NHS FIFE RESPIRATORY MANAGED CLINICAL NETWORK

ANNUAL REPORT
2014-2015

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<th>Date Approved</th>
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<td>July 2015</td>
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<td>05/08/2015</td>
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<tr>
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EXECUTIVE SUMMARY

This is the fifth 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 2014-2015 has been:

- Progressing and achieving endorsement from NHS Fife Board
- Developing an online (LearnPro) module focusing on Non Malignant Palliative Care in Respiratory Disease
- Developing presence on the NHS Fife intranet / website following the closure of the DWF CHP website
- Review of Fife Formulary Chapter 3 (respiratory medicine) in line with new devices, compounds and preparations
- Review and update of the COPD Resource Pack available on the NHS Fife website
- Bringing the Children & Young People’s Asthma Sub Group into the main MCN Steering Group meetings.
- Producing MCN Update Newsletters as a means of communicating with Practices and Services Fife-wide and to raise awareness of particular campaigns / pieces of work / education opportunities
- Taking forward work in relation to recommendations outlined in the National Review of Asthma Deaths report
- Provision of training to support colleagues with their continuing professional development

This report highlights the work of the NHS Fife Respiratory Managed Clinical Network between 01 April 2014 and 31 March 2015.

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

This is the fifth Annual Report of the Fife Respiratory Managed Clinical Network [MCN] and covers the period 01 April 2014 to 31 March 2015.

The purpose of this report is to:

- Provide an overview of the work undertaken within the Fife Respiratory MCN in 2014-2015;
- Highlight progress within 2014-2015 relative to the Annual Work Plan;
- Highlight the focus for 2015-2016 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 (as at 31 March 2015)

D & WF CHP Clinical Governance Group

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ADTC (re pharmacy related)
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MCN STEERING GROUP INCL CHILDREN & YOUNG PEOPLE'S ASTHMA GROUP

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Individual CHP /Acute Services Division Management Teams
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EDUCATION SUB-GROUP
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PALLIATIVE CARE SUB GROUP
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PATIENT / CARER SUB GROUP
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Hosted by Dunfermline & West Fife Community Services [formerly known as Community Health Partnership] on behalf of the three Fife Community Services and accountable via the D&WF 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.’

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1 Scottish Executive Letter, Strengthening the Role of Managed Clinical Networks, HDL (2007) 21
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\(^2\) by co-ordinating the 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 guided by two Lead Clinicians – Gill Dennes, Nurse Practitioner, representing Primary Care; and Dr Colin Selby, Respiratory Consultant, representing Secondary Care and an MCN Coordinator. The MCN provides a forum for:

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

### 2.2 Communication and Reporting

In line with the Scottish Executive Letter HDL (2007) 21\(^1\), 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 available on the NHS Fife website.

The Fife Respiratory MCN has a communication and reporting plan which outlines the MCN’s stakeholders, areas and methods of communication and reporting arrangements. This is detailed in Appendix A.

In July 2012, the Scottish Government issued CEL29 (2012) ‘Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy’\(^3\), which re-emphasised the importance of close links between MCNs and appropriate planning, delivery, improvement and governance functions of Boards in achieving the three Quality Ambitions: Safe, Effective and Person-centred. The Fife Respiratory MCN Annual Workplans reflects these quality ambitions.

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\(^2\) Excluding lung cancer which is covered by the South East Scotland Cancer Network [SCAN]

\(^3\) Scottish Government CEL 29 (2012), Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy, July 2012
3 OVERVIEW OF WORK UNDERTAKEN BY THE FIFE RESPIRATORY MCN DURING 2014-2015

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 six times between 01 April 2014 and 31 March 2015. 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 – including GP representation, 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:

3.1.1 Endorsement

On 23rd October 2014, Fife Respiratory MCN submitted their Endorsement evidence to a panel of peer reviewers for scrutiny. This was followed up by a presentation by the MCN Lead Clinicians and Coordinator to the same endorsement panel on 20th November 2014. Constructive feedback was received following this presentation, and following a request for some additional evidence, the MCN received notification of successful endorsement from the panel on 20th January 2015.

The endorsement process is a 3-year cycle, and the MCN will start the process for re-endorsement in 2017.

3.1.2 Intranet / Internet Presence

Previously the Fife Respiratory MCN had good presence on the DWF CHP website. The MCN were advised this external website would be closing during 2014. Presence on the NHS Fife intranet / internet was subsequently improved. The Respiratory MCN section now includes information pages specific to Asthma, COPD, Bronchiectasis, and Oxygen, as well as clinician and patient resources e.g. self management action plans, COPD and Asthma resource packs.

The MCN were also provided with a short URL to allow easier signposting to clinicians and patients: www.nhsfife.org/respiratorymcn.

3.1.3 Review of Fife Formulary

In September 2014, Chapter 3 (respiratory medicine) and associated appendices of the Fife Formulary were reviewed. Changes were submitted in line with new devices, compounds and preparations. The associated appendices were also updated and a new flowchart for ‘preferred inhaler devices for children under 5 years of age’ was developed.

The changes and updated appendices were subsequently approved by the Area Drugs & Therapeutic Committee (ADTC) at their meeting on 17th December 2014.
Gill Dennes, Nurse Practitioner, and Fiona Eastop, Primary Care Development Pharmacist, provided a learning session focusing on the changes to the Formulary at the February 2015 PLT afternoon. This session, which also included demonstrations on inhaler technique and case studies, was well received and good feedback was given via the PLT evaluation process.


Fife Respiratory MCN were requested by the ADTC to confirm they had considered the implications of the strategy for NHS Fife and advise if there is a need to review any relevant NHS Fife guidance and preferred agents for the treatment of respiratory conditions in Fife in line with the prescribing strategy.

Fife Respiratory MCN SG reviewed and discussed the National Respiratory Prescribing Strategy 2014-2016 at their meetings in August and October 2014, with particular emphasis on the recent Fife Formulary review of Chapter 3 and associated appendices.

