NHS FIFE RESPIRATORY MANAGED CLINICAL NETWORK

ANNUAL REPORT
2011-2012

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<th>Approval Record</th>
<th>Date Approved</th>
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<tr>
<td>Dr Colin Selby &amp; Gill Dennes, Fife Respiratory MCN Lead Clinicians</td>
<td>19/06/2012[CS]</td>
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<td>18/06/2012[GD]</td>
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<tr>
<td>Fife Respiratory MCN Steering Group (meeting)</td>
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<td>Fife Respiratory MCN Steering Group (by email)</td>
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<tr>
<td>D&amp;WF Clinical Governance Group (meeting)</td>
<td>15/01/2013</td>
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EXECUTIVE SUMMARY

This is the second annual report of the Fife Respiratory Managed Clinical Network (MCN). The purpose of the MCN is to improve the health and wellbeing of people with respiratory conditions and to coordinate the best integrated services across professional and service boundaries. In order to achieve our objectives, the Fife Respiratory MCN has continued to support and extend the knowledge and skills of clinicians in the primary, community and acute sectors, develop local guidance and integrate national guidance, and collaborate with the wider community and service users.

The main focus of the Fife Respiratory MCN in 2011-12 has been:

- To promote cost effective prescribing by the development and implementation of the Fife Respiratory Bundle, adopted by all General Practices within the Health Board and leading to substantial savings;
- The local implementation of national guidelines on oxygen prescribing and delivery;
- Extending the web based resources and guidelines to include nebuliser guidance, management of chronic cough and rhinitis;
- Ongoing education sessions through Protected Learning Time, and development of an education catalogue;
- Training a cohort of nurses from primary and secondary care to deliver locality based education;
- Working with schools to teach basic asthma awareness to teachers and key workers;
- Completion of the Sign 101 Matrix to identify asthma priorities for 2012-13;
- Development and review of COPD Pathway for emergency admission;
- Relocation of in-patient respiratory services to Victoria Hospital, Kirkcaldy.

This report highlights the work of the NHS Fife Respiratory Managed Clinical Network between 01 April 2011 and 31 March 2012.

Dr Colin Selby, Respiratory Consultant, and Gill Dennes, Practice Nurse
NHS Fife Respiratory Managed Clinical Network Lead Clinicians
1. INTRODUCTION

This is the second Annual Report of the Fife Respiratory Managed Clinical Network (MCN) and covers the period 01 April 2011 to 31 March 2012.

The purpose of this report is to:

- Provide an overview of the work undertaken within the Fife Respiratory MCN in 2011-2012;
- Highlight progress within 2011-2012 relative to the Annual Work Plan;
- Highlight the focus for 2012-2013 including the Annual Work Plan;
- Highlight work in line with evidence-based standards.

2. BACKGROUND

2.1 Fife Respiratory Managed Clinical Network [MCN]

Fife Respiratory MCN Structure & Governance

Hosted by Dunfermline & West Fife Community Health Partnership [D&WF CHP] on behalf of the three Fife CHPs and accountable via the D&WF CHP Clinical Director, the Fife Respiratory MCN was established in January 2010 with the aim of ‘consistency and quality of service throughout the care pathway, and the bringing of service user and provider views to the service planning process, to aid the fundamental Delivering for Health aim of developing services which are truly person-centred, delivered locally wherever possible but specialised where need be.’

The role of the Fife Respiratory MCN is to improve the health and wellbeing of the people of Fife (children and adults) with respiratory disease by co-ordinating the

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1 Scottish Executive Letter, Strengthening the Role of Managed Clinical Networks, HDL (2007) 21
2 Excluding lung cancer which is covered by the South East Scotland Cancer Network [SCAN]
provision and development of the best possible integrated care across service and professional boundaries and supporting evidence-based quality improvements by working with health care professionals in respiratory care to enhance the care pathway for the people of Fife.

The Fife Respiratory MCN continues to be led by two Lead Clinicians – Gill Dennes, Practice Nurse, representing Primary Care; and Dr Colin Selby, Respiratory Consultant, representing Secondary Care - an MCN Manager (up to October 2011) and subsequently an MCN Coordinator, and has created a forum for:

- Sharing ideas and best practice;
- Identifying solutions and methods of improvement;
- Initiating planning and delivery of a Respiratory education programme;
- Supporting patients, carers and professionals across Fife.

2.2 Communication and Reporting

In line with the Scottish Executive Letter HDL (2007) 21, the Fife Respiratory MCN reports through local management arrangements via the Fife Respiratory MCN Steering Group and D&WF CHP Clinical Governance Group reporting structures. This includes:

- MCN work plan presented and approved on an annual basis;
- MCN annual report presented and approved on an annual basis;
- Progress against any agreed national or local standards;
- Minutes of MCN Steering Group meetings for information.

The Fife Respiratory MCN has an approved communication plan which outlines the MCNs stakeholders, areas and methods of communication. This is detailed in Appendix A

3 OVERVIEW OF WORK UNDERTAKEN BY THE FIFE RESPIRATORY MCN DURING 2011-2012

3.1 Fife Respiratory MCN and Steering Group

The Fife Respiratory MCN Steering Group, as the executive group of the MCN, is responsible for defining the strategic direction, agreeing the annual work plans, overseeing the work of the sub-groups, and formal decision making and reporting on the work of the MCN. The Fife Respiratory MCN Steering Group met five times between 01 April 2011 and 31 March 2012. The Group is chaired by the Lead Clinicians on a rotational basis and membership includes: the MCN Lead Clinicians, MCN Coordinator, and representatives from each of the three CHPs, Secondary Care [Acute], paediatric service, public health, pharmacy, AHP and voluntary and service-users / carers.

The main focus of the MCN and the Steering Group during this period has been:

Managed Clinical Network Accreditation Process
A key message of the Scottish Executive Letter HDL (2007) 21 ‘Strengthening the Role of Managed Clinical Networks’ was the review of the accreditation arrangements by NHS Quality Improvement Scotland [QIS]. It outlined that local MCNs were now expected to seek accreditation from their NHS Board at an appropriate stage in their development. This process would involve collaborative working between local MCNs and their respective NHS Boards in the production of a comprehensive Quality Assurance Programme.

The Fife Respiratory MCN began the process of self-assessment, against a set of standards within the Quality Assurance Programme, in 2011. The process of the self-assessment submission was approved by the Dunfermline & West Fife CHP Clinical Governance Group in March 2012. The Quality Assurance Programme [self-assessment submission] will be submitted to the Dunfermline & West Fife CHP Clinical Governance Group [as host CHP] for informal approval prior to formal submission to NHS Fife Board during 2012.

