Wessex Academic Health Science Network

NHS

Respiratory policy review

Dec 2020

Wessex Academic Health Science Network

NHS

DIAGNOSTICS: RECOVERY AND RENEWAL (Oct 2020, Prof. Sir Mike Richards)

Summary through a FeNO lens

Headlines from the introduction

- *"The need for **radical investment and reform of diagnostic services was recognised at the time the NHS Long Term Plan** was published in 2019"*
- Report near completion at the start of CV19 Wave 1
- Report **launched Oct 2020** – recommendations made pre-CV19 still stand, additions have since been made to deliver safe, high quality diagnostic services in an endemic phase of the disease
- **Tension for change**: Marked increase in breaches of the six-week diagnostic standard over past 2 years. CV19 pandemic has further amplified the need for radical change in the provision of diagnostic services, including the embedding of benefits from virtual consultations.
- **Growing demand for diagnostic services for the past 5 years(+)** from the acute sector and primary care
- *"To deliver the increase in diagnostic activity required now and over the coming years, and to provide safe, patient-centred pathways for diagnostics, **new service models are needed**."*

- Key actions suggested;
  - *"Acute and elective diagnostics should be separated wherever possible to increase efficiency.*
  - *Acute diagnostic services (for A&E and inpatient care) should be improved so that patients who require CT scanning or ultrasound from A&E can be imaged without delay. Inpatients needing CT or MRI should be able to be scanned on the day of request.*
  - ***Community diagnostic hubs should be established away from acute hospital sites and kept as clear of Covid-19 as possible.***
  - *Diagnostic services should be organised so that as far as possible patients only have to attend once and, where appropriate, they should be tested for Covid-19 before diagnostic tests are undertaken.*
  - *Community phlebotomy services should be improved, so that all patients can have blood samples taken close to their homes, at least six days a week, without needing to come to acute hospitals".*

This expansion must start as soon as possible….

24 recommendations made in the report under 5 broad themes (New models, equipment, workforce, digitisation and connectivity & delivering the change)

All relevant to FeNO from “New service delivery models” section (and all below abbreviated);

#1 – **New pathways for diagnosis** should be established – keeping visits to acutes to a minimum

#2 - **New pathways should separate** emergency/acute and elective diagnostics

#3 - Community diagnostic hubs **should be rapidly established** - to provide diagnostics for cancer, cardiac, respiratory and other conditions.

#7 - **New diagnostic technologies** should be rapidly evaluated…

#23 - NHS E/I should **review commissioning levers for diagnostics**, to include tariffs, contracting arrangements, service specifications and quality requirements, to ensure that incentives are aligned with strategy

Recommendation group 1: New service models

(Further relevant details to FeNO include)

Key components of the new service models include…

- Establishment of community diagnostic hubs (CDHs)
  - Community diagnostic hubs (CDHs) are needed to **accommodate the major expansion in diagnostic services** required over the next five years, as potential for expansion on acute hospital sites is very limited
  - **Three hubs per million** population should be established (in the first instance)
  - **Configuration is a local** decision
  - At a minimum, **CDHs will provide**; imaging, **cardiorespiratory**, pathology, endoscopy, consulting rooms. Plus a range of other Dx services, e.g. antenatal, mammography etc.
  - Cardiorespiratory references *"spirometry and some lung function tests"*
  - Mobile services may also be appropriate in some localities

- *"3.35. **Some** cardiac and **respiratory diagnostics** (e.g. spirometry, some lung function tests and ECG) **could also be provided at a more local level, such as for a primary care network serving a population of 50,000.** The development of the larger CDHs proposed in this report should not preclude such developments where these make sense."*

- **New pathways with virtual** consultations and access to expert advice and guidance

- Use of **new diagnostic technologies** supporting near-patient testing

Recommendation group 2: Equipment

(Further relevant details to FeNO include)

- *"7.3. Networks and alliances bring together teams working in particular areas of healthcare, especially where some services cannot be delivered in all NHS trusts or where efficiencies can be achieved from cross-trust working… Typically, they may serve populations of 1.5 to 3 million … They facilitate delivery of high quality, efficient and patient-centred care…"* (Links to the development of the National Respiratory Networks…)

Recommendation group 3: Workforce

(Further relevant details to FeNO include)

- *"5.21 In addition to an increase in echocardiographers,* ***new roles should be piloted****, with expertise in a range of tests such as ECG, rhythm monitoring, spirometry and some other lung function tests. This will* ***support the development of skills*** *and different ways of working and encourage diversity in the diagnostic workforce"*