A review of current practice against the recommendations in the national document was undertaken. This review highlighted that the MCN currently has processes and guidance in place relevant to the recommendations. However, the review did recognise that the strategy recommends the use of the Asthma Control Test (ACT). NHS Fife Primary Care is unable to meet this recommendation as the Quality Outcomes Framework (QOF) requires General Practice to use the RCP 3 questions. A change to the GP QOF framework would be required to meet this recommendation. The ACT test is, however, used within NHS Fife Secondary Care.

3.1.5 National Review of Asthma Deaths: Review of Over-ordering of Reliever Inhalers

One of the key findings of the National Review of Asthma Deaths was widespread over-reliance on reliever inhalers.

Our pharmacy colleagues undertook an audit of local prescribing data, which identified that NHS Fife has a high percentage of patients with asthma and 8% of these patients receiving potentially excessive quantities of reliever medicines.

All GP Practices were sent a list of their patients who had been previously prescribed more than 12 short acting beta-agonists (SABA) inhalers in the previous 12 months and were encouraged to complete a review of the patients’ asthma medicines. GP Practices were provided with sample letters which they could use to call patients for a timely review with the aim of improving asthma control through education and change of treatment if required. Practice Pharmacists were available to support Practices with further information about the review and analysis of the data.

3.1.6 COPD Resource Pack Update

The COPD resource pack is reviewed and updated yearly, to ensure the information available to clinicians and public members remains relevant, appropriate and up-to-date. The resource pack was updated in 2014 and is available on the NHS Fife intranet and internet.
3.1.7 MCN Update Newsletters

The Fife Respiratory MCN have now produced two update newsletters. Articles in the newsletters have included:

- Information relating to the local contingency for emergency access to home oxygen during ‘in-hours’ periods
- Raising awareness of the National Report of Asthma Deaths (NRAD) and highlighting the recommendations in the report
- Raising awareness of the new proforma for deaths associated with mesothelioma
- Summary of changes to chapter 3 of the Fife Formulary
- Raising awareness of updated SIGN guidelines
- Education and learning opportunities

The newsletters are distributed electronically to all NHS Fife via the Dispatches feature and are available on the Respiratory MCN section of the website.

3.1.8 National Advisory Group

The Fife Respiratory MCN continue to engage with the National Advisory Group (NAG). Various pieces of work requested by the NAG have been completed e.g., Self-assessment against Idiopathic Pulmonary Fibrosis Standards, with a view to achieving a Scotland-wide picture; and progress against the National Review of Asthma Deaths recommendations.

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

In late 2014 / early 2015, discussions around the future of the Children & Young People’s Asthma Sub Group took place. Following no objections from current subgroup members, the decision was taken to subsume the C&YP Asthma Group into the main MCN Steering Group meeting. It is hoped this will allow a more focussed approach to taking forward work in relation to children and young people with asthma.

The role and remit of the MCN SG was amended to reflect this change and outlines that all matters relating to children and young people’s asthma will be considered within the main MCN Steering Group not less than twice per year. The membership of the Children & Young People’s Asthma Group has been incorporated into the MCN Steering Group membership.

3.2.1 Asthma Symptom Diary

A symptom diary for paediatric asthma patients was developed by the Paediatric Asthma Nurse Specialist. This aims to help children and young people to know their triggers and to keep a record of symptoms (cough, wheeze, night-time wakening) over a four week period. The symptom diary is available as part of the Asthma Resource Pack.

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 of healthcare professionals to support best practice in relation to respiratory care in Fife.
3.3.1 Provision of Education

During 2014/2015, the Fife Respiratory MCN provided a number of education sessions as detailed in Appendix B, including Practical & Interpreting Spirometry, inhaler technique and paediatric asthma and allergy. All education is delivered using in-house venues and trainers – some of whom provide education to others in their own time.

3.3.2 Palliative Care within Respiratory Disease: Study Day

In conjunction with the Practice & Professional Development Unit, a study day focussing on palliative care within respiratory disease was progressed during 2014-2015.

[The study day was held on 28th April 2015, and will therefore be reported within the 2015/2016 Annual Report].

3.3.3 Spirometry eLearning

Developed by NHS Lothian, and made available to other Boards to adapt and use as appropriate, the Spirometry LearnPro package was reviewed by Gill Dennes, Clinical Lead. Amendments will be applied and the package will be available in Fife in 2015.

3.4 Fife Respiratory MCN Palliative Care Sub Group

Following identification of a gap in available learning around non-malignant palliative care, the Palliative Care Sub Group worked hard during 2014/2015 to bring together content to populate an online learning package.

Recognising end of life in respiratory conditions is challenging. Through the learning package, Fife Respiratory MCN aims to provide healthcare professionals with an overview of why palliative care in respiratory conditions is important, prognostic indicators and triggers for palliative care, recognition of end of life, managing palliative respiratory conditions, approaching difficult conversations about palliative and end of life issues and care planning.

The learning package is currently ready for external review comment. A number of colleagues in other Board areas have intimated an interest in peer-reviewing the package. Following the external review, and any comments received, the package will be finalised and will be available on the NHS Fife LearnPro system by mid 2015.

3.5 Fife Respiratory MCN Patient / Carer Sub Group

The Patient / Carer Sub Group of the Fife Respiratory MCN is a working group of patients and carers. Chairled and coordinated by patient members, the Group leads on supporting the Patient Focus Public Involvement agenda in relation to Respiratory care in Fife.

The Patient / Carer Group have been involved in discussions and provided their views and input to a number of ongoing activities, including: the national PARCS (overview profile of Person-centred Activities for Respiratory, Cardiac & Stroke) and My Lungs My Life (patient self management website), and the NHS Fife Bronchiectasis Action Plan.
The Group have been looking at different ways to increase membership to the Group and this will continue with planned activities in 2015-2016.

3.6 **Communication, Involvement and Awareness Raising**

3.6.1 Website Resources

The Fife Respiratory MCN continues to regularly update the Respiratory sections on the NHS Fife website, and was provided with a short-url for easy signposting: [www.nhsfife.org/respiratormcn](http://www.nhsfife.org/respiratormcn). The section provides 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.