The ongoing monitoring and reporting will be on an annual basis to Dunfermline & West Fife CHP Clinical Governance Group through the Fife Respiratory MCN Annual Report and Work Plan. Accreditation is valid for three years, following which the Fife Respiratory MCN will commence the process for re-accreditation.

**COPD Casefinding**

In line with the Fife Respiratory MCN’s role to support best practice from a sound evidence base, one of the standards within the Quality Improvement Scotland COPD Clinical Standards [March 2010] relates to a strategy and implementation plan to identify people with undiagnosed COPD.

To support this standard, a Plan Do Study Act [PDSA] audit was developed to identify the most appropriate method to support General Practices in Fife identify people with undiagnosed COPD earlier in the disease progression. Funding was secured from the NHS Fife Keep Well Team to purchase pocket spirometers. These were used to screen smokers aged 35 years and over [40 years and over by the Keep Well Team]. Those with an FEV1 [Forced Expiratory Volume in one second] <85% predicted were asked to make an appointment with their GP. A PDSA report on this case finding exercise is available via the Fife Respiratory MCN.

Given the inconclusive findings of the casefinding exercise, the Fife Respiratory MCN Steering Group has agreed to explore opportunities for working with the Cardiac MCN to identify undiagnosed COPD during cardiac clinic appointments and Stop Smoking colleagues with a view to using the hand held spirometers to assist in encouraging smoking cessation. This will be taken forward during 2012-2013.

**COPD & Asthma Information Systems**

The Fife Respiratory MCN has been seeking to support the use of single information systems across Primary Care and potentially Secondary Care to support achievement
of clinical standards in practice; facilitate the simple aggregation of data to shape and inform the work of the MCN; and thereby, support improved outcomes for service users.

The Respiratory MCN considered systems available to support the above goals and consulted with a sample of Respiratory MCNs on their experience. Initial findings indicated Campbell Software had been well tested and currently in use / being considered by a number of other Scottish Board Respiratory MCNs. However, the company developing the software faced difficulties negotiating an acceptable licensing agreement with the two patient information systems in use within Fife General Practices: E-MIS and VISION.

Following further discussions, the Fife Respiratory MCN Steering Group agreed the use of templates within the E-MIS and VISION systems would be the most appropriate system. The Lead Clinician [Primary Care] will continue to progress on behalf of the Fife Respiratory MCN during 2012-2013.

Pulmonary Rehabilitation

Established initially as a Fife-wide 18-month pilot in 2008, the Community Pulmonary Rehabilitation programme focussed on developing a service for people with COPD. The service was funded from the Scottish Enhanced Services Programme [SESP]. The eight-week programme includes a structured exercise and education programme designed to help patients improve control of their condition. This programme is provided by a multi-disciplinary team (Rehabilitation Physiotherapists and Technical Instructors) working to national guidelines.

Following the end of the pilot period, the Fife-wide Community Pulmonary Rehabilitation programme secured fixed-term SESP funding to allow the programme to continue to be delivered. This funding was due to cease at the end of March 2012 and the Pulmonary Rehabilitation Service Leads were asked to identify cost-efficiencies / areas of integrated working. A funding bid was considered and approved by the Primary Medical Services Monitoring Group [PMS-MG] in January 2012 to provide a further one-year funding from 01 April 2012 to 31 March 2013.

Ongoing funding opportunities and provision of the service will continue to be explored and discussed during 2012/2013.

Home Oxygen Service

The National Home Oxygen Therapy Sub-Group, set up by the Respiratory MCN National Advisory Group, have developed a ‘Domiciliary Oxygen Therapy Service: National Guidance / Best Practice’ which reflects current good practice in the assessment, review and delivery of home oxygen services. The Fife Respiratory MCN Steering Group were informed and consulted on the proposed changes to the home oxygen services national contract.

The Fife Respiratory Service was asked by the Fife Respiratory MCN to review all patients [high and low users] who were prescribed oxygen cylinders with a view to assessing the appropriateness of continued oxygen therapy and to transfer the supply of oxygen from cylinder to concentrator / home fill systems if appropriate.
The changes to the supply contract are still ongoing and the Fife Respiratory MCN will continue to liaise with Primary and Secondary Care colleagues and patients to ensure involvement and awareness. In addition, a local solution for palliative care oxygen is required and will be taken forward during 2012/13.

SIGN [101] Update on the ‘British Guideline for the Management of Asthma’

SIGN [Scottish Intercollegiate Guidelines Network] revised and updated the British Guideline for the Management of Asthma in May 2011. The guideline serves as a basis for high quality management of both acute and chronic asthma.

The Fife Respiratory MCN Steering Group reviewed Primary and Secondary Care current practices in line with the guideline. This review of practice concluded the SIGN 101 guideline could not be fully adopted across NHS Fife in respect to five recommendations not applicable within NHS Fife and two recommendations where the MCN could not mandate financial and staff resources from independent contractors and stakeholders. The review of current practice did however, allow the Fife Respiratory MCN to propose five priority areas in line with the guideline across NHS Fife. The five priority areas will be included in the Fife Respiratory MCN Annual Work Plan for 2012-2013 [Appendix C].

COPD and Asthma Resource Pack Updates

To ensure the information contained within the COPD and Asthma Resource Packs, available on the D&WF CHP website, is as up-to-date as possible, all resource pack contributors were asked to review and update their relevant sections. Each section will be reviewed / updated / confirmed on an ongoing annual basis.

Role & Remit

The Role and Remit of the Fife Respiratory MCN Steering Group was reviewed, updated and agreed for the coming year.

3.2 Fife Respiratory MCN Children & Young People’s Asthma Sub Group

The Children & Young People’s Asthma Sub Group is a standing group of the Fife Respiratory MCN which takes a lead on the consideration and development of best practice in relation to Asthma care and support within Fife. This Group is chaired by the Lead Clinician for Children’s Services [Consultant Paediatrician] and membership includes representation from Primary Care [GP and Practice Nurse], Asthma Nurse Specialist, Adult Respiratory Consultant, Community Paediatrician, Community Nursing [Public Health Nursing], Primary and Secondary Care Pharmacy, Charge Nurse Children’s Ward, MCN Coordinator, Education Service and service user representation. This Group has met three times during 2011-2012 focussing on:

Asthma Data

The Children & Young People’s Asthma Sub Group have welcomed regular statistical data from Information Services Department and the NHS Fife Primary Care Emergency
Service [PCES] around admissions and out of hours contacts for children relating to asthma / wheeze respectively. This data will be used to monitor admission activity.

