

COPD after COVID-19

Key points

- The COVID-19 pandemic has helped respiratory care teams to break down barriers and work collaboratively across and within teams, departments and sectors. This has prompted them to re-examine how to deliver respiratory care services and to seek novel, often digital, approaches to healthcare provision.
- A joint NHS Confederation and Boehringer Ingelheim roundtable brought together clinicians to explore how to build on these new ways of working to deliver better integrated care for patients with a chronic obstructive respiratory disease (COPD). This briefing summarises the key talking points from the discussion.
- Participants shared the view that taking a more holistic view of patients, exploring the wider factors that affect their health, such as housing, air quality, mental health and social isolation, would go some way in improving patients' health and wellbeing.
- During the first wave, respiratory clinicians noticed a reduction in the number of exacerbations in a patient's condition, as patients were staying at home and not picking up infections. It became clear that more support needs to be provided in patients' homes in future, not in potentially high-risk areas such as hospital clinics.
- Innovative, possibly digital, treatment approaches might offer ways of treating patients outside of the traditional hospital setting. But digital technology cannot be seen as the sole solution or default approach.
- Accurate and timely data forms a key part of being able to provide an integrated service for patients and is vital for ensuring future resilience. Local ownership of data was deemed particularly important, while a national dashboard showing what interventions cost and what clinicians would be likely to achieve was seen as worthwhile.

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Boehringer Ingelheim has worked in partnership with the NHS Confederation to deliver a roundtable discussion as part of the Confederation's NHS Reset campaign. This report was prepared by the NHS Confederation and the opinions expressed within this report are those of the roundtable attendees and do not necessarily reflect the view of Boehringer Ingelheim or the NHS Confederation. NP-GB-101375 Date of preparation: April 2021

Introduction

Respiratory care teams have been at the heart of the response to COVID-19 and will continue to play a leading role as the country faces up to the virus becoming an endemic reality.

Following a gruelling 12 months in which many respiratory care staff were redeployed and new ways of working implemented, the pandemic has prompted teams to re-examine how they deliver services and to seek novel, often digital, approaches to healthcare provision. This has already precipitated a raft of changes to treatment options for people with chronic obstructive pulmonary disease (COPD) and new ways of reaching regular COPD patients. But there are opportunities to go further faster through providers and commissioners working in different ways to better integrate respiratory care.

This was the topic of discussion at a joint NHS Confederation and Boehringer Ingelheim roundtable in September 2020, as part of the Confederation's NHS Reset campaign. Bringing together senior clinicians from across the country, the roundtable considered a range of issues, including:

- how the healthcare system can work in a more integrated way
- how systems can holistically treat patients
- how to develop a more resilient system and optimise service provision.

As the NHS enters the next phase in its response to COVID-19, this briefing provides an overview of the key messages from the roundtable and how to build on the gains of the pandemic period.

Moving towards a more integrated approach for respiratory care

Participants at our roundtable shared the view that treating patients through the pandemic has helped to break down barriers. But they know there is still a considerable way to go if that change is to become the norm. COVID-19 has shown how the traditional silo-working approach across hospital departments or between primary and secondary care can be dismantled and reconfigured.

Going digital

Commissioners are likely to face a new challenge in considering innovative, possibly digital, treatment approaches for COPD patients. But these might offer ways of treating patients outside of the traditional hospital setting or other novel ways not previously considered. A local app which monitors local air pollution levels could be one approach, for example, allowing patients to predict the days when any form of exercise would be likely to exacerbate their condition.

Not all patients will feel comfortable with digital technology: language may be an issue for some, others may not have access to a digital device or home internet, while some may just prefer a traditional, face-to-face, consultation. Digital is not a one-size-fits-all solution. Some clinicians may lack confidence in using it too.

Streamlining data

Data protection issues affect COPD patients as much as any other patient group. But their patient journey could be much more efficient if there were a way to improve the way hospital departments share their data, our roundtable discussed. The common practice of repeating scans, because it is easier and quicker than tracking down an earlier scan from a different hospital, should be eliminated.

One solution might be for patients themselves to hold their data, a radical approach which has been adopted in some parts of the US. But making patient data readily available, particularly as clinicians treat patients in a domestic setting, will be crucial.

