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Developing an enhanced integrated multidisciplinary team to identify and optimise the care of respiratory patients in Oxfordshire: a joint-working partnership between the NHS and Boehringer Ingelheim

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Overview

Through joint working, Oxfordshire Clinical Commissioning Group (OCCG) and Boehringer Ingelheim (BI) piloted an enhanced NHS multidisciplinary integrated respiratory team (IRT) aimed at:

1. improving accurate, timely respiratory disease diagnosis
2. optimising clinical management
3. enhancing holistic and end-of-life care
4. identifying patients at risk of respiratory admissions and
5. integrating patient care across primary, secondary care and community settings.

The integrated team in North and City localities enhanced existing community, hospital-based and primary care by providing a community consultant working alongside additional respiratory nurses and physiotherapists, a dedicated psychologist, pharmacist, public health smoke-free advisers and specialists in palliative care. Awareness and links to third sector organisations, including Better Housing Better Health, were also improved.

This led to timely, coordinated care closer to home for respiratory patients, development of a proactive and preventative approach that showed potential to reduce system costs and resulted in positive individual patient outcomes.

Key benefits and outcomes

The IRT provided community-based, integrated multidisciplinary care for a complex group of patients with respiratory disease through a range of activities from direct multidisciplinary case management, to greater liaison and training in primary care and processes to identify new, and at-risk patients.

Qualitative data collected indicates benefit was achieved:

- Case studies show the team provided innovative, patient-centred care, resulting in positive individual patient outcomes.

- General Practice and patient feedback was positive overall: practices valued the IRT providing a rapid service and access to a range of staff and expertise.
- IRT input and training led to increases in practice staff confidence and changes in clinical practice, encouraging proactive management of their chronic obstructive pulmonary disease (COPD) and asthma patients.
- Patients appreciated personalised services closer to home.
- IRT members valued many aspects of the experience, learning new skills from each other and valuing this holistic approach.

Quantitative analysis showed a clear impact on lowering outpatient referrals and a reduction in prescribing of non-formulary inhalers and high dose inhaled corticosteroids. Small patient sample analysis indicated reductions in annual healthcare resources through patient improvement scores, medicine optimisation and proactive case finding.

The challenge

Analysis conducted prior to commencement highlighted that respiratory illnesses were more common in North and City localities than in other parts of the county. In addition, RightCare data[1] identified Oxfordshire as being in the highest quintile in England for percentage of COPD hospital emergency and re-admissions within 30 days of discharge. Oxfordshire also had a significantly lower reported COPD prevalence vs national[2], indicating the need for proactive identification of respiratory patients.

The steps taken

OCCG and BI worked in partnership with local providers to design the pilot, which was jointly funded by both organisations with local NHS healthcare professionals providing all clinical care and support and taking full responsibility for clinical decision-making. BI did not have access to any patients, nor any information or data about individual patients and their health, or any personally sensitive information.

This was a complex project in terms of the number of stakeholders involved in planning and management, its ambition and the patient group targeted. A joint project board was responsible for strategic decision-making and the management of funding and resources, with a collaborative project implementation group instrumental in the day-to-day logistics, set-up and running of the pilot.

Benefits to the NHS:

Clinical review of >1,200 patient records

- 680 patients requiring further lung function investigations
- 134 new cases of COPD or asthma identified

Referral and case management

- Dedicated referral form with urgent referral rapid response
- Single point of access, MDT review, virtual ward – supporting holistic care planning and coordination around the patient
- Significant reduction in outpatient referrals

Education and population health approach

- Four COPD and asthma study days
- Spirometry and inhaler technique training
- Joint respiratory nurse and practice nurse clinics
- In-practice population review meetings with education

Medicines optimisation

- Pharmacist-led reviews identified sub-optimally treated patients according to treatment guidelines
- Case reviews and team members addressed emerging issues of barriers to adherence, inhaler technique, patient education