**Detailed Patient Care Pathway**

The Children & Young People’s Asthma Sub Group have begun the process to develop a detailed patient / care pathway for children with Asthma. This has included a multi-disciplinary meeting [including service-user and their parent] to map out the current pathway, use of resources, clinical input & patient journey. This piece of work will continue to be the main focus of the Children & Young People’s Asthma Sub-Group during 2012-2013.

**SIGN 101 Update**

The Children & Young People’s Asthma Sub Group have been involved in reviewing current practice in line with the SIGN 101 British Guideline on the Management of Asthma update - see section 3.1 above.

**Be Asthma Aware Education Sessions**

The Children & Young People’s Asthma Sub Group and the Fife Respiratory MCN Education Sub Group developed a presentation which could be delivered to key staff in Nurseries, Primary and Secondary Schools across Fife to support schools in improving their knowledge and ability in managing the health needs of children with asthma when in school. These education sessions aim to reduce risks to children with asthma, by teaching staff working in schools and nurseries how to spot and deal with asthma attacks and how to ensure children with asthma live a full and active life. Backfill funding was secured [up to March 2012] to allow a cohort of NHS staff trainers to deliver this training during normal working hours. Between November 2011 and March 2012, eighteen Be Asthma Aware sessions were delivered across Fife. Participants were requested to complete evaluation feedback forms and a report of these evaluations is available via the Fife Respiratory MCN.

### 3.3 Fife Respiratory MCN Education Sub Group

The Fife Respiratory MCN Education Sub Group is a working group which leads on supporting the development of skills and knowledge to support best practice in relation to respiratory care in Fife. This Group was chaired by the G&NEF CHP Respiratory Nurse Specialist and membership of this group includes: Primary Care [GP & Practice Nurse representatives], District Nursing and Secondary Care representatives and Protected Learning Time Coordinators. The Education Sub Group have met six times during April 2011 and March 2012. A review of the role and remit was discussed and agreed by the Group and the MCN Steering Group. Agreed changes include making use of electronic communication and discussions as appropriate to ensure mutual agreement.

The main focus of the Education Sub Group during this period has been:

**Education Catalogue**
One of the key roles of the Fife Respiratory MCN, as outlined in the Scottish Executive HDL (2007) letter, is to facilitate training and education opportunities for all staff who work with patients with respiratory disease. To this end, the Education Sub Group has been developing an Education Catalogue which aims to provide a comprehensive overview of the training and education that is available to staff within NHS Fife delivered by NHS Fife staff on behalf of the Fife Respiratory MCN. The Education Catalogue will be shared with General Practices, Primary Care Teams and Protected Learning Time [PLT] Coordinators across Fife as an educational resource from which specific / required areas of education and development can be requested for PLT or in-house Practice-based sessions. Each of the individual workshops outlined in the document meet specific eKSF dimension(s).

**Spirometry Train the Trainers**

The Respiratory MCN were successful in their proposal to the Prescribing Quality Group [December 2010] for funding to develop an in-house training programme to support quality practical spirometry across Fife. The funding enabled a cohort of 12 trainers from across NHS Fife [Primary and Secondary Care] to be trained to deliver practical spirometry training to support healthcare professionals in diagnosing COPD/Asthma. An evaluation report of the four-day course is available from the Fife Respiratory MCN.

The *Performing Practical Spirometry: Getting it Right Every Time* training package will be delivered within agreed Protected Learning Time dates throughout 2012-2013 and ongoing.

### 3.4 Pulmonary Rehabilitation Sub Group

The Pulmonary Rehabilitation Sub Group leads on consideration of best practice in relation to Pulmonary Rehabilitation within Fife. Membership of this Group includes representation from each of the three CHPs, Practice / Respiratory nurse specialists and Secondary Care. Focus of meetings has been on the uncertainty around the continuation of the Community Pulmonary Rehabilitation Programme following the end of the fixed term funding in March 2012.

As reported above [in section 3.1], an additional one-year’s funding was approved for the Community Pulmonary Rehabilitation Programme. This funding will require a change in the way the service is provided ensuring this is in line with NHS operating procedures. The remit of the Pulmonary Rehabilitation Sub Group will be reviewed and updated during 2012-2013 in line with any changes to the Pulmonary Rehabilitation service.

### 3.5 Research & Audits

**Research Interest Group**
The Fife Respiratory MCN is represented at the National Respiratory Conditions Research Interest Group. This Group has discussed proposals including: the creation of a database of patients willing to participate in clinical trials; creation of a database to collate results from a number of different laboratories for all patients attending hospitals for lung function tests to establish a comprehensive database for respiratory disease; and a proposal that the records pooled from different lung function laboratories in hospitals around Scotland could be linked with prescribing data. The Fife Respiratory MCN Steering Group will continue to receive updates from these meetings.

**Respiratory Bundle 2011-2012**

The ‘Respiratory Bundle’ was developed as a joint project between the Respiratory MCN and the Fife CHP Prescribing Support teams with the aim of delivering best practice in respiratory care in all GP Practices across NHS Fife. The Respiratory Bundle consists of a review of:

- Adult asthma patients
- COPD patients
- Paediatric asthma patients

It was agreed that the Respiratory Bundle should be offered to GP Practices to meet the requirements of the three medicines management projects for the Med 6 & 10 component of the GP GMS contract. All 58 Practices (100%) across NHS Fife were involved.

For the year end April 2011 – March 2012:

- NHS Fife, prior to the start of the Respiratory bundle, had the third highest Gross Ingredient Cost [GIC]/1000 patients. This has now reduced to the fourth highest in Scotland
- The most common medication changes are: Tiotropium respimat® to handihaler; Seretide® 250 evohaler to 125 evohaler (Asthma) or to 500 accuhaler (COPD); Symbicort® dose reduction; and easyhaler® change
- NHS Fife is no longer the highest prescriber of Seretide® in Scotland
- As at end December 2011, approximately 6000 patients have been reviewed and 2100 patients (35%) have had their medication changed;
- The annual savings within Respiratory prescribing in NHS Fife is £398k.

