savings for the NHS.’

Dr Elango Vijaykumar Respiratory Lead, East Surrey CCG

‘We have now worked on a number of successful Joint Working projects with AstraZeneca and the outcomes have been extremely valuable to the CCG. More importantly however they have had a real impact for patients and healthcare professionals in the East Surrey community. The amount that we can achieve when we pull together, pooling resources and expertise, is really impressive and proves we can do things better together.’

Dr Joe McGilligan, Chair of East Surrey CCG and Co-Chair Surrey Health and Wellbeing Board

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References

i. Pulse Practical Commissioning, Raising the Asthma Care Bar, Dr Vijaykumar, December 2012.
iii. South East Coast Quality Observatory, EsyDoc hospital admissions with asthma as a primary diagnosis (18 + yrs), 2012
iv. NHS Improvement – Lung, Improving adult asthma care: Testing the case for change, August 2012