Recommendation group 5: Delivering the change; Diagnostic networks

(Further relevant details to FeNO include)

- *"4.17. As with endoscopy, there is* ***no national asset register for physiological measurements*** *comparable to that undertaken for imaging in 2019. This makes equipment and facilities planning extremely difficult…."*
- *→ Recommendation 10: Equipment/facilities and staffing* ***surveys should be urgently undertaken both for endoscopy and cardiorespiratory diagnostic services.*** *These will provide a baseline on which to plan for expansion/renewal where most.*

Appendix 1 – The clinical case for change; Respiratory diagnostics - Spirometry

(Further relevant details to FeNO include – reference to Spirometry with a minor reference to FeNO)

- *"2.2 This [Spirometery] is a NICE mandated test for confirming the diagnosis of chronic obstructive pulmonary disease (COPD), with **the exhaled fraction of nitric oxide also important in the diagnostic asthma pathway**. Performing accurate and reproducible spirometry is not easy and requires training to the Association for Respiratory Technology and Physiology (ARTP) certification to avoid potential misdiagnosis and inappropriate onward referral. With appropriate training, the test can be done by healthcare assistants who, with additional ARTP training, can also interpret the results in a community setting"*

Appendix 4: Cardiorespiratory Diagnostics

- *"Some of these tests [including reference to Spirometry and FeNO] can be undertaken within either primary or secondary care. Historically, monitoring of **both quality and quantity of these tests** has been lacking…"*

- *"Some of the **simpler tests may also be provided more locally at a primary care network level**. This will be for local decision making"*

Appendix 7: Guidance for community diagnostics hubs

- *"1.3. In general, **acute hospital sites have very limited spare capacity** (including for parking) and are difficult to keep Covid-19 minimal. Therefore, to deliver safe, patient-centred and efficient elective diagnostic services and to prepare for much needed expansion of capacity, community diagnostic hubs (CDHs) should be rapidly established"*

- *"CDHs for **implementation from April** 2021"*

- *"The **CDHs will usually be sited away from acute hospitals**, with adequate public transport links and car parking. NHS community hospitals, retail parks or high street shopping centres may provide suitable locations with decisions being made based on local need"*

- *"CDHs should operate for **14 hours a day, seven days** per week"*

Next steps and implementation

NHS England and Improvement - set up a **national Diagnostics Programme Board**, co-chaired by Professor Stephen Powis, National Medical Director for England, and Hugh McCaughey, National Director of Improvement, to coordinate implementation of this report.

Detailed implementation plans will be finalised once the Spending Review capital and revenue budget outcome is confirmed, launching a 'rolling programme of investment in additional and replacement equipment and workforce capacity building measures across the 2021-25 period'

The spending review is expected to conclude on the 25th November 2020 (at the time of writing)…