### 3.6 Communication, Involvement and Awareness Raising

**Website Resources**

The Fife Respiratory MCN continues to update the Respiratory sections on the D&WF CHP website [http://www.dwfchp.scot.nhs.uk/content.asp?ArticleCode=2450&par=2380](http://www.dwfchp.scot.nhs.uk/content.asp?ArticleCode=2450&par=2380). The pages provide background on the work of the MCN, the COPD and Asthma Resource Packs, Clinical Guidelines, Education Resources and MCN Steering Group meeting minutes. This resource is for clinicians and patient / public members. The respiratory section also includes links to partner organisations and support groups.

Links to the Fife Respiratory MCN from Glenrothes & North East Fife CHP website, the new NHS Fife website and NHS Fife Intranet will be taken forward during 2012-2013.
Awareness Raising: World COPD Day

As part of World COPD Day on Wednesday 16th November 2011, Respiratory and Breathe-Easy colleagues set up a stall in the Kingsgate Shopping Centre, Dunfermline to raise awareness of COPD. As well as giving out advice, the Respiratory health professionals offered spirometry testing to those who were interested. This was a successful day with over 30 people visiting the stand for spirometry testing. Out of those who matched the testing criteria, nine people were referred to their GP for further investigation and a total seven new cases of undiagnosed COPD were identified.

Awareness Raising: Chest Voices Programme

Patients and carers from Kirkcaldy & Levenmouth and Dunfermline & West Fife CHPs attended a Chest Voices Scotland day in March 2011. Two main issues were identified and will be taken forward by a proposed Respiratory MCN Patient Sub-Group during 2012-2013.

Public / Service-User & Voluntary Group Involvement

The Fife Respiratory MCN Steering Group has two service-user representatives and the Asthma Children & Young People’s Asthma Sub Group has a service-user/carer representative. The three National voluntary sector Respiratory Groups [Asthma UK, British Lung Foundation and Chest Heart & Stroke Scotland] and local BreatheEasy support groups attend the Steering Group meetings.

The Fife Respiratory MCN aims to work with active support groups, public members, service-users/carers and voluntary groups to inform, engage and support involvement in the work of the MCN. This is achieved using established communication channels e.g. meeting minutes and website, and individual CHP Public Partnership Forums [PPFs].

3.7 Relocation of Respiratory In-Patient Services

January 2012 saw the move of all in-patient Respiratory services at Queen Margaret Hospital, Dunfermline relocate to one site within the new wing at Victoria Hospital, Kirkcaldy. Out-patient services will continue to be provided within QMH.

4 PROGRESS AGAINST FIFE RESPIRATORY MCN ANNUAL WORKPLAN 2011-2012

The Fife Respiratory MCN Steering Group and Sub Groups worked to the agreed annual workplan during 2011-2012. The updated workplan is available in Appendix B. Particular areas of progress are highlighted in the previous sections above. Priorities / actions not fully achieved during 2011-2012 will be carried forward and incorporated into the 2012-2013 Annual Workplan

5 FOCUS FOR 2012-2013

The Fife Respiratory MCN will focus on the follow key priorities during 2012-2013:
1. EMIS & VISION templates
2. Asthma [Young People]:
   - Detailed patient care pathway
   - Asthma in adolescents including: diagnosis and assessment; risk factors; long term outlook and entry into the workplace / career choices
   - Supporting the management of acute asthma [in reducing referrals to acute assessment units.]
3. Asthma [Adults]:
   - Management of acute asthma in Primary Care.
4. COPD
   - Pulmonary Rehabilitation ongoing funding
   - Case finding initiatives
   - Telepod Pilot
   - Emergency admissions [from CHP collated reports]
   - Research / audit projects
5. Home Oxygen – local guidelines for palliative care
6. Engagement with service users [e.g. Chest Voices]
7. Priorities from the SIGN 101 guideline review

A full annual workplan for 2012-2013 will be agreed in due course at the Fife Respiratory MCN Steering Group and D&WF CHP Clinical Governance Group and is attached at appendix C.

6 WORKING TO EVIDENCE-BASED STANDARDS

All materials recommended by the Fife Respiratory MCN have been developed from sound evidence-based guidelines e.g. British Thoracic Society [BTS], Scottish Intercollegiate Guidelines Network [SIGN], National Institute for Health & Clinical Excellence [NIC] and Quality Improvement Scotland [QIS] including:

COPD & Asthma Resource Packs

Guidance materials developed by the Fife Respiratory MCN take the form of Resource Packs providing simple, easy to follow guidance to support clinicians as they work with patients throughout the patient pathways.

COPD & Asthma QIS Clinical Standards

The Fife Respiratory MCN COPD work has been guided by the QIS Clinical Standards for COPD, and likewise, the work of the Children & Young People's Asthma Group has centred on the QIS Clinical Standards for Asthma for services for children and young people.

Practical and Interpreting Spirometry Workshops

Spirometry is the key to effective diagnosis of COPD and supports ongoing quality management of respiratory conditions. Both the Practical and Interpreting Spirometry
workshops were developed in response to Scotland-wide standards and meets the NHS QIS Clinical Standards:

for Practical Spirometry

- 3a.4: staff carrying out spirometry testing are trained and their competency assessed;
- 3a.5: the competence of staff carrying out spirometry testing is maintained;

for Interpreting Spirometry

- 3a.6: staff interpreting spirometry test results are trained and their competency assessed;
- 3a.7: the competence of staff interpreting spirometry results is maintained

The MCN has:

- completed the update report on the QIS Asthma Risk Management
- completed the Clinical Governance Matrix for SIGN 101
- continued to work through the QIS Children & Young People Asthma Clinical Standards self-assessment
- continued to work through the QIS COPD Clinical Standards self-assessment.

The Fife Respiratory MCN will continue to ensure ongoing work, guidance materials and training resources are in line with national and / or local evidence-based standards and will work in partnership with the National Advisory Group for Respiratory MCNs in Scotland.

7 SUMMARY

During 2011-2012, the Fife Respiratory MCN has continued to evolve and has focussed on a number of key areas, including: involvement in the changes to the national provision of Home Oxygen Services; updating the COPD and Asthma Resource Packs; securing funding to continue the Community Pulmonary Rehabilitation Service and seeking accreditation, by NHS Fife Board, in line with Quality Improvement Scotland (now Health Improvement Scotland) Quality Assurance Programme.

The Fife Respiratory MCN Work Plan [attached at Appendix B] outlines the work undertaken in 2011-2012, including:

- Self-evaluation against Quality Improvement Scotland COPD Clinical Standards;
- Equitable access to an evidence-based Community Pulmonary Rehabilitation programme;
- Development of an Education and Development Framework;
- Supporting compliance with SIGN Guidance on the Management of Asthma [SIGN 101];
- Supporting the process changes required to enable the implementation of national provision of Home Oxygen services.