3.6.2 Self Management Event

A joint patient focus event to support self management for patients with long term conditions (diabetes, heart disease, stroke & respiratory) was held on 19th June 2014.

The aim of the day was to promote self management and to encourage and maintain a healthier lifestyle, whilst not being too condition specific. A variety of different workshops and information stands were on offer. Gill Dennes, Lead Clinician for the Respiratory MCN, provided a session on inhaler technique at the event.

4 **PROGRESS AGAINST FIFE RESPIRATORY MCN ANNUAL WORKPLAN 2014-2015**

The Fife Respiratory MCN Steering Group and Sub Groups worked to the agreed annual workplan during 2014/2015. The updated workplan is available in Appendix C. Particular areas of progress are highlighted in the previous sections above. Priorities / actions not fully achieved during 2014-2015 will be carried forward and incorporated into the 2015/2016 Annual Workplan.

5 **FOCUS FOR 2015/2016**

The Fife Respiratory MCN will focus on the following key priorities during 2015-2016:

- Non-Malignant Palliative Care, eLearning Package
- Spirometry eLearning Package
- Bronchiectasis resources

The annual workplan for 2015-2016 is attached at appendix D.

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 [NICE], Global Initiative for Asthma [GINA], and Healthcare Improvement Scotland [HIS] including:
6.1 **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.

6.2 **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.

6.3 **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.

6.4 **HIS / BTS / SIGN Guidelines**

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 2014-2015, the Fife Respiratory MCN has focussed on a number of key areas, including achieving endorsement; developing an elearing module focussed on non-malignant palliative care; reviewing and updating the Fife Formulary, related appendices and communicating the changes; using the newsletters as means of raising awareness and communicating with Practices and services; and taking forward key pieces of work in line with the recommendations from the National Review of Asthma Deaths.
## Communication & Reporting Plan

This plan outlines the Fife Respiratory MCN’s stakeholders, what it communicates with them and how this communication takes place.

<table>
<thead>
<tr>
<th>External Stakeholders</th>
<th>What is to be communicated</th>
<th>Methods and frequency of communication</th>
</tr>
</thead>
</table>
| Public, Service users and carers | ➢ Updates on the work of the MCN  
➢ Seek local feedback and informed input to the work of the MCN                  | Inform, engage & consult with the Patient Sub Group and BreatheEasy support groups in Fife. This is a two way process, the MCN welcomes proactive engagement from all its stakeholders. The MCN Steering Group has two service user representatives; one from BreatheEasy Kirkcaldy/Dunfermline and one from the Patient & Carer Sub Group [currently vacant]. The Children & Young People’s Asthma sub group has a service user/carer representative. Using a variety of means (web / working & sub groups / people’s panel, PPF) to reach as many people as possible. Steering Group minutes, annual work plan and annual report will be posted on the NHS Fife website. |
| Voluntary sector               | ➢ Updates on the work of the MCN  
➢ Seek sector feedback and informed input to the work of the MCN                          | The three national groups (Asthma UK, BLF & 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. |
| National Advisory Group of Respiratory MCNs | ➢ Updates on the work of the Fife MCN  
➢ Obtain information on work of MCNs throughout Scotland  
➢ Share learning  
➢ Guidance on national initiatives and guideline implementation    | Quarterly meeting attended by a Clinical Lead and / or MCN Coordinator. Email contact with Chair of the National Advisory Group. MCN Manager’s Network. Learning Forums and events Respiratory Knowledge Network |
<p>| Healthcare Improvement Scotland | ➢ Dissemination and review of local and national guidelines / projects / quality improvement activity | Electronically Timescales as requested |</p>
<table>
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<tr>
<th>Internal Stakeholders</th>
<th>What is to be communicated</th>
<th>Methods and frequency of communication</th>
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<tr>
<td>Fife Respiratory MCN Steering group</td>
<td>➢ Annual report and work plans presented to the D&amp;WF Clinical Governance Group for approval</td>
<td>Bi-monthly Steering Group meetings, which includes internal and external stakeholders.</td>
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<td></td>
<td>➢ Update of MCN progress/status</td>
<td>Agreed reporting timescales for the review and dissemination of local and national clinical effectiveness information / guidelines as defined in the D&amp;WF Clinical Governance Reporting Schedule / Business Programme</td>
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<td>➢ Update and review of participation in both local and national quality improvement activity</td>
<td>Annual report including current and forthcoming year’s workplan as defined in the D&amp;WF Clinical Governance Reporting Schedule / Business Programme</td>
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<tr>
<td></td>
<td>➢ Risks and local service delivery issues</td>
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<tr>
<td>D&amp;WF Clinical Governance Group</td>
<td>➢ Un-resolvable risks and local service delivery issues</td>
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<td>NHS Fife Clinical Governance Committee</td>
<td>➢ Updates on the work of the MCN</td>
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<td></td>
<td>➢ Seek local feedback and input to the work of the MCN</td>
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<td>D&amp;WF General Practice &amp; Primary Care Clinical Group</td>
<td>➢ Updates on the work of the MCN</td>
<td>Bi-monthly General Practice &amp; Primary Care Clinical Group - Primary Care Clinical Lead &amp; MCN Coordinator are members of this Group.</td>
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<td>➢ Seek local feedback and input to the work of the MCN</td>
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<td>Respiratory Consultants meeting (weekly)</td>
<td>➢ Updates on the work of the MCN</td>
<td>Weekly meetings. Secondary Care Clinical Lead member of group.</td>
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<td>General Practice and LMC</td>
<td>➢ Development and awareness of resources/processes to support clinical practice</td>
<td>Resources available on website</td>
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<td>GP representation on MCN SG and Sub Groups &gt; links with LMC</td>
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<td>Update newsletter</td>
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<td>Area Drugs and Therapeutics Committee (ADTC)</td>
<td>➢ ADTCs approval will be sought on any new resources which mention medications/devices or processes impacting on pharmacy.</td>
<td>Resources to be forwarded to ADTC secretary with cover paper following liaison with ADTC secretary as required.</td>
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<td></td>
<td>➢ Updates which involve changes to medication references.</td>
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# RESPIRATORY EDUCATION DELIVERED IN 2014/2015