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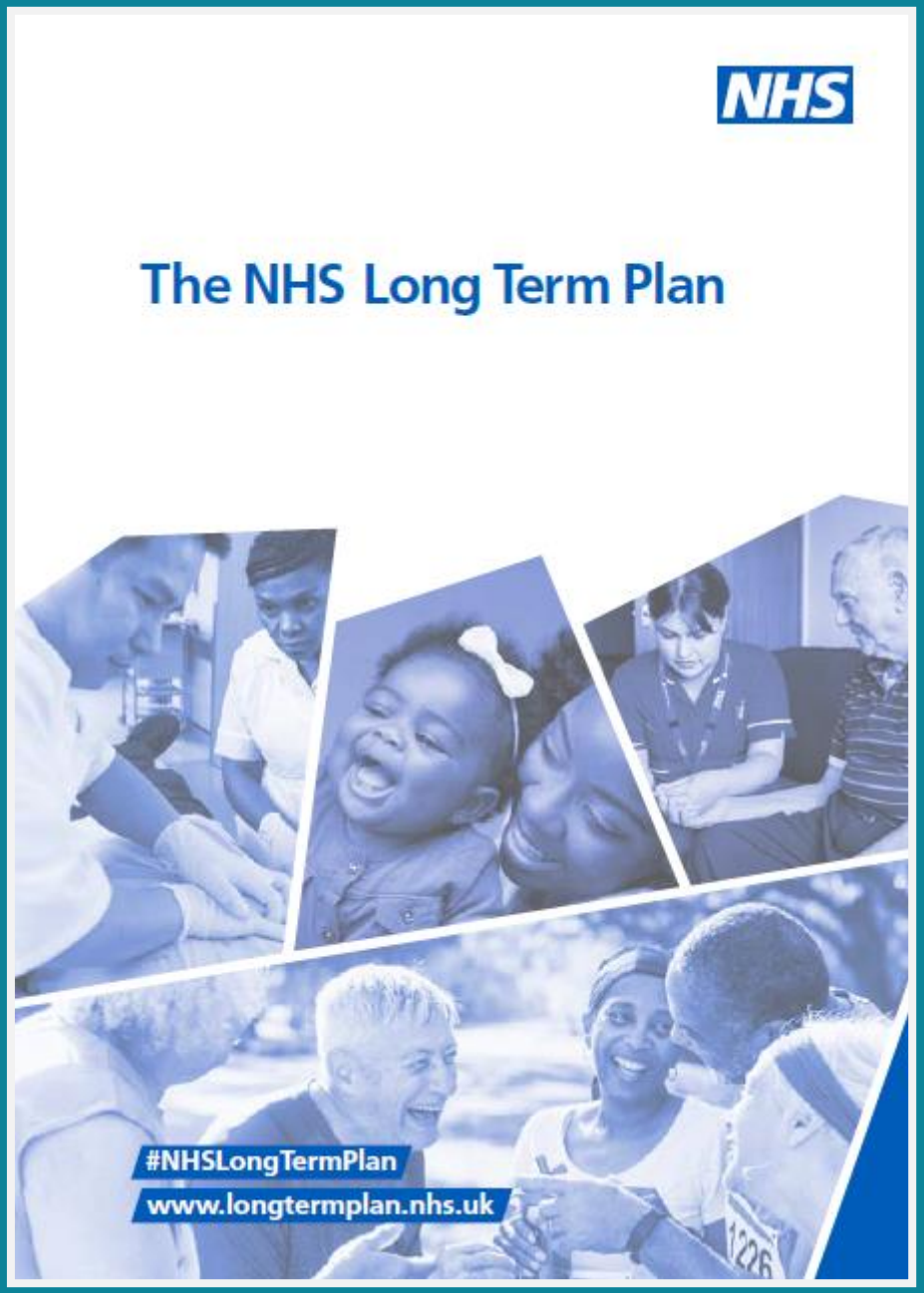
NHS Long term plan



Long Term Plan (2019)

3.45. **From 2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.** This will be achieved though sharing best clinical practice, supporting the integration of paediatric skills across services and bespoke quality improvement projects.

3.84. **The NHS will do more to detect and diagnose respiratory problems earlier.** Currently around a third of people with a first hospital admission for a COPD exacerbation have not been previously diagnosed133. From 2019 we will build on the existing NHS RightCare programme to reduce variation in the quality of spirometry testing across the country. Primary care networks (detailed in Chapter One) will support the diagnosis of respiratory conditions. More staff in primary care will be trained and accredited to provide the specialist input required to interpret results.

3.86. **We will do more to support those with respiratory disease to receive and use the right medication.** 90% of NHS spend on asthma goes on medicines136, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. Pharmacists in primary care networks will undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working. As part of this work, they can also support patients to reduce the use of short acting bronchodilator inhalers and switch to dry powder inhalers where clinically appropriate, which use significantly less fluorinated gases than traditional metered dose inhalers137. Pharmacists can also support uptake of new smart inhalers, as clinically indicated.

