

Incentivising practices in Walsall to improve standards of care and reporting, with the GRASP-COPD quality improvement tool

An innovative two year GP practice Local Incentive Scheme (LIS) run by Walsall CCG to improve the standards of care and reporting for chronic obstructive pulmonary disease (COPD) has utilised the GRASP-COPD audit tool from PRIMIS and NHS England.

The focus of the improvement for this scheme was two-fold: the CCG Strategy focused on the NHS Outcomes Indicator Set 'Unplanned hospitalisation for chronic ambulatory care sensitive conditions' and a need to highlight patients with a primary diagnosis of COPD (the most prevalent condition for patients admitted with chronic ambulatory conditions). In order to address the complexities of this long-term condition a 'whole system commissioning' approach was adopted, which incorporated an innovative use of software tools and collaborative working by the CCG's Primary Care Department staff.

The LIS financially rewarded practices for ensuring their COPD patients received - or were offered - the best possible care in line with the latest NICE guidelines. Target measures for practices were linked to the LIS to enable the CCG to have access to a baseline report for each practice at the end of 2012/13.

The service specification embedded three components:

Component One - GP engagement

- A GP representative actively takes part in the CCG's commissioning agenda and priorities by attending monthly locality meetings.

Component Two - Patient case finding and reporting

- Each practice is required to run the GRASP-COPD quality improvement tool and provide results on a quarterly basis. Practices need to run two GRASP-COPD audits each month, collating the results and sending them to the CCG's Informatics Team. Using the tool's case finder element, practices identify patients who might have COPD but have not yet been diagnosed or who are likely to benefit from being screened. (A second part to Component Two similarly covered dementia case finding, which looked at patients without a qualifying QOF term but with either a non-QOF Read code indicating dementia or its possible presence, a dementia monitoring, clinic attendance or assessment term, a record of pertinent medication, or other indicative Read codes, for example 'History of').

Component three - Practice action planning

- Practices are required to demonstrate improvement in patient care in line with individual practice action plans. This includes demonstrating improvement in the classification and recording of COPD severity, increased diagnosis rates, a reduction in the number of unplanned hospitalisations and evidence of the care given to patients. Practices were given a template to fill in and the results of the GRASP-COPD quality improvement tool were employed to filter patients.

Helping practices to meet their requirements

Practices were supported to run the PRIMIS GRASP-COPD tool, via a training methodology to up-skill practice managers to use the tool.

A clinical template was designed for the IT system (all practices in Walsall use the same clinical system) to replicate the GRASP-COPD data set. This ensured patient data would be captured during the face-to-face consultation and that there would be a consistent approach in data recording and quality across the CCG.

For those practice staff experiencing some difficulty in running the audits, the Informatics Team had the added functionality of an IT remote assistance tool. This remotely connects to the practice computer as a training aide to demonstrate how to perform the tasks required.

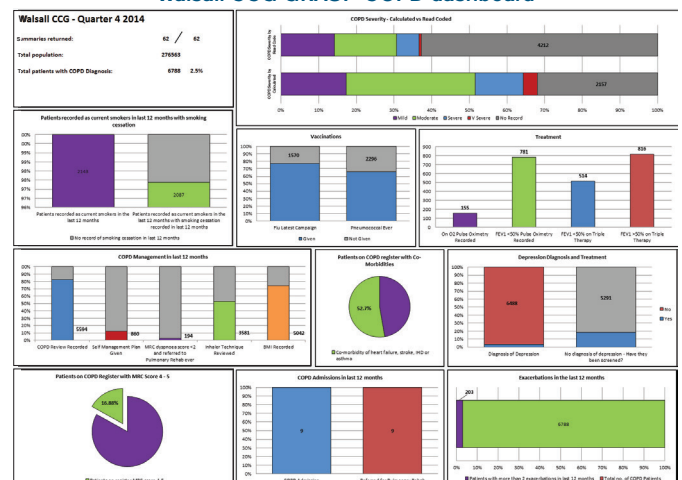
Collating, displaying and analysing the data

The last stage of the LIS feeds all of the data captured at practice level into detailed graphs, including a comprehensive Walsall CCG dashboard for analysis and reporting. Additionally, the data has been looked at in depth to show breakdowns for each locality, enabling practices to benchmark their performance against their peers.

Practice managers were encouraged to involve practice pharmacists in the analysis and interpretation of the data. Results were also shared with clinicians and admin staff, to help with identifying patients who might benefit from medicines optimisation and improved treatment regimens.

Information gathered by the LIS has been brought to the attention of wider audiences such as Lead CCG Commissioners, GP members of the locality meetings and the Service Transformation and Re-Design groups to demonstrate performance at practice, locality and CCG wide levels. Involving these stakeholders has helped with on-going identification and improvement in the care of patients with long-term conditions.