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<td>19/06/2014</td>
<td>Gill Dennes</td>
<td>Inhaler Technique</td>
<td>Self Management Event</td>
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<td>26/06/2014</td>
<td>Gill Dennes</td>
<td>Spirometry</td>
<td>Ad Hoc (Practice Request)</td>
<td>Cowdenbeath MP</td>
</tr>
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<td>NOV</td>
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<tr>
<td>06/11/2014</td>
<td>Gill Dennes &amp; Nicky Credland</td>
<td>Spirometry and Inhaler Technique</td>
<td>PLT</td>
<td>Fife-wide</td>
</tr>
<tr>
<td></td>
<td>Anne McKean (&amp; Susan Harley)</td>
<td>Paediatric Asthma &amp; Allergy</td>
<td>PLT</td>
<td>Fife-wide</td>
</tr>
<tr>
<td>FEB</td>
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<tr>
<td>03/01/2015</td>
<td>Dr Tom Hartung</td>
<td>Interpreting Spirometry</td>
<td>PLT</td>
<td>Fife-wide</td>
</tr>
<tr>
<td></td>
<td>Gill Dennes &amp; Fiona Eastop</td>
<td>Inhaler Technique &amp; Formulary Changes</td>
<td>PLT</td>
<td>Fife-wide</td>
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### 1. CLEAR MANAGEMENT ARRANGEMENTS AND LEADERSHIP OF THE MCN

