Optimising medicines for COPD and Asthma – an integrated approach.

Vanessa Burgess
Chief Pharmacist, Assistant Director Commissioning
The burning platform.....

Prescribing QIPP, 1.2 million for 2013/14

Reduced team resource

Organisational challenge and new interfaces
Medicines Optimisation:
Helping patients to make the most of medicines

Good practice guidance for healthcare professionals in England

May 2013

Encouraged by

“To achieve great things, two things are needed; a plan, and not quite enough time.”

Leonard Bernstein American Conductor, Composer and Pianist. 1918-1990
£2.3 M
Trends in Prescribing of Seretide® inhaler by strength on an FP10 prescription form in England

- 100mcg/50mcg (Accuhaler)
- 250mcg/50mcg (Accuhaler)
- 500mcg/50mcg (Accuhaler)
- 50mcg/25mcg (Evohaler)
- 125mcg/25mcg (Evohaler)

NB. Evohaler = 120 Dose  Accuhaler = 60 Dose

N.B. Prior to April 2013 prescriptions the data only relates to prescribing in GP practices
Some local data......

Patrick White et al, 2013. 41 London general practices (population 310,775)

• 3537 patients – given diagnosis of COPD; 1749 (49%) with confirmed COPD.

• **Over-prescription of ICS was common in:**
  - GOLD stage I or II (n=403, 38%) &
  - GOLD III or IV without exacerbations (n=231, 34%).
Safety and cost......

Patrick White et al, 2013. 41 London general practices (population 310,775)

• An estimated **12 cases** annually of serious pneumonia were likely among 897 inappropriately treated.

• 535 cases of overtreatment involved LABA+ICS with a mean per patient cost of £553.56/year (**£300,000 estimate QIPP**)
And in the waste recycling at our local acute Trust pharmacy last week........
Collaboration..
Four principles of medicines optimisation

Imagine we used the value framework

Health Outcomes
Patient defined bundle of care

Value = \frac{Health\ Outcomes}{Cost\ of\ delivering\ Outcomes}

Porter ME; Lee TH NEJM 2010;363:2477-2481; 2481-2483
Medicines Plan

Telehealth for chronic disease £92,000/QALY*

Triple Therapy £7,000-£187,000/QALY

LABA £8,000/QALY

Tiotropium £7,000/QALY

Pulmonary Rehabilitation £2,000-8,000/QALY

Stop Smoking Support with pharmacotherapy £2,000/QALY

Flu vaccination £1,000/QALY in “at risk” population

* (not specific to COPD)

Common Message 😊

• COPD. Review of Inhaled Corticosteroid in mild & moderate.
• Asthma. Step down clinics for pts on high dose ICS (at step 4)
• Metric. Reduction in high dose ICS as a % of all ICS items
“Help” it happen...

Key opinion leaders – integrated
Education & training
Peer review and outreach
Pt engagement
Pharma support
Why Virtual Clinics?

- Asthma and COPD registers are currently quite inaccurate for many different reasons
- Diagnostic spirometry is not performed well in primary care
- COPD is often incorrectly staged and there are ‘false’ Asthma diagnoses
- Respiratory prescribing is often poorly understood
What were the problems?

- Stable asthmatics are hard to get in for a review
- If symptoms are well controlled and mild, there is a tendency to leave things as they are
- COPD patients are a difficult group with several co-morbidities. Treatment escalation is tempting
- Large educational component around Asthma & COPD diagnosis and treatments
Virtual clinics “guide”

• 2 hour clinical session with IRT.
• Case discussions - aim of improving outcomes for patients with COPD and asthma – high value care.
• Pre-work from the practice
• Patient reviews within 2 week of the VC action plan.
• Resources and referral options.
Scope of discussions

- Accurate diagnosis with quality assured spirometry
- Providing evidence based stop smoking support
- Offering patients access to pulmonary rehabilitation
- Responsible respiratory prescribing including inhaled corticosteroids for the right patients
- Access to long term oxygen therapy for appropriate patients
- Recording and acting on exacerbations
- Offering patients supported self-management
- Advanced care planning
Inhaled Corticosteroid (ICS) COPD Step-Down Inhaler Guide