Quality of life and healthcare utilisation

Small sample analysis indicated:

- 33 per cent of COPD patients: CAT score improvement that could reduce healthcare consumption by approx. £1,257–£1,837 p/a
- 90 per cent asthma patients: ACT score improvement that could reduce healthcare consumption by approx. £597 p/a

Benefits to patients:

Mental health

- Psychologists integrated into MDT enabled access to poorly-reached groups
- Improvement in anxiety/depression scores and QoL scores
- Case studies demonstrated reduction in non-elective care

Care closer to home

- Community clinics led by IRT delivered care closer to the patient with reduced appointment wait times compared to hospital clinics, plus increased workforce satisfaction
- Increased uptake of pulmonary rehab and patients previously refusing PR benefited from home exercise programme and better breathing

Holistic approach to patient care

- Improved understanding and collaboration with Better Housing Better Health team ensured more patients had access to services to address cold and damp
- Population health approach improved integration with primary care

Patient voice

- Anonymised patient case studies directed joint project board
- Patient feedback from I WANT GREAT CARE

Palliative care support

- Advance Care Plan in place or in progress for 82 per cent of IRT palliative patients who died
- Nearly 2/3 IRT palliative care patients died in their preferred place of care/death
- Under the IRT, patients dying at home/hospice was higher than OCCG and England average

Benefits to Boehringer Ingelheim:

To be ambitious

- The scale of the project enabled the team at Boehringer Ingelheim to test new concepts that were ambitious

Building knowledge

- Deeper understanding of changing NHS landscape and learning together – systems, policies and people

True collaboration

- Shared communications and engagement planning and
- Alignment through one voice

Scalable solutions

- Replicable delivery model created – shared nationally to enable spread and adoption

Evolving value approach

- Key insights and learnings to improve future projects, understanding value for the NHS

Overcoming obstacles

IT hurdles, with a lack of access to information including discharge data, patient notes and EMIS access, as this type of project had not been done before. Lessons learnt and work arounds developed will enable future integration and streamlining of IT systems to ensure that IRT care can be supported by IT and not hindered by it.

Recruitment took longer than anticipated with teams needing time to agree how to work together and how to work with others. However, relatively quickly it became clear that most members felt very positive about their experience. The team valued learning from each other and working in a more holistic way with better integration of the existing community respiratory team and practices.

The COVID-19 pandemic had a clear impact on the timelines and outcomes achieved in the project, as resources had to be re-deployed; however the team still achieved many of the outcomes identified at the outset of the project.

Take-away tips for successful joint working between the NHS and the pharmaceutical industry

- Involve and engage local stakeholders in any new pathways developed at an early stage to ensure full engagement and agreement on priority outcomes.
- Hold regular internal meetings to update the project team on progress – OCCG/BI held six-weekly board meetings and monthly implementation meetings.
- Be prepared to handle extra queries from staff, patients and local media, and anticipate potential questions ahead of time.
- Take time to ensure data accuracy and NHS healthcare provider access – highlighting the importance of building a planning phase into the project before it begins.
- Within the rigorous Joint Working Framework and building in extra time for navigating NHS governance processes, NHS organisations and an appropriate pharmaceutical company with relevant expertise, can bring together different knowledge and strengths to produce long-term, sustainable legacies that can significantly improve patient outcomes.

References
1 NHS RightCare (2012), Atlas of Variation in Healthcare for People with Respiratory Disease: Reducing unwarranted variation to increase value and improve quality, [online] Available from: https://fingertips.phe.org.uk/profile/atlas-of-variation (last accessed May 2021)
2 NHS RightCare (May 2017) Commissioning for Value Focus Pack: Respiratory, Oxfordshire CCG Available from: www.england.nhs.uk/rightcare (last accessed May 2021)

Contact details

For more information, please contact
BI Contact form | boehringer-ingelheim.co.uk or
OCCG Contact us (oxfordshireccg.nhs.uk) via the relevant links.

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