Walsall CCG GRASP-COPD dashboard



Results

- At the start of the LIS, Walsall CCG's prevalence rate for COPD was 2.1%. By the end of 2013/14 that had risen to 2.5% as a result of case finding activity. Ongoing use of the COPD case finder within the next 12 months will improve the accuracy of the prevalence rate even further.

An increase in patients on COPD registers has also improved from 6618 at quarter one to 6788 at the end of 2013/14.

- From the practice actions plans there have been significant improvements in the classification of severity. Historically patients were having a generic coded entry of COPD without their level of severity recorded determined by FEV₁ or FEV₁ % predicted.
- End of year Secondary Uses Service (SUS) data for 2013/14 showed a reduction in related hospital activity. COPD related hospital spells were 1.2% lower than the expected average of 12.99% for the CCG. During the same period, GP practice QOF COPD registers showed an increase of 613 patients as a result of case finding activity in practices.
- A range of improvements that can be made in the quality of COPD care provided was highlighted by the collected data. The focus of the 2014/15 LIS is for GP practices to be provided with a dashboard and summary sheet of the 2013/14 data quality audits results, highlighting areas that need to be addressed.

This will form the baseline for measuring improvement at the end of financial year 2014/15.

Barbara Yates, Walsall CCG's Primary Care Informatics Manager, explained how the scheme had led to a new way of working, as it had been identified as good practice and adopted across the organisation: "Thanks to this initiative, we've been able to introduce thorough engagement with clinicians and CCG staff. It's also shown us one solution to improve care and make it more efficient."

The new process of gathering, collating and analysing data at primary care level also represents a significantly improved methodology for the CCG's target measures and outcomes.

Conclusions

The Primary Care Department team is delighted with how well the scheme had progressed in just its first year. They commented: "We're really pleased with the results collected from practices – and we can use them as a baseline in the future. We definitely want to focus on improvements this second year, particularly addressing patient care and case finding patients with high severity of the disease. This is made easy with the GRASP-COPD tool."

Capitalising on the success of this project, the CCG is looking at extending similar schemes to other clinical target areas such as diabetes and atrial fibrillation. Consideration is being given to whether this approach could be replicated at scale across other practices and commissioning organisations.

Key members of staff in Walsall CCG who have been particularly instrumental in the success of the scheme include Bharat Patel, Head of Primary Care and Medicines Management and Carol Marston, Primary Care Development Manager.

Background to COPD

According to NHS England, COPD is the fifth biggest killer disease in the UK, killing approximately 25,000 people a year in England alone.

An estimated 2 million people have undiagnosed and untreated COPD. Failure to diagnose is not confined to mild disease. Studies suggest that between 10 percent and 34 percent of the 115,000 annual emergency admissions for acute exacerbation of COPD are in people whose COPD is undiagnosed. These patients are likely to have had significant disabling symptoms for some time, and the acute admission with its 14 percent risk of death within 90 days could have been prevented by earlier diagnosis and proactive treatment. The NICE Quality Standard and the Outcomes Strategy for COPD and Asthma recommend targeted case finding in those at higher risk of COPD.

This information was taken from the following NHS England webpage: www.england.nhs.uk/ourwork/sop/red-prem-mort/rd/

About the GRASP-COPD quality improvement tool

GRASP-COPD is part of the GRASP suite of tools developed in partnership with NHS England.

GRASP-COPD is a free, easy-to-use tool that assists GP practices to interrogate their clinical data, enabling them to improve patient outcomes, reduce costs and avoid inappropriate treatment for patients with COPD.

The management element of the tool helps practices to audit the standards of care against current NICE guidelines. It has many other benefits including the potential to save lives by encouraging optimal treatment and care

The case finder, which should be run first in practice, will generate a list who may have a missing diagnosis of COPD or who may go on to develop COPD and would therefore benefit from review. It also has potential to help the practice save lives by ensuring earlier intervention and treatment, allowing a more accurate disease prevalence and improving register accuracy.

GRASP-COPD uses the CHART software tool from PRIMIS to create a highly visual practice-level summary in the form of a dashboard, as well as allowing practices to drill down to examine detailed patient care at an individual level.

CHART Online provides the ability for practices to benchmark themselves securely and anonymously against others both locally and nationally.

Find out more about the GRASP-COPD tool

www.nottingham.ac.uk/primis/grasp-copd

How to obtain the GRASP-COPD tool

Use of GRASP-COPD is FREE to practices in England registered with the PRIMIS Hub online membership service*.

Basic membership is FREE of charge and includes access to all four quality improvement tools within the GRASP suite, plus both CHART and CHART Online software tools.

Sign up for FREE basic PRIMIS Hub membership at:

www.nottingham.ac.uk/primis/joinus

* Practices outside England can obtain the GRASP-COPD audit tool: please contact PRIMIS in this instance, by email at:

enquiries@primis.nottingham.ac.uk

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