This guide should be used by GPs in discussions with the integrated respiratory team to review patients diagnosed with COPD with a percentage of predicted FEV₁ of >50% with less than 2 exacerbations per year. Step down should occur no more frequently than every 6 weeks after a face-to-face review and assessment of symptoms. Patients who have been stepped down need to be followed up 2 weeks after step down or sooner if symptoms necessitate, and periodically thereafter as clinically needed. Please note that ICS monotherapy in COPD is NOT indicated. Exclusions to step down will apply e.g. those with mixed COPD and asthma where the asthma review document should be consulted.

**Seretide Evohaler®**
- Seretide 250 Evohaler®
  - 2 puffs bd (£56.00)
  - (2000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer
- Seretide 125 Evohaler®
  - 2 puffs bd (£32.48)
  - (1000mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer
- Seretide 50 Evohaler®
  - 2 puffs bd (£16.80)
  - (400mcg BDP* equivalent/day + 100mcg salmeterol/day) via spacer

**Seretide Accuhaler®**
- Seretide 500 Accuhaler®
  - 1 puff bd (£38.08)
  - (2000mcg BDP* equivalent/day + 100mcg salmeterol/day)
- Seretide 250 Accuhaler®
  - 1 puff bd (£32.48)
  - (1000mcg BDP* equivalent/day + 100mcg salmeterol/day)
- Seretide 100 Accuhaler®
  - 1 puff bd (£16.80)
  - (400mcg BDP* equivalent/day + 100mcg salmeterol/day)

**Salbutamol Inhaler**
- Salbutamol MDI inhaler 25mcg
  - 2 puffs bd
- Salbutamol accuhaler 50mcg
  - 1 puff bd

**Clenil Modulite® MDI**
- Clenil Modulite® 250mcg
  - 2 puffs bd (£9.12)
  - (1000mcg BDP* equivalent/day)
- Clenil Modulite® 200mcg
  - 1 puff bd (£4.53)
  - (400mcg BDP* equivalent/day)
- Clenil Modulite® 100mcg
  - 1 puff bd (£2.08)
  - (200mcg BDP* equivalent/day)

**Fluticasone (Flixotide) Evohaler®**
- Fluticasone 250 Evohaler®
  - 2 puffs bd (£33.74)
  - (2000mcg BDP* equivalent/day) via spacer
- Fluticasone 125 Evohaler®
  - 2 puffs bd (£19.84)
  - (1000mcg BDP* equivalent/day) via spacer
- Fluticasone 50 Evohaler®
  - 2 puffs bd (£9.08)
  - (400mcg BDP* equivalent/day) via spacer

**Fluticasone (Flixotide) Accuhaler®**
- Fluticasone 500 Accuhaler®
  - 1 puff bd (£33.73)
  - (2000mcg BDP* equivalent/day)
- Fluticasone 250 Accuhaler®
  - 1 puff bd (£19.84)
  - (1000mcg BDP* equivalent/day)
- Fluticasone 100 Accuhaler®
  - 1 puff bd (£8.33)
  - (400mcg BDP* equivalent/day)
- Fluticasone 50 Accuhaler®
  - 1 puff bd (£5.95)
  - (200mcg BDP* equivalent/day)

Local recommendation suggests gradual reduction of steroid dose in mild and moderate COPD with <2 exacerbations per year however exceptions do apply e.g. those with mixed COPD and asthma. This step down document should be used as a guide and step down individualised for each patient. It is important to ensure the dose of long acting bronchodilator is maintained and not stepped down at the same time. Costs are listed as 28 day cost without spacer (MIMS June 13). *total daily dose inhaled corticosteroid in terms of beclometasone dipropionate (BDP CFC) equivalent (standard particle size). **denotes unlicensed use of inhaler. Please see the Lambeth and Southwark integrated guideline for the management of COPD for further information. Integrated respiratory team can be contacted 7 days a week 9am-5pm on 07796 178719 (St Thomas') or 0203 299 0331 (Kings).
Inhaled Corticosteroid Safety Information for Adults

Inhaled corticosteroid agents are very important in the treatment of respiratory conditions such as asthma and sometimes, chronic obstructive pulmonary disease (COPD). They act by reducing inflammation and preventing symptoms from developing. Corticosteroid sprays are also used for nasal conditions such as sinusitis and hayfever. Generally, they are very safe and free from serious side effects when used in standard doses.