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
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<tr>
<td>a)</td>
<td>Refresh role and remit [annually]</td>
<td>Unity of purpose and direction of the MCN. Involvement of multidisciplinary colleagues.</td>
<td>MCN Coordinator</td>
<td>• Role &amp; Remit reviewed and agreed</td>
<td>CEL 29: 8.2; 8.5; 8.6; 16; 19 HDL 21: 3; 10.1 QAP: 1 QA: 2</td>
<td>Amended / updated June 2014.</td>
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<td>b)</td>
<td>Clinical Leadership</td>
<td>Primary Care and Secondary Care Lead Clinicians to drive forward the work of the MCN.</td>
<td>MCN Steering Group</td>
<td>• Clear clinical leadership and responsibility for the functioning of the MCN</td>
<td>CEL 29: 8.1 HDL 21: 10.1 &amp; 24 QAP: 1 QA: 2</td>
<td>Current Clinical Leadership remains.</td>
<td>G</td>
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<tr>
<td>c)</td>
<td>Annual Report</td>
<td>Unity of purpose and direction of the MCN. Update stakeholders with progress made against agreed actions / priorities. Progress and adherence to various clinical standards and local and national guidance.</td>
<td>MCN Coordinator</td>
<td>• Continuous improvement in the quality of service provided by the MCN • Highlight work achieved against previous year’s workplan / objectives • Set out focus / workplan for coming year</td>
<td>CEL 29: 8.1 38 HDL 21: 10.1, 10.7 &amp; 33</td>
<td>Approved by DWF CHP Clinical Governance May 2014 Jul/Aug: Newsletter issue 1 Jan/Feb: Newsletter issue 2</td>
<td>G</td>
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<tr>
<td>d)</td>
<td>MCN Endorsement</td>
<td>Endorsement of MCN by NHS Fife Board</td>
<td>MCN Coordinator; MCN Clinical Leads</td>
<td>• Continuous improvement. • Provide assurance to NHS Fife Board • 3-yearly assessment</td>
<td>HDL 21: 10.1, 10.7 &amp; 33 QAP: 1 QA: 2</td>
<td>Sept: Endorsement Facilitator began setting up endorsement panel. Nov: Endorsement evidence and presentation to Panel Jan15: Letter received from panel confirming endorsement given.</td>
<td>G</td>
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| 2. INVOLVEMENT & PARTNERSHIP WORKING | a) internet and intranet web presence | Clinicians and patients have access to information and resources | MCN Coordinator | • Ensure all information is kept up-to-date.  
• Continued utilisation of website resources.  
• Website presence  
• Encourage use of website as a resource / knowledge network | CEL 29: 8.6  
HDL 21: 35  
| | b) MCN Patient Sub Group | Patient focus approach.  
Equip people to support their involvement: Peoples’ skills, knowledge and abilities are used appropriately and for the benefit of the MCN | MCN Coordinator / MCN Patient Sub Group | • To support the work of Patient Sub Group and help progress work within their action / workplan and comment / input on any issues identified. | CEL 29: 8.6  
HDL 21: 31  
QA: 3 | MCN Coordinator continues to support Patient Sub Group.  
Dec: Second AGM  
Jan15: 2014 workplan completed and 2015 workplan developed | G |
| | c) Working with other MCNs | Establish links and joint working with the other MCN’s in Fife.  
Joint working with National Respiratory Group / other Board Respiratory MCNs | MCN Coordinator; MCN Clinical Leads | • Share ideas & education resources | | Jun: Self management event – patients invited and PC Clinical Lead provided workshop.  
Continue to share info via Respiratory NAG | G |
| | d) Primary Care Review Templates | To support Clinicians with patient reviews.  
[HIS COPD Clinical Standards 1&3; Asthma Priorities Measurements 2&6; SIGN Asthma Priorities 3&4] | MCN Clinical Lead (PC) and MCN Coordinator | • COPD and Asthma templates available to all GP Practices in Fife  
• Review templates in line with changes to guidelines | CEL 29: 19  
HDL: 35  
QA: 2 | Sept: Asthma, COPD and Bronchiectasis templates reviewed / circulated. Includes links to action plans on website.  
EMIS version only.  
Need to develop VISION version. | O |
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| 2.   | e) Health Inequalities Team | Detect Cancer Early – Lung Health initiative | | • Raise awareness of referral guidelines with GPs/Primary Care.  
• Direct referral to radiology for chest x-rays for smokers/ex-smokers – GP follow up for results. | | April  
Currently in second phase. 10 practices participating in this. Aim to roll out to all practices.  
Jan15: Fife-wide roll out  
Feb: Article in newsletter issue 2 | O |
| 3. COPD | a) Local Priorities from HIS Clinical Standards Self Assessment | Clinical Standards are met: People are diagnosed earlier, reduced emergency admissions and length of stay. | MCN Clinical Leads; MCN Coordinator | • Take forward areas of focus from self assessment:  
  ➢ ‘developing’ = casefinding; palliative care services  
  ➢ ‘implementing’ = diagnosis & periodic review of COPD; oxygen therapy  
  ➢ ‘monitoring’ = home support, intermediate care & supported discharge services | CEL 29: 8.4  
HDL: 10.4; 12  
QA: 1&2 | eLearning package and study being developed for Non-Malignant Palliative Care | O |
|      | b) Review and update COPD Resource Pack [annually] | Supporting clinicians. Supporting patient self management | Resource Contributors; MCN Coordinator | • To provide high quality, up to date information | HDL: 10.4; 15 & 35  
QA: 1&2 | Aug: review commenced  
Dec: All reviewed / amended documents uploaded to website | G |
|      | c) Support smoking cessation | Enhance / support continued smoking cessation | Smoking cessation colleagues | • Enhance use of smoking cessation support and improve diagnosis  
• Pilot of COPD6 screening (lung age info) to support stop smoking attempts | QA: 3 | Smoking cessation representation on MCN.  
Dec: ecigarette consultation shared with members.  
