

RESPIRATORY CARE INITIATIVE OF THE YEAR

WINNERS



UNIVERSITY HOSPITALS OF DERBY AND BURTON FT IMPACT+

The ImpACT+ service is delivered by a team of Respiratory Consultants, Specialist Respiratory Nurses, Physiotherapists and Occupational Therapists along with admin and clinical support staff. The service has transformed specialist community respiratory services for people with Chronic Respiratory Disease living in Southern Derbyshire and Erewash. The service re defines the patient pathway so that all patients are assessed using a Bio-Psychosocial model providing comprehensive holistic assessment and treatment plans. We are embedded in Primary Care and actively review all patients from the point of diagnosis through to the later stages of disease including advance planning.

JUDGES COMMENTS

The judges felt that the University Hospitals of Derby and Burton FT was an excellent service with a very enthusiastic and engaging team involved. The change brought together several services into one with a single point of referral, clearly keeping the patient at the centre, and with a strong evidence base to the service change. The project had clear aims to reduce variation of treatment by clinicians, and for patients to see one member of staff rather than several. The lung line is a great example of the way patients are supported by a holistic model of care, which also includes areas outside the traditional medical model such as social prescribing.

HIGHLY COMMENDED



West Hertfordshire Hospitals Trust, Central London Community Healthcare Trust and Herts Valleys CCG

Respiratory point of care testing (R-POCT) to facilitate diagnosis and treatment in the community for COPD exacerbations

Herts Valleys CCG commissioned a pilot service utilising a rapid point-of-care testing panel for respiratory infection (RPOCT), to improve antibiotic prescribing and reduce hospital admissions for patients identified with

an exacerbation of chronic obstructive pulmonary disease (COPD). The service was delivered by the Respiratory Team from West Hertfordshire Hospitals NHS Trust in conjunction with the Enhanced Community Respiratory Service provided by Central London Community Healthcare NHS Trust (CLCH). The pilot targeted 100 patients who had symptoms suggestive of a COPD exacerbation and who would have hitherto required an admission to hospital.

JUDGES COMMENTS

West Hertfordshire Hospitals Trust, Central London Community Healthcare Trust and Herts Valleys CCG displayed great outcomes for patients, improving quality of life and showing significant cost savings. This project promotes care at home rather than admission to hospital. The judges feel that this is transferrable to other communities and something that other services could learn from and replicate.



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FINALISTS



Kettering General Hospital FT **Day case thoracoscopy with pleurodesis**

Design and Implementation of the 'Day-case thoracoscopy with pleurodesis' protocol.

All patients had their procedure on

the allocated day-case slot. Admissions were reduced by >90% and patient experience has improved significantly, without any unplanned admissions. Effective partnership while working with community healthcare staff and patients, ensured success of this initiative. This is highly replicable elsewhere with minimum effort and little additional training required for the district nurses.

Following 2 audit cycles, this initiative has proven to be cost effective for the regional healthcare economy with excellent outcomes.



Mid Essex CCG **Giving mid Essex COPD patients GOLD-standard care**

This 10-month pilot programme rolled out across a primary care locality the Global Initiative for Chronic Obstructive Lung Disease framework

for determining the severity of COPD patients' condition.

The cross-organisation initiative involved: the CCG's Clinical Lead; our Chief Pharmacist; respiratory clinicians from the local acute trust; the COPD team lead from the CCG's main community provide; the GP locality lead; GPs and other members of local practice teams; the COPD GOLD pilot Primary Care Practitioner; our RightCare Delivery Partner; and operational respiratory service leads.

The initiative served the registered COPD population within the nominated locality to improve these patients' outcomes.



North Tees and Hartlepool FT **Transformation of OPAT services to improve capacity and patient experience**

The aim of this project was to improve and expand the provision of OPAT services to respiratory patients

within the Trust. It involved collaboration between the Antimicrobial Pharmacist and the Out of Hospital Care Team, who currently provide this service. By using novel elastomeric devices for antibiotic administration, our Out of Hospital Team could increase their capacity, save nursing time and money and also improve patient experience. Patients using the new service would only require once daily visits from the team rather than the previous 2-3 times per day visits, allowing them more freedom for their normal daily routine.

Respiratory Care Solutions **Standardising Care and reducing Variation**

Respiratory Care Solutions is a social enterprise, set up by two practice nurses in 2015 who wanted to improve the respiratory care for patients in Leeds. As a social enterprise our profits are re-invested back into pay for nurses to attend conferences and leadership courses.

Leeds was one of the worst in the country for respiratory outcomes, so the idea initially was to try make improvements through education of healthcare professionals. This led to setting up the organisation and one of the nurses taking the risk of giving up her job hoping that the business could secure a contract.



Tameside and Glossop CCG and Health Innovation Manchester **COPD Therapy Review Service**

The COPD Therapy Review Service was a non-promotional medical service provided by a team of clinical pharmacists employed by Interface

Clinical Services on behalf of Tameside & Glossop CCG. The service was funded by GlaxoSmithKline. The service provided full clinical reviews of COPD patients to assist practices implement a systematic approach to the management of patients with COPD/to reduce symptoms and risk of exacerbations. The clinician responsible for the care of his/her patients retained full control over the entire process and treatment choices arising from the patient review process. Clinical responsibility for every patient remained the responsibility of the practice.