Inhaled corticosteroids can cause local side effects such as sore throat, hoarse voice or oral thrush (sore white patches in the mouth). The risk of these side effects may be reduced by using a spacer device with aerosol inhalers (MDI's) that contain corticosteroids, and rinsing your mouth out with water (and spitting out) after using any corticosteroid inhaler. Prolonged use of inhaled corticosteroids may lead to easy bruising or thinning of the skin, especially in older people. Very rarely, higher doses of inhaled corticosteroids may temporarily reduce your body's ability to produce its own corticosteroids when under stress, such as in severe illness or undergoing surgery, or to fight off some infections (e.g. chickenpox).

You have been given this information and the attached safety card because you have been prescribed a higher dose of inhaled corticosteroid.

It is important that you do NOT stop using your inhaled corticosteroid medications suddenly if you have been taking this medication for more than 3 weeks. Be sure to get your repeat prescription of your inhaler before it runs out.

If you become ill for any reason, be sure to alert the medical staff looking after you that you are using higher doses of inhaled corticosteroid as you may need additional corticosteroids. Ideally, carry the safety card attached to this information sheet with you at all times and show this to your medical team. Recorded on the safety card opposite are any inhaled and nasal corticosteroids that you should currently be taking.

If you start to experience any of these symptoms: worsening fatigue, muscle weakness, loss of appetite, unintentional weight loss, dizziness, unexplained nausea, vomiting and diarrhoea, go and see your general practitioner (GP), because they might be related to the inhaled corticosteroid you are taking. Do not stop taking your inhaled corticosteroid suddenly. If you have never had chickenpox, you should avoid close contact with people who have chickenpox or shingles. If you do come into contact with someone with these conditions, see your doctor urgently.

To be completed by medical practitioner

High Dose Inhaled Corticosteroid Safety Card

Name: __________________________
DOB: __________________________
I am currently taking: 1. __________________________
2. __________________________
My normal dose is: 1. puffs times a day
2. puffs times a day
If MDI + using Spacer? Yes ☐ No ☐
I may be at risk of corticosteroid insufficiency. If I am ill and supplementation should be considered. 
Consultant/GP: __________________________
Contact No. __________________________

Please peel off card

London Respiratory Team

NHS

Lambeth
Clinical Commissioning Group
London Medicines Evaluation Network: Availability and supply of respiratory support devices to healthcare professionals

http://www.medicinesresources.nhs.uk/upload/Availability%20of%20placebo%20inhalers%20FINAL_June13_LMEN.pdf