The focus for the Fife Respiratory MCN and its Sub Groups during 2012-2013 will
include:

- Priorities from the SIGN 101 guideline review
- The development of a detailed patient care pathway for children & young people with asthma
- An agreed programme of Respiratory education across the three CHPs and development of an Education Catalogue.
## Communication planning and reporting schedules

This plan outlines the MCNs stakeholders, what it communicates with them and how this communication takes place.

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<th>External Stakeholders</th>
<th>What is to be communicated</th>
<th>Methods and frequency of communication</th>
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<tr>
<td>Public, Service users and carers</td>
<td>- Updates on the work of the MCN</td>
<td>There are a number of active support groups in Fife with a wide range of members: we will work with them to consult, inform and involve service users. This is a two way process, the MCN welcomes proactive engagement from all its stakeholders. The MCN Steering Group has two service user representatives. Asthma sub group has a service user/carer representative. Using a variety of means (web/groups/people’s panel, PPF etc) to reach as many people as possible. Steering group minutes, annual work plan and annual report will be posted on the website.</td>
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<tr>
<td>Voluntary sector</td>
<td>- Updates on the work of the MCN</td>
<td>The three national groups (Asthma UK, BLF &amp; CHSS) are included in the steering group circulation – owing to their commitments it is hoped that at least one group is able to attend each meeting.</td>
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<td>National Advisory Group of Respiratory MCNs</td>
<td>- Updates on the work of the Fife MCN, - Obtain information on work of MCNs throughout Scotland, - Share learning (consideration being given to the NAG acting as a peer forum for considering progress against QIS COPD Clinical Standards)</td>
<td>Quarterly meeting attended by a Clinical Lead and MCN manager</td>
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<td>Healthcare Improvement Scotland</td>
<td>• as required</td>
<td>- to meet reporting timescales for the review and dissemination of local and national Clinical Governance information -this may also include update on the progress and specific status of individual projects</td>
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Appendix A
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<th>Internal Stakeholders</th>
<th>What is to be communicated</th>
<th>Methods and frequency of communication</th>
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| Steering group                        | -the MCN will produce an annual report and MCN work plan. This will be presented to the D&WF CHP Clinical Governance Group for their approval as agreed  
● update of MCN progress/status  
● update and review of participation in both local and national quality improvement activity  
● review and disseminate MCN clinical governance activity  
● to be an escalation point for issue resolution  
- update the D&WF CHP Clinical Governance Group on MCN activity and progress/status of individual projects where required  
- the MCN should try to resolve any risks/issues locally  
- risks/issues which cannot be resolved locally are escalated to the D&WF CHP Clinical Governance Group via the MCN Manager  
- the D&WF CHP Clinical Governance Group must then escalate un-resolvable risks/issues to the D&WF CHP Management Team for escalation and if necessary to the NHS Fife Clinical Governance Steering Group/CHP Committee | -the steering group meets every two months and includes all stakeholders  
- scheduled update as specified within the approved MCN action plan to meet the reporting timescales for the review and dissemination of local and national clinical effectiveness information as defined in the D&WF CHP Clinical Governance Reporting Schedule  
- annual MCN Action Plan as defined in the D&WF CHP Clinical Governance Reporting Schedule  
- annual MCN report  
- this may include update on progress on the specific status of individual projects  
- minutes from the MCN Steering Group to be included for noting on the D&WF CHP Clinical Governance Group Agenda as a standing item |
| D&WF CHP Clinical Governance Group    |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |
| D&WF CHP Committee                    | Escalated to the D&WF CHP Clinical Governance Group via the MCN Manager  
- the D&WF CHP Clinical Governance Group must then escalate un-resolvable risks/issues to the D&WF CHP Management Team for escalation and if necessary to the NHS Fife Clinical Governance Steering Group/CHP Committee |                                                                                                                                                                                                                                                                  |
| NHS Fife Clinical Governance Committee |                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                  |
| D&WF Localities Group (quarterly)     | - Updates on the work of the MCN  
- Seek local feedback and input to the work of the MCN                                                                                                                                                                                                                                                                                          | Primary Care Clinical Lead member of Localities Group                                                                                                                                                                                                         |
| Respiratory Consultants meeting (weekly) | - Updates on the work of the MCN  
- Seek local feedback and input to the work of the MCN                                                                                                                                                                                                                                                                                          | Secondary Care Clinical Lead member of group                                                                                                                                                                                                                 |
| General Practice and LMC              | - Development and awareness of resources/processes to support clinical practice                                                                                                                                                                                                                                                                                                                                 | - Resources available on website  
- Communication regarding new resources and updates forwarded to all practices  
- LMC included in approval processes for new resources and consulted on programmes/projects                                                                                                                                                                    |
| Area Drugs and Therapeutics Committee (ADTC) | ADTCs approval will be sought of any new resources including mention of medications/devices or processes impacting on pharmacy. Updates would only require similar approval where changes are made to medication references.  
<pre><code>                                                                                                                                                                                                                         | Resources to be forwarded to DATC secretary with cover paper following liaison with ADTC secretary.                                                                                                                                                              |
</code></pre>
<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Anticipated Outcome</th>
<th>Person Responsible</th>
<th>Resources involved</th>
<th>Update as at April 2012</th>
<th>Target (and trajectory)/ Objective</th>
<th>Risks</th>
<th>HDL Principle / HEAT / Quality Strategy</th>
<th>RAG status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear management arrangements &amp; leadership of the MCN</td>
<td>Refresh role and remit and initial work plan</td>
<td>We have clarity of governance arrangements &amp; purpose</td>
<td>Clinical Leads MCN Manager</td>
<td></td>
<td>Draft workplan and 2010-11 annual report submitted to July 2011 Steering group; Approved by MCN SG August 2011</td>
<td>• Role and remit to be reviewed - Sept 2011 • 2011-12 Annual work plan to be approved by CG Grp Sept 2011</td>
<td></td>
<td>HDL-Governance / Quality-Collaboration</td>
<td>Green</td>
</tr>
<tr>
<td>Involvement and Partnership working</td>
<td>Communication: Maintain various mechanisms to support service user / carer / independent contractors / staff /Vol. Orgs. involvement in the MCN</td>
<td>All stakeholder groups are represented &amp; fully involved in the work of the MCN</td>
<td>MCN Manager</td>
<td>Transport Training and Support</td>
<td>Regular sub-group updates to MCN SG.</td>
<td>• Steering group membership is representative • The MCN access available involvement mechanisms.</td>
<td>There is a risk that we lose the available funding.</td>
<td>HDL-Involvement &amp; Partnership Quality-Collaboration</td>
<td>Green</td>
</tr>
<tr>
<td>Equip people to support their involvement</td>
<td>Training sessions delivered to equip people to be fully involved</td>
<td>MCN Manager</td>
<td>Venue / Refreshments</td>
<td></td>
<td>Chest Voices session March 2011 [D&amp;WF and K&amp;L] G&amp;NEF Chest Voices Programme to be rescheduled</td>
<td>Sessions delivered to each CHP area</td>
<td>As above</td>
<td></td>
<td>Green [D&amp;WF / K&amp;L]</td>
</tr>
</tbody>
</table>