Feb: article in newsletter issue 2 re ecigarettes | G |
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| d)   | Pulmonary Rehabilitation Programme | Pulmonary Rehab is available to patients with COPD. | MCN Clinical Leads; MCN Coordinator; MCN Education Sub Group; MCN Patient Sub Group | - Raise awareness to Practices of access to evidence-based programme.  
- Raise awareness and encourage referrals to Active Options 2 programme for maintenance classes | HDL: 10.9; 15; 20  
HEAT: 7+  
QA: 1,2 &3 | Recurring funding identified. | G |
| f)   | Telepod pilot | Support good quality proactive clinical care using technological advances | MCN Coordinator NHS24 E-Health | Demonstrate reduction in COPD hospital admissions | HDL: 35  
QA: 1,2&3 | No further progress – was being led by e-health. | R |
| g)   | Complex Care | People with complex care receive care in a community setting  
(HIS Clinical Standard 6: People with COPD have access to home support services) | TBC | Supporting clinicians managing complex cases in a community setting | CEL 29: 8.6 | Palliative Care eLearning  
Asthma inhaler device flowchart for <5’s – also shared with Lead Nurses.  
Education session on formulary changes using case studies to put into context e.g. contraindications / patients with dual respiratory conditions. | G |
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<td>a)</td>
<td>Review and update the Asthma Resource Pack [annually]</td>
<td>Supporting clinicians. Support patient self management</td>
<td>Resource Contributors; MCN Coordinator</td>
<td>• To provide high quality, up to date information.</td>
<td>HDL: 10.4; 15 &amp; 35 QA: 1&amp;2</td>
<td>May: C&amp;YP AG agreed to two-yearly review / update of resources Oct 14: Asthma Symptom diary developed (paediatric).</td>
</tr>
<tr>
<td></td>
<td>b)</td>
<td>Review paediatric detailed patient care pathway</td>
<td>To ensure delivery of highest standard of evidence-based care across Fife</td>
<td>Chair C&amp;YP Asthma Sub Group</td>
<td>• Identify gaps in current service provision / patient journey e.g. referral routes &amp; criteria • Review actions identified as part of mapping exercise (2012) • Link to Integrated Care Pathway – show where, why and how various services are involved along the pathway</td>
<td>HDL: 10.2; 15</td>
<td>Article in Newsletter Issue 2 (Jan/Feb) asking for comments (Diagnosis &amp; Management Flowchart) Pathway currently being developed on the Clinical Knowledge Publisher system.</td>
</tr>
<tr>
<td></td>
<td>c)</td>
<td>Self Assessment against SIGN / BTS Asthma Priorities action plan</td>
<td>Contribute to National Advisory Group benchmark / Scotland-wide picture</td>
<td>MCN Coordinator; C&amp;YP Asthma Sub Group; MCN Steering Group</td>
<td>• Review self assessment against national benchmark • Take forward identified priorities / areas of focus</td>
<td>CEL 29: 8.4 HDL: 10.4 QA: 1&amp;2</td>
<td>Apr: Self assessment categories agreed.</td>
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<td>d)</td>
<td>Structured discharge process from Secondary to Primary Care</td>
<td>To ensure paediatric patients discharged from Secondary Care are known to Primary Care and agreed care plan in place</td>
<td>C&amp;YP Asthma Sub Group</td>
<td>• Establish link and communication process with Primary Care prior to patient discharge</td>
<td>CEL 29: 19; 41 HDL: 15 QA:1,2&amp;3</td>
<td>CEL 29: 19; 41 HDL: 15 QA:1,2&amp;3</td>
<td>R</td>
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<tr>
<td>e)</td>
<td>Structured referral template for Primary Care</td>
<td>To aid appropriate referrals / triage</td>
<td>C&amp;YP Asthma Sub Group Chair</td>
<td>• Based on Diagnosis &amp; Management flowchart • Electronic referral</td>
<td>CEL 29: 19; 41 HDL: 15 QA:1</td>
<td>CEL 29: 19; 41 HDL: 15</td>
<td>G</td>
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<tr>
<td>f)</td>
<td>Communication from Primary to Secondary Care</td>
<td>To ensure Secondary Care are kept informed of paediatric patient follow-up reviews following a hospital admission</td>
<td>Paediatric Asthma Specialist Nurse; PC Lead Clinician</td>
<td>• Share information on Primary Care reviews • Electronic transfer of information</td>
<td>CEL 29: 19; 41 HDL: 15 QA: 1</td>
<td>July 14: Practice Nurses being copied into letters from Paediatric Clinic – improve communications and help PNs to manage patients / annual review. Current IT systems not capable of allowing sharing of information between PC and SC</td>
<td>G</td>
</tr>
<tr>
<td>g)</td>
<td>Clarify timeframe of 'regular' reviews</td>
<td>To clarify meaning of 'regular' to allow best practice for Primary Care</td>
<td>C&amp;YP Asthma Sub Group</td>
<td>• Allow best practice across Fife</td>
<td>CEL 29: 19; 41 HDL: 15 QA: 1</td>
<td>CEL 29: 19; 41 HDL: 15 QA: 1</td>
<td>R</td>
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<tr>
<td>h)</td>
<td>Pre-school review of inhaler needs</td>
<td>Children may no longer need inhaler when starting Primary or Secondary School</td>
<td>C&amp;YP Asthma Sub Group</td>
<td>• To review children prior to starting Primary and Secondary School to establish if inhaler is still required • Linked to SIGN 101 priority 3</td>
<td>QA: 2</td>
<td>QA: 2</td>
<td>R</td>
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4. ASTHMA CONT..
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| i)   | Priorities from the SIGN 101 Guideline review | Take forward priorities outlined in SIGN 101 guideline review | C&YP Asthma Sub Group; MCN SG | • Priority 1: Oxygen driven nebulisers / face masks available in Primary Care  
• Priority 2: Asthma patient education and self management  
• Priority 3: Monitoring children in Primary Care, including symptom control and RCGP 3 questions  