<table>
<thead>
<tr>
<th>Manufacturer/supplier</th>
<th>Inhaled products marketed in the UK</th>
<th>Placebo devices available</th>
<th>Trainer devices available</th>
<th>Peak flow meters available</th>
<th>Ordering details</th>
<th>Useful patient information websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allen &amp; Hanburys (A&amp;H) / GlaxoSmithKline</td>
<td>Beclometasone DPI, Fluticasone Furoether, Fluticasone Accuhaler, Seretide * Accuhaler, Seretide * Evohaler, Serevent * Accuhaler, Serevent * VentiHaler, VentiHaler * Evohaler, VentiHaler * Accuhaler</td>
<td>MDI Evohaler placebo device</td>
<td>Accuhaler trainer whistle</td>
<td>Yes</td>
<td>Contact number for orders: 0800 221 644</td>
<td>[<a href="http://health.gsk.co.uk">http://health.gsk.co.uk</a>][1] [<a href="http://www.sereide.co.uk">www.sereide.co.uk</a>][2] Maximum order of 25 for each device</td>
</tr>
<tr>
<td>Amirall</td>
<td>Elixtra Genus®</td>
<td>Elixtra placebo device (disposable mouthpieces available)</td>
<td>Not available</td>
<td>Not available</td>
<td>Contact number for orders: 03748 828 801</td>
<td>Not available</td>
</tr>
<tr>
<td>Astra Zeneca</td>
<td>Oxis® Turbohaler, Pulmicort® Turbohaler, Symbicort® Turbohaler</td>
<td>Symbicort dose counting placebo device</td>
<td>Symbicort trainer whistles</td>
<td>Not available</td>
<td>Contact number for orders: 01382 836 000</td>
<td>Not available</td>
</tr>
<tr>
<td>Boehringer Ingelheim</td>
<td>Spiriva® Handihaler, Spiriva® Respimat</td>
<td>Spiriva Handihaler/ Respimat placebo device</td>
<td>Not available</td>
<td>Not available</td>
<td>Contact number for orders: 01344 741 286</td>
<td>Not available</td>
</tr>
<tr>
<td>GlaxoSmithKline</td>
<td>Atmos Modulite* MDI, Clenil Modulite* MDI, Fostax* MDI, Pulvina* DPI</td>
<td>General MDI placebo device</td>
<td>Not available</td>
<td>Not available</td>
<td>Contact number for orders: 0161 488 553</td>
<td>Not available</td>
</tr>
<tr>
<td>Clement Clarke</td>
<td>Not available</td>
<td>Not available</td>
<td>In-chek DIAL (disposable one-way valve mouthpieces available); Flo-Tone trainer</td>
<td>Yes</td>
<td>Can be purchased via wholesalers</td>
<td>Not available</td>
</tr>
</tbody>
</table>
### When should you give an inhaled corticosteroid card?

#### Inhaled corticosteroids ≤ 500 micrograms (BDP equivalent)/day

<table>
<thead>
<tr>
<th>Steroid</th>
<th>Proprietary</th>
<th>Dose/inhalation</th>
<th>Daily dose used</th>
<th>Cost/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclomethasone</td>
<td>Asmane, Becler</td>
<td>500</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Budesonide</td>
<td>Pulmicort 100, Easitray 100</td>
<td>100</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 50 Accuhaler, Flutic 50 Eviron (rx)</td>
<td>50</td>
<td>1-2 twice a day</td>
<td>£1-£2</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 100 Accuhaler, Flutic 100 Eviron (rx)</td>
<td>100</td>
<td>1 twice a day</td>
<td>£1-£2</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 125 Eviron (rx)</td>
<td>125</td>
<td>1 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Olodaterol</td>
<td>Aviclo, Azilect</td>
<td>80</td>
<td>1-4 1 times a day</td>
<td>£1-£2-£3</td>
</tr>
<tr>
<td>Mometasone</td>
<td>Asmanex</td>
<td>200</td>
<td>1 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Beclomethasone HFA-Fluticasone</td>
<td>Fosthal</td>
<td>100/5</td>
<td>1 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 120</td>
<td>100/5</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 200</td>
<td>200/6</td>
<td>1 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 50 Eviron (rx)</td>
<td>50</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 100 Accuhaler</td>
<td>100/25</td>
<td>1-2 twice a day</td>
<td>£2</td>
</tr>
</tbody>
</table>

#### Inhaled corticosteroids 800-1000 micrograms (BDP equivalent)/day

<table>
<thead>
<tr>
<th>Steroid</th>
<th>Proprietary</th>
<th>Dose/inhalation</th>
<th>Daily dose used</th>
<th>Cost/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclomethasone</td>
<td>Asmane, Becler</td>
<td>200</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Budesonide</td>
<td>Pulmicort 200, Easitray 200</td>
<td>200</td>
<td>1 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 100 Accuhaler, Flutic 100 Eviron (rx)</td>
<td>100</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 125 Eviron (rx)</td>
<td>125</td>
<td>1 twice daily</td>
<td>£3</td>
</tr>
<tr>
<td>Olodaterol</td>
<td>Aviclo, Azilect</td>
<td>160</td>
<td>2 1-3 1 times a day</td>
<td>£1-£3-£3</td>
</tr>
<tr>
<td>Mometasone</td>
<td>Asmanex</td>
<td>200</td>
<td>2 once a day</td>
<td>£2</td>
</tr>
<tr>
<td>Mometasone</td>
<td>Asmanex</td>
<td>400</td>
<td>1 once a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Beclomethasone HFA-Fluticasone</td>
<td>Fosthal</td>
<td>100/6</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 200</td>
<td>200/6</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 400</td>
<td>400/12</td>
<td>1 twice a day**</td>
<td>£3</td>
</tr>
<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 125 Eviron (rx)</td>
<td>125/25</td>
<td>2 twice a day</td>
<td>£2-£3</td>
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<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 250 Accuhaler</td>
<td>250/25</td>
<td>1 twice a day</td>
<td>£3</td>
</tr>
</tbody>
</table>