3 Detailed in appendix 2
4 RAG – Red- not on target, Amber- on target, Green- on course for completion/completed
| **Involvement and Partnership working (cont)** | Develop an MCN Web presence | People have access to useful information and resources | MCN Manager | • ongoing development  
• Asked for inclusion on other CHP websites to take people to MCN pages | People have easy access to up to date info. & resources. | Green |
| **Sleep Apnoea** | Review and disseminate local guidelines | Improved referral patterns | MCN Clinical lead (Secondary Care) | Clinicians time / training time | To be carried forward to 2012/13 Work Plan | • Refreshed guidelines  
• Awareness undertaken  
• Reduction in redirected referrals | HDL- Equip /Evidence based  
Clinical excellence  
HEAT 18wks | Red |
| **Chronic Obstructive Pulmonary Disease** | Local Priorities from QIS Clinical Standards  
Spirometry: Quality control  
Monitor & maintain an education programme  
Casefinding | Clinical Standards are met: People are diagnosed earlier, reduced emergency admissions and length of stay | Chair COPD Sub Group | Working document in draft. Updated throughout the year. | Complete self evaluation tool by 09/2011 | • Cohort of trainers trained to deliver comprehensive package.  
• Bespoke training package developed | HDL- Equip /Evidence based  
HEAT - 75+ bed day rates  
Quality-Clinical excellence | Orange |
| | | COPD Vitalograph 6 machines and tubes | | Keep well & Smoking Cessation screening PDSA complete. Report finalised.  
Practice Nursing PDSA underway | We have secured data on how screening supports case finding via three different patient contact opportunities (KeepWell/Smoking Cessation/Practice Nursing) to support ongoing case finding. | Green | Green |
| Chronic Obstructive Pulmonary Disease (cont) | Review and update COPD resource pack annually | Supporting primary care and self management:  
- Reducing secondary referrals & hospital admissions  
- Earlier diagnosis | MCN Manager | Clinicians / admin. time to update | Sections being updated by authors | Review Pack sections Aug 2011 / medication sections May 2012  
- No. of new referrals to Respiratory Medicine sent back to primary care compared to previous year  
- Average age a death over time / increase time from first admission to death over time. | HDL- Equip / Evidence Based  
HEAT- 75+ bed day rates  
Quality- Communication | Orange |
| Community Pulmonary rehab - Consolidate existing programme | Secure equitable provision | Clinical Leads / Service Managers | Circa £125,250 | Review of current provision and resources in each CHP area.  
- Efficiency savings identified.  
- Further one year funding granted by PMS MG. | People have equitable access to an evidence based programme.  
- Supports T6, T7: Increase no. of people being referred to PR following an acute admission and with symptoms from community. | That this evidence programme does not receive recurring funding resulting in a loss of service and add on benefits to integrated working across sectors. That we lose staff due to HDL- Equitable / Evidence based  
HEAT - 75+ bed day rates  
Quality- Collaboration / Clinical Excellence / Continuity of Care | Green |
<table>
<thead>
<tr>
<th>Chronic Obstructive Pulmonary Disease (cont)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Telepod pilot –</td>
<td>Understand the potential of this technology to support good quality proactive clinical care</td>
<td></td>
<td></td>
<td>Telepod: demonstrates at least 10% reduction in COPD hospital admissions.</td>
<td>Orange</td>
</tr>
<tr>
<td>Complex care</td>
<td>Increase in the number of people with complex care receiving care in a community setting</td>
<td></td>
<td>SPARRA data reviewed by Practice and Community Nursing</td>
<td>Increase in number of complex cases managed in the community (utilising SPARRA data as a proxy)</td>
<td>Green</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Identify areas to enhance prescribing practice: Agree and implement support programme</td>
<td>Best Practice in prescribing is supported</td>
<td>MCN Pharmacy members</td>
<td></td>
<td>Orange</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Staff time</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• All NHS Fife General Practices participating in Respiratory Bundle project</td>
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<td></td>
<td></td>
<td>• Updates to MCN SG</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Quality prescribing is enhanced</td>
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<td></td>
<td></td>
<td>Information available on efficiencies secured</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Contributes to a reduction in secondary referrals</td>
<td></td>
</tr>
<tr>
<td>Equipped</td>
<td>Understand what is available and make it accessible</td>
<td>Education subgroup / MCN Admin</td>
<td>Resource packs and guidelines loaded onto CHP website.</td>
<td>Everyone has a clear understanding of what is available</td>
<td>HDL – Equip / Quality / Evidence based Quality – Clinical excellence</td>
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<tr>
<td>● Agree programme (with range of options PLT/Evening etc)</td>
<td>● Understand need and define issues to address</td>
<td>Chair Education Sub Grp</td>
<td>● Draft education framework in progress</td>
<td>● Measures are put in place to fill gaps</td>
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<td></td>
<td>● Clear outline of the workshops the MCN can provide – and agreed mechanisms to keep this fresh – to support high quality care</td>
<td></td>
<td>● Plan for 2012/13 PLT sessions proposed</td>
<td>● A clear ‘catalogue’ is in place and maintained – supporting improved patient care.</td>
<td></td>
</tr>
<tr>
<td>● Contribute to the palliative care programme</td>
<td>Practice Nurses are supported in their role in relation to the early palliative care needs of people with COPD</td>
<td>PC Clinical Lead / Anticipatory Care Nurse / Practice Development</td>
<td>● Evidence of impact on referral / admission rates</td>
<td>● Evidence of impact on referral / admission rates</td>
<td></td>
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<tr>
<td>Asthma</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Maintain (annually) resource pack</td>
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<tr>
<td>- Supporting primary care and self management: reducing referrals to secondary care and hospital admissions</td>
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<tr>
<td>MCN members / MCN Manager co-ordinate</td>
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<tr>
<td>Minimal – use existing resources and communication mechanisms</td>
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<tr>
<td>- Sections being updated by authors</td>
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<tr>
<td>HDL – Quality / Efficiency / Partnership</td>
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<tr>
<td>Quality – Clinical Excellence / Communication / Collaboration</td>
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</tbody>
</table>