More than just treatment

Prevention, rather than just treatment, will need to remain a priority for commissioners. If patients can be taught to understand the triggers for flare ups and how best to manage them, emergency hospital admissions can be reduced.

It goes without saying that clinicians need to be alert to any possible prescribed drug misuse and overuse, and to possible interactions with other medications the patient is taking. It is particularly important given the high proportion of co-morbidities in patients with COPD.

Breaking down barriers: How COVID-19 helped drive change in London

Homerton hospital specialist physiotherapist Laura Graham is also respiratory team lead clinician in the community cardiorespiratory team. She has been supporting the work of the COVID-19 recovery and rehabilitation team in City and Hackney.

She says they were able to make swift changes when the pandemic struck.

“We are very lucky, as we can turn around things like business cases really quickly, and we’re ready to go with our long COVID business case.

“The pandemic has allowed us the opportunity to explore some of the digital options that are available and that’s been really useful.

“We run an integrated breathlessness rehab, with both cardio and rehab. That would not have been achievable if I hadn’t had such an integrated cardio-respiratory department and clinical commissioning group in the first place.

“Across London we saw a huge variation in pulmonary rehab services and have set up regular meetings to share best practice. We have built an NHS Futures website to share our standard operating procedure (SOP) for virtual classes, so we can share our risk assessments.

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“It shouldn’t be a competition; it’s about learning from each other and sharing what works and what doesn’t so that we can deliver the best service and not waste time delivering something we know doesn’t work.

“I think one of the things that COVID has done is break down those barriers to sharing – we’ve not had any push back from any service in sharing their data which has just been fantastic. Before, we would have had to jump through hoops to get that.”

Offering patients a more holistic service

The needs of people with COPD and of those with lung cancer are primarily treated by clinicians who are specialists in respiratory medicine¹ and who are unlikely to be specialists in other conditions a patient may have. Participants at our roundtable discussed ways to offer a more holistic service to better meet patients’ needs, drawing on some examples seen during the pandemic that may offer opportunities for the future.

- Understanding a patient’s **housing condition** can provide insight into how it might be impacting on their illness. Is the patient breathless because they need to climb the stairs to get to the toilet, for example? Is the house cold or damp? Are there local initiatives, such as a Winter Wrap campaign or Top Tips for Healthy Eating advice, which could be shared more widely? It was felt that those working in smaller GP practices may be more likely to be aware of their patients’ home conditions.
- Another key learning point from the pandemic is the unsuitability of large clinic waiting rooms full of people with COPD, who might easily infect one another. During the first wave, respiratory clinicians noticed a reduction in the number of exacerbations in a patient’s condition as patients were staying at home and were not picking up infections. It became clear that **more support needs to be provided in patients’ homes** in future, not in potentially high-risk areas such as hospital clinics.
- Clinicians could do more to address **lifestyle issues** by encouraging healthy, active lifestyles. The COVID-19 pandemic has meant that people with COPD are high risk and have not been going outside to exercise.

Walking the dog might have kept a patient fit in the past, but if someone else has needed to walk the dog for them, the patient will become de-conditioned through lack of exercise. As well as the more obvious risk of weight gain, the clinician should advise their patient of the risk of losing muscle tone and potential for falls.

- COVID-19 saw community volunteers in some parts of the country, such as Gloucestershire, call on people who were isolated. This model could be adapted for patients with lung conditions, helping to tackle issues of **social isolation** or **mental health problems**. Involving the mental health team may provide support, particularly where a psychologist might help address reluctance to use prescribed medications.
- Specialised approaches may be needed for some patients who may be hard to reach, such as **rough sleepers with lung conditions**, but it may be difficult for those patients to attend follow-up appointments.
- As part of their response to COPD, commissioners and clinicians need to consider **environmental factors**, in particular air pollution. Knowing the levels of pollution around certain roads locally may help increase understanding of a person's lung condition. 1 in 6 people living with lung conditions in the UK (nearly 2 million people) noticed their symptoms improved as a result of the fall in air pollution levels from the first national lockdown.² Additionally, clinicians could do more to educate patients about the effective use of inhalers. This would improve outcomes for patients and reduce how often they would need to change their inhaler. In turn, this would help to reduce the negative impact of discarded inhalers on the environment.