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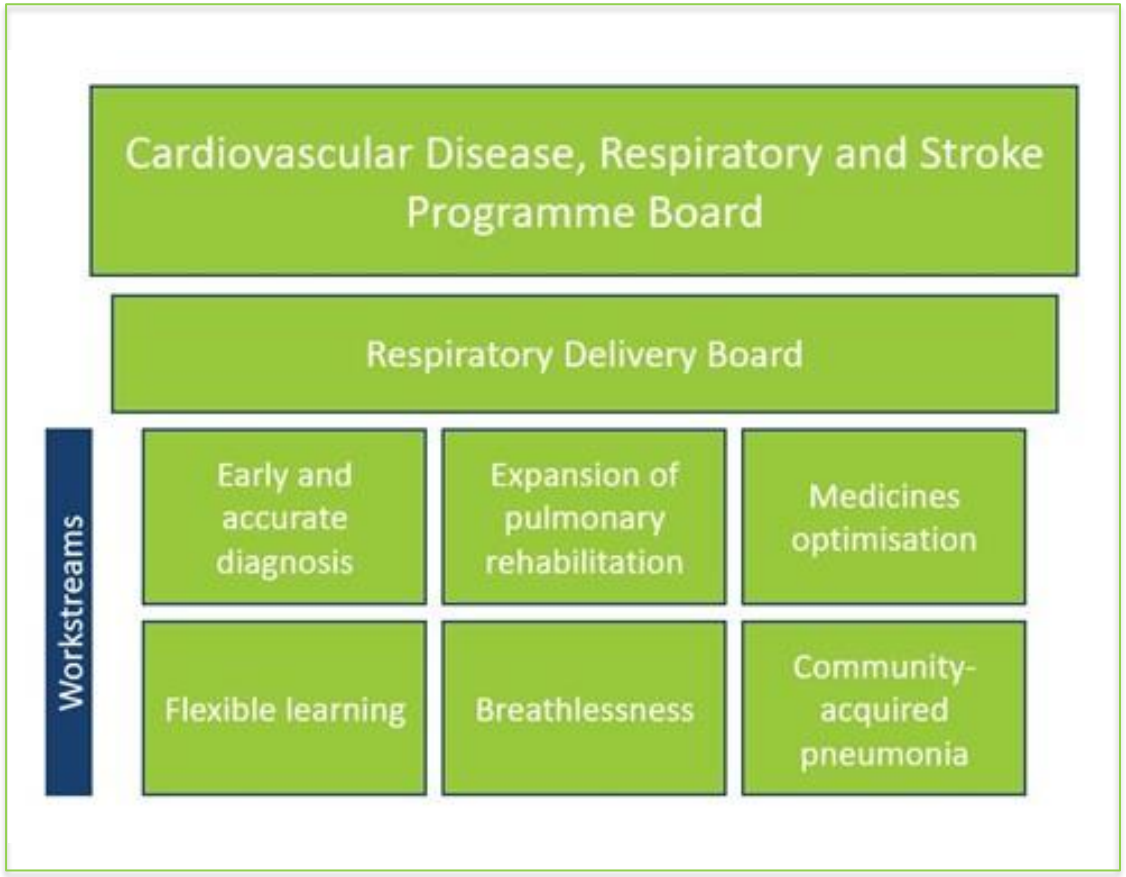
NHS E &I National Respiratory programme

National Respiratory programme

Our work on respiratory disease

A new programme has been set up to improve the treatment and support of people with respiratory disease and deliver the commitments outlined in the NHS Long Term Plan. We aim to:

- **Early and accurate diagnosis** – focus on spirometry, QOF indicators in primary care to be implemented 2021/22, supporting development of diagnostic hubs (Richards review and recommendations).
- **Pulmonary rehab** – increasing referral and completion rates, new models to reduce health inequalities and increase access across less represented groups.
- **Flexible learning** – developing a self-management programme for people newly diagnosed with asthma/COPD (digital tool and alternative), very early stages of patient engagement and research.
- **Medicines optimisation –** focus on reducing SABA use in asthma patients, CCG IIAF indicator for 2021/22, links to community pharmacy.
- **Breathlessness –** current models of managing breathlessness, developing a national model/pathway based on current evidence/practice on minimum standards, training and awareness for healthcare professionals in managing chronic breathlessness.
- **Community acquired pneumonia –** a new CQUIN on CAP to be introduced in 2021/22, based on the BTS bundle.



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NHS E &I Respiratory Clinical Networks

Respiratory Clinical Networks

Standardised functions
The networks will be central to the clinical leadership of respiratory services in managing the current and on-going demand posed by Covid-19, delivering the objectives of the NHS Long Term Plan and ensuring routine care for respiratory patients is of the highest quality.

- 13 networks across 7 regions

Supporting organisations in developing systems and processes for:

1. **Acute management of Covid-19 patients and planning for future surges.**
2. **Follow-up and rehabilitation for post-Covid-19 survivors (including virtual rehab).**
3. **Restoration of respiratory services based on the NHS Long Term Plan priorities for early and accurate diagnosis, medicines optimisations, community acquired pneumonia and pulmonary rehabilitation – adapted to the Covid-19 environment for remote monitoring and care closer to home.**
4. **Target interventions in areas of high deprivation, lower socioeconomic groups and those with complex health needs, with an aim to reduce health inequalities.**