| - Develop a detailed care pathway for children and young people |
| Everyone understands their role and routes between services |
| Chair Asthma Sub group |
| - Initial meeting September 2011 – baseline information gained. |
| - Work to be progressed during 2012/13 |
| Pathway to be approved Sept 2011 |

| - Support compliance with SIGN Guidance on the Management of Asthma: e.g. facilitate access to psychology |
| We support clinical excellence in the management of Asthma |
| Clinical Leads |
| - SIGN 101 Matrix completed March 2012. |
| - Submitted to NHS Fife Clinical Governance Committee March 2012 |
| Encourage use of a comprehensive review screen |
| HDL - Evidence based Quality – Clinical Excellence |

| - Report annually to Child Health Management Team |
| Ensure clear communication and good governance |
| Chair Asthma sub Grp |
| - Annual report widely circulated |
| November 2011 |

HDL – Quality / Efficiency / Partnership
Quality – Clinical Excellence / Communication / Collaboration
Red

Orange
Green
**National Oxygen at home service**

- Support the process changes required to enable the implementation of national provision
- Participate in the development of and embed locally a nationally agreed guidance for Oxygen
- Support transition to use of national guidance
- Undertake assessments to maximise use concentrators

<table>
<thead>
<tr>
<th>We support clinical excellence by working to a nationally agreed guidance</th>
<th>Clinical Lead (Secondary Care)</th>
<th>National Guidance published Feb 2012.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People have access to expert assessment and the most effective delivery system for their needs</td>
<td></td>
<td>Local guidance for palliative care patients being developed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient assessments being undertaken</td>
</tr>
</tbody>
</table>

| There is a risk that the costs of provision continue to outstrip the funding allocation – management via introduction of national guidance | HDL - Evidence based Quality – Clinical Excellence | Orange |

- 11 actions have been completed [green] within the financial year 2011/2012. Some of these actions will continue on the 2012/13 Work Plan
- 7 actions are currently still in progress [orange]:
  - COPD: Local Priorities from QIS Clinical Standards – the self assessment is a ‘live’ work in progress document. This will continue to be reviewed and updated during 2012/13
  - COPD: Review and update COPD Resource Pack annually – most sections have been updated and uploaded to the website. Outstanding sections will be uploaded in due course.
  - COPD Telepod pilot – [need info]
  - Pharmacy: Identify areas to enhance prescribing practice – the Respiratory Bundle project for 2011/12 has been completed but will Practices will continue to progress through 2012/13.
Equipped: Agree programme (with range of options PLT/Evening etc). Education catalogue is almost complete. Awaiting confirmation of PLT education proposal from one CHP area.

Asthma: Maintain (annually) resource pack – some sections complete others currently being updated.

National Oxygen at Home Service – the change over date for NHS Fife has been put back until August 2012. Patient assessments continue. Local guidance being developed and actions being taken forward.

- 4 actions are incomplete [red] for 2011/12:
  - Involvement and partnership working – the Chest Voices programme for GNEF was unable to go ahead. This will be taken forward during 2012/13
  - Sleep Apnoea: Review and disseminate local guidelines. This will be carried forward to 2012/13 workplan
  - Equipped: Contribute to the palliative care programme. PLT sessions planned for 2012/13
  - Asthma: Develop a detailed care pathway for children and young people. This a priority for the C&YP Asthma sub group for 2012/13.
### 1. Clear management arrangements and leadership of the MCN

#### a) Refresh role and remit [annually]
- **Anticipated Outcome(s):** Unity of purpose and direction of the MCN
- **Person Responsible:** MCN Coordinator
- **Target / Objective:** Role & Remit reviewed and agreed December 2012
- **Risks:** HDL: 10.1, QAP: 1
- **Core Principle:** [By Jan 2013]

#### b) Identify / agree Clinical Leadership for 2013 onwards
- **Anticipated Outcome(s):** Continuation of current Lead Clinicians / new Lead Clinician(s)
- **Person Responsible:** D&WF CHP
- **Target / Objective:** Continued clear clinical leadership and responsibility for the functioning of the MCN
- **Progress to Date:** No notes of interest are intimated
- **Risks:** HDL: 10.1 & 24, QAP: 1

#### c) Complete annual report including progress within Quality Assurance Programme
- **Anticipated Outcome(s):** Unity of purpose and direction of the MCN
- **Person Responsible:** MCN Coordinator
- **Target / Objective:** Progress report on MCN performance and achievements in relation to the QAP.
  - Continuous improvement in the quality of service provided by the MCN
- **Progress to Date:** May: QAP informal submission to CG 15/05/12.
  - Annual Report 2011/12 to be circulated via Governance channels.
- **Risks:** HDL: 10.1, 10.7 & 33, QAP: 1

### 2. Involvement & Partnership Working

#### a) Internet and Intranet Webs presence
- **Anticipated Outcome(s):** People have access to information and resources
- **Person Responsible:** MCN Coordinator
- **Target / Objective:**
  - Ensure all information is kept up-to-date.
  - Continued utilisation of DWF CHP website resource.
  - Information on NHS Fife Intranet & internet / web-link to DWF CHP site
  - Information / link on GNEF CHP website
- **Progress to Date:** Out of date information is not updated timely and therefore available to clinicians / public members
- **Risks:** HDL: 35
- **Core Principle:** April/May: COPD section updated on DWF website.
  - June: Link on GNEF to DWF Respiratory section
## COPD

### a) Local Priorities from QIS Clinical Standards
- **Clinical Standards are met:** People are diagnosed earlier, reduced emergency admissions and length of stay.
  - **Person Responsible:** MCN
  - **Target / Objective:** Review / update self-assessment as appropriate
  - **Risk:** HDL: 10.4
  - **Core Principle:** May: Ad-hoc meeting to discuss & update [TBC]

### b) Review and update COPD Resource Pack [annually]
- **Supporting clinicians and patient self management**
  - **Person Responsible:** MCN Coordinator; Resource Contributors
  - **Target / Objective:** To provide high quality information
  - **Risk:** HDL: 10.4; 15 & 35
  - **Progress to Date:** May: all sections reviewed, updated and uploaded.