• Priority 4: Asthma audits, including action plans  
• Priority 5: Monitoring airway response | CEL 29: HDL: 10.4  
SIGN 101 QA: 1&2 | National My Lungs My Life website (due to launch Jun 15) will include self management information  
Asthma review templates | G |
| j)   | Asthma Education | To provide education in line with SIGN & Asthma priorities  
[Asthma Priorities Measurement 5&7; SIGN Asthma Priority 2] | C&YP Asthma Sub Group; Education Sub Group | • Individual self management / care plans completed in partnership with schools  
• Input to school healthcare plans  
• Managing acute exacerbations  
• Paediatric / Adolescent Asthma  
• Psychological factors of asthma | CEL 29: HDL 10.8 | Nov: Paediatric Asthma and Allergy PLT session  
Recommend use of Asthma UK Action Plan  
Asthma symptom diary for under 5’s developed. | O |
| k)   | National Review of Asthma Deaths | National Review of Asthma Deaths 2201-2013: "To understand why people of all ages die from asthma." | | • Review report | | NRAD report launched 6th May 2014  
Raised awareness via Newsletter issue 1.  
Pharmacy project to review over-use of SABA.  
Progress to date against recommendations | G |
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<tr>
<td>5. BRONCHIECTASIS</td>
<td>a) Review BTS Quality Standards for Clinically Significant Bronchiectasis for Adults</td>
<td>Improve standards of care for people with bronchiectasis. Measurable markers of good practice.</td>
<td>MCN Clinical Leads; MCN Coordinator; MCN Steering Group</td>
<td>• Review current practice / gaps • Education • Promote use of self management plan • Section / resources on website e.g. management of condition – patient and clinician; exacerbations; airway clearance techniques; pharmacological management • Pulmonary rehab referral</td>
<td>CEL 29: 8.4 HDL: 10.4 BTS QA: 1&amp;2</td>
<td>GP review template developed for EMIS.</td>
<td>O</td>
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<tr>
<td>6. PULMONARY FIBROSIS</td>
<td>a) Review NICE guidelines for Idiopathic Pulmonary Fibrosis</td>
<td>Improve standards of care for people with Idiopathic Pulmonary Fibrosis</td>
<td>MCN Clinical Leads, MCN Steering Group, MCN Coordinator</td>
<td>• Review current provision</td>
<td>June: completed self assessment sent to NAG.</td>
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<td>7. SLEEP APNOEA</td>
<td>a) Sleep referrals &amp; guidelines</td>
<td>Improved referral patterns</td>
<td>Clinical Lead (secondary care)</td>
<td>• Guidelines for awareness and protocols • Reduction in redirected referrals.</td>
<td>CEL 29: 8.6 HDL: 15 QA: 1</td>
<td>June: SG agreed use of National (NAG) guidelines SLWG to be established to review proposed changes to Lothian service</td>
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|     | 8. EDUCATION | a) Programme of education for the year ahead | Planned programme of targeted education  
[Asthma Priorities Measurement 5; SIGN Asthma Priority 2] | Chair Education Sub Group; MCN Coordinator | • Ensure equitable access to evidence-based education.  
• Raise awareness of education available  
• Raise awareness of MCN  
• e-Learning opportunities explored  
• Asthma education (see area 4k above)  
• MCN study day  
• Palliative Care  
• Asthma Training  
• Bronchiectasis  
• Allergy  
• Respiratory Resource Updates (COPD & Asthma) | CEL 29: 8.7  
QAP 8  
HDL 10.8 | June 2014:  
• Inhaler Technique training - Self Management Event.  
• Spirometry to Cowdenbeath MP.  
Nov (PLT):  
• Practical Spirometry & Inhaler Technique  
• Paediatric Asthma & Allergy  
Feb (PLT):  
• Interpreting Spirometry  
• Know Your Asthma & COPD Inhalers and Changes to Fife Formulary in context | G |
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<td>8. EDUCATION cont.</td>
<td>b) Interpreting &amp; Practical Spirometry</td>
<td>Support clinicians to update knowledge and skills.</td>
<td>Education Sub Group</td>
<td>• Competencies maintained via self assessment or education session.</td>
<td></td>
<td>Lothian LearnPro available to other Boards – being reviewed for Fife use</td>
<td>G</td>
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<td>9. PHARMACY</td>
<td>a) Support enhanced prescribing practice</td>
<td>Best Practice in prescribing is supported</td>
<td>MCN Pharmacy members</td>
<td>• Pharmacy / GP prescribing projects</td>
<td>CEL 29: 8.8 HDL: 10.9</td>
<td>Aug: highlighted National Prescribing Strategy at MCN SG. Sept: review and amendment of Fife Formulary chapter 3 and appendices Sept: letters sent to all Fife practices re over-prescribing of SABA Oct: letter drafted (pharmacy) for practices to use for patients who DNA review appts, advising number of reliever inhalers on prescription will be reduced until patient attends for review of asthma control. Oct: Review of current practice against strategy recommendations. Report to ADTC.</td>
<td>G</td>
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| 10. NATIONAL HOME OXYGEN SERVICE | a) Support & monitor the new National supply service | Support clinical excellence by working to nationally agreed guidance.  
[HIS COPD Clinical Standard 5: There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS and people with an exacerbation of COPD have access to oxygen therapy and supportive ventilation where clinically indicated.] | Clinical Lead; Specialist Services; MCN Coordinator | • Local contingencies in place for access to emergency oxygen during In-hours period for patients not known to a specialist service  
• Ensure GPs are aware of referral pathways and criteria  
• Information resources on website | CEL 29: 12  
HDL: 15  
QA: 1&2 | Aug: Local contingency agreed. Protocol developed by Pharmacy will accompany flowchart  
Sept: PLT education session (cancelled due to lack of interest) | G |