A holistic, collaborative solution

Oxfordshire CCG has been working with a wide range of partners across the NHS to deliver a sustainable patient-centred respiratory service. The service enhanced existing community, hospital-based and primary care by providing a community consultant working alongside additional respiratory nurses and physiotherapists, a dedicated psychologist, pharmacists and specialists in palliative care. With the combined skillsets of this diverse healthcare workforce, the CCG created a multidisciplinary integrated respiratory team. This led to a project that delivered timely, coordinated care closer to home for respiratory patients. The proactive and preventative approach showed potential to reduce system costs and resulted in improved patient experience and outcomes, creating a sustainable healthcare model, which could be replicated wider.

Keeping respiratory health high on the agenda

Energetic leadership is needed to keep respiratory disease high on the agenda as the pandemic eases. But how can healthcare leaders ensure it remains a priority focus?

- Demonstrate that effective rehabilitation is available for people with COPD and the importance of ensuring their condition is diagnosed sufficiently early. To do so, accurate data is required on a wide range of lung-related conditions, including community-acquired pneumonia.
- Promote the importance of respiratory care. Local approaches are often preferable to a centralised one, so leaders should have a business case they can put forward at short notice, should additional funding become available within their trust.

Data is essential for future resilience

As with any clinical specialty, having data on the disease and treatment options is essential to understand what is going on and to inform commissioning decisions.

As discussed at the roundtable, good clinical governance depends on ensuring the right data is collected. This information can help to highlight clinical areas which need help, but which do not yet realise it. A clinical commissioning group might, for example, be pleased that one or two GP practices are providing a high level of care to patients with COPD. But what about the ones that aren't doing so?

Similarly, hospital respiratory departments will collect data, but is it the right data? There may be information on the number of pulmonary function tests carried out. But do they know how many chest X-rays were not done because of the pandemic? Or how many community-acquired cases of pneumonia there are?

It is also important to have local ownership of the data, which is more meaningful than any collected nationally.

A dashboard solution

One innovative approach to sharing data across primary and secondary care is the Whole Systems Integrated Care (or WSIC) Dashboard, developed by North West London CCG. The dashboard approach shows an individual patient's records with details of all tests, treatments, social service input and high-risk factors. See <https://www.nwlondonccgs.nhs.uk/professionals/whole-systems-integrated-care-wsic-dashboards-and-information-sharing>

For a patient with asthma, for example, the clinician can see at a glance what the patient's history is, their medication and any social factors relevant to their condition.

Many clinicians feel exhausted by the data collection required of them. Some of this is for longer-term research projects which may not be of immediate benefit to their patients. It is important for commissioners to understand whether data offers a positive benefit to clinicians and captures the experiences of their particular patient group. For instance, the National Asthma and COPD Audit Programme (NACAP) only captures patients presenting primarily with COPD. This data source would hold significantly more value to clinicians and commissioners in understanding their cohort if the 25 per cent of patients admitting with COPD as a co-morbidity were also captured.

Clinicians are calling for a national dashboard, similar to the WSIC, which would show what their interventions would cost and what they would be likely to achieve. There is already work going on to develop this in London.

Viewpoint

Historically, the NHS has been poor at sharing examples of good practice and lessons learned. The pandemic has underlined the importance of doing so, particularly in respiratory care, to build on the momentum and effect meaningful change for patients and staff. Digital innovations, data insights, new ways of working and adopting a holistic view of patients present opportunities to better integrate respiratory care.

References

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2. British Lung Foundation (2020), Nearly 2 Million People with Lung Conditions Notice Improved Symptoms as a Result of Drop in Air Pollution, [online], <https://www.blf.org.uk/media-centre/press-releases/nearly-2-million-people-with-lung-conditions-notice-improved-symptoms-as>, [Accessed 20 April 2021].

About NHS Reset

The coronavirus outbreak has changed the NHS and social care, precipitating rapid transformation at a time of immense personal and professional challenge. Our message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the COVID-19 pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

Find out more at www.nhsconfed.org/NHSReset

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