### c) Casefinding
- **Identify undiagnosed COPD**
  - **Person Responsible:** MCN Coordinator / Cardiac Rehab MCN
  - **Target / Objective:** Facilitate earlier diagnosis, Earlier diagnosis to help maintain quality of life for longer, Support practices to populate their COPD register and improving the opportunity for care planning.
  - **Risk:** May: Meeting arranged with Dr Francis, Lynne Garvie, CS & GD to agree protocol & training – 18/07/12.
<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Outcome(s)</th>
<th>Person Responsible</th>
<th>Target / Objective</th>
<th>Risks</th>
<th>Core Principle</th>
<th>Progress to Date</th>
<th>RAG status</th>
</tr>
</thead>
<tbody>
<tr>
<td>d) Support smoking cessation</td>
<td>Enhance / support continued smoking cessation</td>
<td>Smoking cessation colleagues</td>
<td>• Enhance use of smoking cessation support and improve diagnosis</td>
<td></td>
<td></td>
<td>May: Spirometers back from Keep Well.</td>
<td></td>
</tr>
</tbody>
</table>
| e) Continuation of Pulmonary Rehabilitation Programme | Preferred model of delivery; equitable access  | Pulmonary Rehab Team / Service Managers | • Access to an evidence-based programme.  
• Active Options 2 programme for maintenance classes | 2013-2014 funding | HDL: 4&9 HEAT: 7+ |                |              |
| f) Telepod pilot                           | Support good quality proactive clinical care using technological advances | TBC                                  | • Demonstrate reduction in COPD hospital admissions | HDL: 35                |                | June: contacted R Monaghan for status update. |
| g) Complex Care                            | People with complex care receiving care in a community setting | TBC                                  | • Supporting clinicians managing complex cases a community setting |                        |                | April 2012: informal chat with H@H Team.  
Arranged two educational sessions: 1) COPD presentation & acute exacerbations and oxygen 03/05/2012; and 2) Inhaler Technique for Asthma & COPD 31/05/2012. |

4. Asthma

a) Review and update the Asthma Resource Pack  
Supporting clinicians and patient self management  
MCN Coordinator; Resource Contributors  
• To provide high quality information  
HDL: 10.4; 15 & 35
<table>
<thead>
<tr>
<th>Action</th>
<th>Anticipated Outcome(s)</th>
<th>Person Responsible</th>
<th>Target / Objective</th>
<th>Risks</th>
<th>Core Principle</th>
<th>Progress to Date</th>
<th>RAG status</th>
</tr>
</thead>
</table>
| b) Develop a detailed patient care pathway for children & young people | Clear understanding of HCP roles and the routes between services | Chair Asthma Sub Group | 1. Detailed overview of patients’ journey.  
2. Timeline with information at every event relating to treatment.  
3. Can be used for patient information and/or planning of services. | HDL: 15; 26 BoC | May: MDT met 30/05/12 to take forward. Session facilitated by Strategic Change. Initial pathway mapped and actions recorded. |
| c) Support compliance with SIGN Guidance on the Management of Asthma | Compliance with guidelines to support clinical excellence | Clinical Leads | 1. Five priorities identified from SIGN Guideline review  
1. oxygen driven nebulisers/face masks etc.  
2. asthma patient education & self management  
3. Monitoring children in PC  
4. Audit percentage of patients receiving asthma action plans  
5. Monitoring airway response – induced sputum eosinophil. | HDL: 10.4 SIGN 101 | May: Involvement in ‘Asthma Priorities: Influencing the Agenda’ event 16/05/12. Fife info submitted and schools presentation. MCN to take forward recommendations from NAG [event feedback report]. (Priority 2)  
May: Audit of nebulisers etc – GD emailed M Vass (priority 1)  
ISD info at C&YP SG |
| Sleep Apnoea | Improved referral patterns | Clinical Lead (secondary care) | 1. Guidelines for awareness and protocols  
2. Reduction in redirected referrals. | | | | |
### 6. Education

<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Anticipated Outcome(s)</th>
<th>Person Responsible</th>
<th>Target / Objective</th>
<th>Risks</th>
<th>Core Principle</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Maintain the Education Catalogue</td>
<td>Clear outline of education available via the MCN</td>
<td>Chair Education Sub Group</td>
<td>● Ensure wide range of education available</td>
<td>Facilitator time</td>
<td>QAP: 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Agree programme of education for the year ahead</td>
<td>Planned programme of targeted education</td>
<td>Chair Education Sub Group</td>
<td>● Ensure equitable access to education</td>
<td>Facilitator time</td>
<td>QAP: 8</td>
<td>May: Request for information session from Fife Carers Centre, LS and CS to provide. [date?] May: GD providing COPD &amp; Inhaler technique education session to Leven PC Nurses. June: Pul Rehab and Palliative Care session at DWF [incl K&amp;L] PLT</td>
</tr>
</tbody>
</table>

### 7. Pharmacy

<table>
<thead>
<tr>
<th>Priority</th>
<th>Action</th>
<th>Anticipated Outcome(s)</th>
<th>Person Responsible</th>
<th>Target / Objective</th>
<th>Risks</th>
<th>Core Principle</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) Identify areas to enhance prescribing practice</td>
<td>Best Practice in prescribing is supported</td>
<td>MCN Pharmacy members</td>
<td>● Continue to support the Respiratory Bundle project</td>
<td></td>
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<tr>
<td>Priority</td>
<td>Action</td>
<td>Anticipated Outcome(s)</td>
<td>Person Responsible</td>
<td>Target / Objective</td>
<td>Risks</td>
<td>Core Principle</td>
<td>Progress to Date</td>
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| 8. National Home Oxygen Service | a) Support the process changes required to enable the implementation of national provision. | Support clinical excellence by working to a nationally agreed guidance. | Clinical Lead (Secondary Care) | • Transfer of patients using cylinders to concentrators  
• Ensure patients are informed  
• Ensure GPs are informed and are aware of the national and local guidance  
• Local guidance for palliative care | QAP: 9 | May: 1) Background info sent to LDMT & request for signatories list. 2) update requested from paediatrics [Dr Ainsworth].  
May: Letters sent to GPs and Pharmacies. Info on website.  
June: Article in DWF newsletter. Discussed at MCN SG. |