- **22** action areas have been completed [green] within the financial year 2014/2015. Some of these actions will continue, as standing actions, on the 2015/16 Work Plan
- **6** action areas are currently still in progress [orange]:
  - Action 2d): Primary Care Review Templates – pilots completed on EMIS templates. Still be rolled out – waiting for development of VISION templates
  - Action 2e): Health Inequalities Team-Detect Cancer Early – ongoing project
  - Action 3a): Local Priorities from HIS Clinical Standards Self Assessment
  - Action 4b): Review paediatric detailed patient care pathway – need SLWG to take this forward
  - Action 4j): Asthma education – ongoing, constricted by availability of presenters / PLT availability
  - Action 5a): Bronchiectasis – resources for website outstanding
- **5** actions remain outstanding [red]:
  - Action 3f): Telepod pilot – being led by eHealth (removed from 2015-2016 workplan)
  - Action 4d): Structured discharge process from Secondary Care to Primary Care
  - Action 4e): Structured referral template for Primary Care
  - Action 4g): Clarify timeframe of ‘regular’ reviews
  - Action 4h): Pre-school review of inhaler techniques

**KEY**
- GREEN: Work on track and completed
- ORANGE: Work on track not yet completed
- RED: Work not on track and not completed

MCN Annual Report 2014-2015  
Version 1.0  
Last Updated 08 October 2015  
Originator: MCN Coordinator  
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|      | a) Refresh role and remit [annually] | Unity of purpose and direction of the MCN  
Involvement of multidisciplinary colleagues | MCN Coordinator | • Role & Remit reviewed and agreed | CEL 29: 8.2; 8.5; 8.6; 16; 19  
HDL 21: 3; 10.1  
QAP: 1  
QA: 2 | | |
|      | b) Clinical Leadership | Primary Care and Secondary Care Lead Clinicians to drive forward the work of the MCN | MCN Steering Group | • Clear clinical leadership and responsibility for the functioning of the MCN | CEL 29: 8.1  
HDL 21: 10.1 & 24  
QAP: 1  
QA: 2 | | |
|      | c) Annual Report | Unity of purpose and direction of the MCN.  
Update stakeholders with progress made against agreed actions / priorities.  
Progress and adherence to various clinical standards and local and national guidance. | MCN Coordinator | • Continuous improvement in the quality of service provided by the MCN  
• Highlight work achieved against previous year’s workplan / objectives  
• Set out focus / workplan for coming year | CEL 29: 8.1; 38  
HDL 21: 10.1, 10.7 & 33  
QAP: SA3 | | |
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| 2.   | a)     | internet and intranet web presence | Clinicians and patients have access to information and resources | MCN Coordinator | • Ensure all information is kept up-to-date.  
• Continued utilisation of website resources.  
• Website presence  
• Encourage use of website as a resource / knowledge network | CEL 29: 8.6  
HDL 21: 35  
QA: 1&2  
QAP: SA1 | |
|      | b)     | MCN Patient / Carer Group | Patient focus approach.  
Equip people to support their involvement: Peoples’ skills, knowledge and abilities are used appropriately and for the benefit of the MCN | MCN Coordinator / MCN Patient / Carer Group | • To support the work of Patient / Carer Group and help progress work within their action / workplan and comment / input on any issues identified.  
• Assist and support Patient / Carer Group with recruitment of new members / raising awareness of the Group | CEL 29: 8.6; 32  
HDL 21: 31  
QA: 3  
QAP: SA2 & CP6 | |
|      | c)     | Working with other MCNs | Establish links and joint working with the other MCN’s in Fife.  
Joint working with National Respiratory Group / other Board Respiratory MCNs | MCN Coordinator; MCN Clinical Leads | • Share ideas & education resources | QAP: SA1,3&4 | |
|      | d)     | Primary Care Review Templates | To support Clinicians with patient reviews.  
[HIS COPD Clinical Standards 1&3; Asthma Priorities Measurements 2&6; SIGN Asthma Priorities 3&4] | MCN Clinical Lead (PC) and MCN Coordinator | • COPD and Asthma templates available to all GP Practices in Fife  
• Review templates in line with changes to guidelines | CEL 29: 19  
HDL: 35  
QA: 2 | |
<p>|      | e)     | Public Health / Health Inequalities | To liaise with Public Health to promote resources / campaigns to raise awareness of Respiratory disease. | | • Encourage attendance at MCN SG meetings to identify areas of joint working | QAP: SA1 &amp; CP5&amp;6 | |</p>
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| 4. COPD | a) Local Priorities from HIS Clinical Standards Self Assessment | Clinical Standards are met: People are diagnosed earlier, reduced emergency admissions and length of stay. | MCN Clinical Leads; MCN Coordinator | • Take forward areas of focus from self assessment:  
  > ‘developing’ = casefinding; palliative care services  
  > ‘implementing’ = diagnosis & periodic review of COPD; oxygen therapy  
  > ‘monitoring’ = home support, intermediate care & supported discharge services | CEL 29: 8.4  
 HDL: 10.4; 12  
 QA: 1&2 | | |
| | b) Review and update COPD Resource Pack [annually] | Supporting clinicians. Supporting patient self management | Resource Contributors; MCN Coordinator | • To provide high quality, up to date information | HDL: 10.4; 15 & 35  
 QA: 1&2 | | |
| | c) Support smoking cessation | Enhance / support continued smoking cessation | Smoking cessation colleagues | • Enhance use of smoking cessation support and improve diagnosis  
  > Pilot of COPD6 screening (lung age info) to support stop smoking attempts | QA: 3 | | |
| | d) Complex Care | People with complex care receive care in a community setting (HIS Clinical Standard 6: People with COPD have access to home support services) | TBC | • Supporting clinicians managing complex cases in a community setting | CEL 29: 8.6  
 QAP: SA2,3&4 | | |
<p>| | e) COPD Self Management / Action Plans | To help patients to self manage their condition | MCN SG | • To ensure all patients receive a COPD Action Plan at annual review | QAP: SA1&amp;2 &amp; CP6&amp;9 | | |</p>
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<tr>
<td>4. ASThma</td>
<td>a) Review and update the Asthma Resource Pack [bi-annually]</td>
<td>Supporting clinicians. Support patient self management</td>
<td>Resource Contributors; MCN Coordinator;</td>
<td>- To provide high quality, up to date information.</td>
<td>HDL: 10.4; 15 &amp; 35 QA: 1&amp;2 QAP: SA1</td>
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<td></td>
<td>b) Review paediatric detailed patient care pathway</td>
<td>To ensure delivery of highest standard of evidence-based care across Fife</td>
<td>Chair C&amp;YP Asthma Sub Group</td>
<td>- Identify gaps in current service provision / patient journey e.g. referral routes &amp; criteria - Review actions identified as part of mapping exercise (2012) - Link to Integrated Care Pathway – show where, why and how various services are involved along the pathway</td>
<td>HDL: 10.2; 15 QAP: SA2&amp;3 &amp;CP2&amp;6</td>
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<td></td>
<td>c) National Review of Asthma Deaths</td>
<td>National Review of Asthma Deaths 2201-2013: &quot;To understand why people of all ages die from asthma.&quot;</td>
<td></td>
<td>- Take forward work in line with the report recommendations</td>
<td>QAP: SA3</td>
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<td>d) Structured discharge process from Secondary to Primary Care</td>
<td>To ensure paediatric patients discharged from Secondary Care are known to Primary Care and agreed care plan in place</td>
<td>C&amp;YP Asthma Sub Group</td>
<td>- Establish link and communication process with Primary Care prior to patient discharge</td>
<td>CEL 29: 19; 41 HDL: 15 QA:1,2&amp;3</td>
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| 4. ASTHMA    | e) Structured referral template for Primary Care                        | To aid appropriate referrals / triage                                   | C&YP Asthma Sub Group Chair        | • Based on Diagnosis & Management flowchart  
• Electronic referral | CEL 29: 19; 41 HDL: 15 | QA: 2                         |            |
|              | f) Pre-school review of inhaler needs                                  | Children may no longer need inhaler when starting Primary or Secondary School | C&YP Asthma Sub Group | • To review children prior to starting Primary and Secondary School to establish if inhaler is still required  
• Linked to SIGN 101 priority 3 | QA: 2                     | QA: 2                         |            |
|              |                                                                        |                                                                         |                                    |                    |                |                  |            |
BTS Quality Standards for Clinical Significant Bronchiectasis in Adults; July 2012, Vol.4 No.1 2012 | MCN Clinical Leads; MCN Coordinator; MCN Steering Group | • Review current practice / gaps from self assessment work  
• Education  
• Promote use of self management plan  
• Section / resources on website e.g. management of condition – patient and clinician; exacerbations; airway clearance techniques; pharmacological management  
• Pulmonary rehab referral | CEL 29: 8.4 HDL: 10.4 BTS QA: 1&2 | QA: 1&2                        |            |
<p>|              | a) Provide clinician and patient resources                             |                                                                         |                                    |                    |                |                  |            |
| 8. PULMONARY FIBROSIS |                                                                 | Improve standards of care for people with Idiopathic Pulmonary Fibrosis | MCN Clinical Leads, MCN Steering Group, MCN Coordinator | • Review current provision / gaps from self assessment work | QAP: SA1               |                  |            |</p>
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<td><strong>7. SLEEP APNOEA</strong></td>
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<td></td>
<td>a) Review service provision in Fife / tertiary service</td>
<td>Improved referral patterns</td>
<td>Clinical Lead (secondary care)</td>
<td>• Review referral process</td>
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<td>b) Interpreting &amp; Practical Spirometry</td>
<td>Support clinicians to update knowledge and skills.</td>
<td>Education Sub Group; MCN Coordinator</td>
<td>• Competencies maintained via self assessment or education session.</td>
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<td><strong>8. EDUCATION</strong></td>
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|            | a) Programme of education for the year ahead                              | Planned programme of targeted education      | Chair Education Sub Group; MCN Coordinator | • Ensure equitable access to evidence-based education.  
• Raise awareness of education available  
• Raise awareness of MCN  
• e-Learning opportunities explored  
• MCN study day  
• Palliative Care  
• Asthma Training  
• Bronchiectasis  
• Allergy  
• Pulmonary Fibrosis  
• Respiratory Resource Updates (COPD & Asthma) | CEL 29: 8.7  
HDL: 10.8 |                |            |
|            | b) Interpreting & Practical Spirometry                                    | Support clinicians to update knowledge and skills. | Education Sub Group | Competencies maintained via self assessment or education session. | QAP: CP8 |                  |            |
| **11. PHARMACY** |                                                                                          |                                              |                                     |                                                                                    |                |                  |            |
|            | a) Support enhanced prescribing practice                                  | Best Practice in prescribing is supported    | MCN Pharmacy members                | • Pharmacy / GP prescribing projects                                                | CEL 29: 8.8  
HDL: 10.9 |                |            |