#### Inhaled corticosteroids >1000 micrograms (BDP equivalent)/day

<table>
<thead>
<tr>
<th>Steroid</th>
<th>Proprietary</th>
<th>Dose/inhalation</th>
<th>Daily dose used</th>
<th>Cost/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beclomethasone</td>
<td>Asmane, Becler</td>
<td>500</td>
<td>2-4 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Beclomethasone</td>
<td>Becler, Easyhaler 500</td>
<td>400</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Beclomethasone HFA-Fluticasone</td>
<td>Fosthal</td>
<td>100/5</td>
<td>3-4 twice a day</td>
<td>£2-£3-£4</td>
</tr>
<tr>
<td>Budesonide</td>
<td>Pulmicort 200, Easitray 200</td>
<td>200</td>
<td>3-4 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Budesonide</td>
<td>Pulmicort 400, Easitray 400</td>
<td>400</td>
<td>2 twice a day</td>
<td>£2-£3-£4</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 250 Eviron (rx)</td>
<td>250</td>
<td>1 twice a day</td>
<td>£2</td>
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<tr>
<td>Fluticasone</td>
<td>Flutic 500 Accuhaler</td>
<td>500</td>
<td>1 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Fluticasone</td>
<td>Flutic 125 Eviron (rx)</td>
<td>125</td>
<td>1 twice daily</td>
<td>£3</td>
</tr>
<tr>
<td>Olodaterol</td>
<td>Aviclo, Azilect</td>
<td>160</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Mometasone</td>
<td>Asmanex</td>
<td>200</td>
<td>2 twice a day</td>
<td>£2</td>
</tr>
<tr>
<td>Mometasone</td>
<td>Asmanex</td>
<td>400</td>
<td>1 twice a day**</td>
<td>£3</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 250</td>
<td>250/5</td>
<td>3-4 twice a day</td>
<td>£2-£3-£4</td>
</tr>
<tr>
<td>Budesonide-Fluticasone</td>
<td>Symbicort 400</td>
<td>400/12</td>
<td>2 twice a day**</td>
<td>£3</td>
</tr>
<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 250 Eviron (rx)</td>
<td>250/25</td>
<td>2 twice a day</td>
<td>£2-£3</td>
</tr>
<tr>
<td>Fluticasone-Salmeter</td>
<td>Seride 500 Accuhaler</td>
<td>500/50</td>
<td>1 twice a day</td>
<td>£3</td>
</tr>
</tbody>
</table>

*Approximate costs (April 2019): £1 = £1.10, £2 = £1.00, £3 = £0.85, £4 = £0.70, £5 = £0.50, £6 = £0.40, £7 = £0.30, £8 = £0.20, £9 = £0.10.*

**Daily dose may vary between 1 inhalation twice a day, up to a maximum of 3 times a day, but includes the average daily dose of 3-4 times a day.

***Maximum recommended dose of Symbicort HFA; 2 times a day is for asthma, for COPD, dose is 1 twice a day.

**Only Symbicort 250/50 and Seride 250/50 Accuhaler are licensed for use in COPD. Any other combination inhaled does not currently have license for COPD.**

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London Respiratory Team
“Make it happen”...

IT point of care
Contracts and performance
Incentives
Commissioned service integration
What will success look like?

- Reduce high dose ICS use % and actual cost.
- Increase PR referrals & vaccination rates
- 100% of practices engaged with IRT via virtual clinic.

- Acute Trusts with an implementation plan for Respiratory network messages.

- Increase respiratory MURs and nMS (under capacity)
- Increase repeat dispensing

- More patients using inhalers correctly
- Reduce hospital admissions/exacerbations
Results are in their infancy
VCs - Typical changes

- Many patients on Seretide/Symbicort but not on Tiotropium
- Many patients had not had PR or smoking cessation prior to being on high dose ICS
- Many patients on high dose ICS with FEV1 % predicted above 50%
- Some patients on high dose ICS didn’t even meet diagnostic criteria for Asthma or COPD
- Poor understanding between different devices and doses of equivalent steroid eg Accuhaler vs Evohaler
Learning themes..

- GPs & nurses – engagement in review clinics
- Need emphasis on “step down” in asthma reviews and patient literature
- Inhaler technique and multiple devices
- Incentives to drive the learning. 2013/14 there were a total of 56 virtual clinics, and practice coverage is 45/48 practices = 94%
Protected Learning Time Event, November 2013. COPD

- 112 participants across 38 practices
  - ‘it has changed my practice for ever’
  - ‘wish it could have been a whole day’
  - ‘will use the Single Point of Referral’
  - ‘know more about risk of pneumonia with ICS’
  - ‘much better understanding of PR and LTOT’
  - ‘I now know how to refer for PR’
  - ‘understand importance of smoking cessation and flu jab in COPD’
  - ‘clear & straightforward recommendations re inhaler use/prescribing’
High-dose ICS as a % of all ICS

- 2011-12
- 2012-13
- 2013-14

Launch of Respiratory Virtual Clinics
Pharmacist presence at Respiratory Virtual Clinics
High Dose Inhaled Corticosteroid Total Actual Cost, Lambeth CCG

Virtual Pharmacist support at clinics, 2013

£75,000.00
£80,000.00
£85,000.00
£90,000.00
£95,000.00
£100,000.00
£105,000.00
£110,000.00
£115,000.00
£120,000.00

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

2012/13 2013/14
Pulmonary Rehabilitation - referral data

- Total referrals for 2012
- 1st & 2nd Q's 2013
- 3rd & 4th Q's 2013
- Total Referrals for 2013

GP Referrals, Lambeth CCG
All referrals incl hospital referrals
**People often receive care for more than one Long Term Condition**

People with this condition....

![Image](image.png)

Share of people with co-occurring LTCs in %

<table>
<thead>
<tr>
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<th>Cancer</th>
<th>CHD</th>
<th>CKD</th>
<th>COPD</th>
<th>Dementia</th>
<th>Depression</th>
<th>Diabetes</th>
<th>Epilepsy</th>
<th>Hypertension</th>
<th>Hypothyroidism</th>
<th>Heartfailure</th>
<th>Mental Health</th>
<th>Obesity</th>
<th>Stroke</th>
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</table>

Source: LTCs from acute inpatient data (11/12) & PHMCC

Note: Data is based on patients registered at practices which submit data to PHMCC
Next steps

• Improve diagnostics – spirometry
• New medicines for COPD, and consider co-morbidities in pathway ie. nutrition.
• Integrate Community Pharmacy more fully
• Resourced specialist Pharmacist input into the IRT; Consultant Pharmacist post for Respiratory disease.
• Continue ICS targetted work.
• Evaluation - KCL
“Help it happen”

“Make it happen”

Medicines Optimisation
“What we are concerned with here is the fundamental interconnectedness of all things"
For change to happen, we need to end the silos … of separate plans and pathways. We must realise the fundamental interdependency of each component of care.

Thanks and acknowledgements

- Integrated Respiratory Team, Kings Health Partners
- Specialist Pharmacists, GSTfT and KCH.
- London Respiratory Network.
- GPs and Community Pharmacists, Lambeth CCG
- Medicines Team, Lambeth CCG
- South London CSU Communications Team.
More Information

- Also: [http://www.londonrespiratoryteamconference.com](http://www.londonrespiratoryteamconference.com)
- NICE COPD Guideline [http://www.nice.org.uk/CG101](http://www.nice.org.uk/CG101)
Thank you

vanessa.burgess@nhs.net