

RESPIRATORY LOGIC CHAIN FRAMEWORK

Aim	<ul style="list-style-type: none"> • Address the long standing poor Respiratory Health outcomes (and high spend) across Manchester. • Focus on making system changes to address the variance and opportunity identified by RightCare. • Fewer people will die from Respiratory disease. 168 fewer early deaths from Respiratory disease by 2021 (LCO Prospectus 2017) 						<ul style="list-style-type: none"> •
Programme element / work stream	Why are we doing this? (Issue)	What will we do? (Objective)	How will we do it? (Process)	How will we know if we are doing it? (Service Outputs)	How will we know if our work is making a difference? (Individual / Neighbourhood Outcomes)	How will we measure progress? (outcome KPIs and measures)	
Practice variation	Known variation in patient experience and clinical outcomes for respiratory diseases between GP practices and neighbourhoods	Address unwarranted variation in clinical and operational practices within GP practices in Manchester	Identify the 10 'worst' and best performing practices Review PCOT interim evaluation report and scope potential of model to support unwarranted variation Develop Service Specification and Business Case	Unwarranted variation in clinical and operational practices being reduced	Reduced variation in patient experience Reduced variation in clinical and health outcomes Increased consistency between neighbourhoods	Measures of reduced variation in clinical and health outcomes e.g. absolute (or relative) gap between the average performance of the 10 'worst' and best performing practices in respect of prevalence and case finding, non-elective admissions, secondary care referrals and vaccination	

Community Services Review	To understand what is currently being offered in the community and if there is a potential to expand the service and provide more community care. In order avoid attendance at high cost A&E out of normal working hours. Data shows attendance at A&E (but not admitted) after 4.00 pm M-F and at weekends.	Conduct a full review of all current community services and look at possible recommendations for service redesign and delivery.	Information gathering from providers across the city Analysis of hospital and community services activity Develop Service Specification and Business Case	Service Specification and Business Case agreed More patients being managed within the community setting	Reduced attendance at hospital services of patients with Respiratory conditions Improved management of respiratory conditions in the community Improved patient self-management and experience	Rate of emergency admissions for respiratory conditions. % patients feeling more able to self-manage their respiratory condition	
Practice Standards	Respiratory condition management varies across the city therefore a need to address the variance.	Introduce a set of yearly standards with a focus on immunisation, COPD, Asthma and neighbourhood working To achieve best practice of Respiratory management across GP practices in Manchester.	Clinically design the respiratory standards of best practice for Manchester. Engage with and fund GP practices to sign up to the Standards. Design a respiratory dashboard to support monitoring of progress	Increased sign up to GP practice standards Routine monitoring via the dashboard established Peer review process established Reduced variation in respiratory disease management between GP practices	Reduced variation in patient experience Reduced variation in clinical and health outcomes Increased consistency in service offer across neighbourhoods Reduction in unplanned admissions to hospital <i>Query care plans</i>	% GP practices signing up to standards (target = 100%) Measures of reduced variation in patient experience (to be agreed) Measures of reduced variation in clinical and health outcomes Measures of increased consistency of service offer at neighbourhood level (to be agreed) Rate of unplanned hospital admissions for respiratory conditions	
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<p>Communications and engagement with GP Practices</p>	<p>Communication and engagement key to improvement and delivery of better respiratory outcomes.</p> <p>Currently limited engagement with GP practices.</p>	<p>Audit of system to understand what GP practices currently provide (management, education, resources).</p> <p>Support work on GP standards and practice variation.</p> <p>Work collaboratively with local clinicians</p>	<p>Build close relationships with GP colleagues through patch meetings and link meetings</p> <p>Develop and undertake Survey Monkey questionnaire</p> <p>Provide regular communications and updates</p> <p>Hold citywide practice engagement event</p>	<p>Larger and more regular attendance at patch meetings and link meetings</p> <p>Feedback and analysis from Survey monkey questionnaire.</p> <p>Increased sign up to GP practice standards</p>	<p>Greater engagement of GP Practices</p> <p>Reduction in practice variation</p>	<p>% of GP practices report feeling more involved and engaged</p>	
<p>IT Development (My COPD & MyAsthma apps)</p>	<p>Evidence from other areas of UK demonstrates improved self-care and respiratory condition management through use of IT tools such as apps for patient use.</p> <p>No current innovation within IT to improve respiratory outcomes.</p>	<p>Implement IT tools such as apps for patient use</p>	<p>Scope models from other areas. Seek evidence Trial and implement</p>	<p>Go live of apps Patient take-up and use of apps</p>	<p>Improved self-management of respiratory conditions</p> <p>Improved patient confidence of self-management</p>	<p>% patients feeling more able to self-manage their respiratory condition</p> <p>Qualitative data from service users and patient focused groups.</p> <p>Data collection from apps.</p>	
<p>Implement Respiratory Triage across Manchester</p>	<p>Evidence of successful implementation from North Manchester shows that triage enables patient referrals to be directed to the most appropriate service first time, therefore reducing inefficiency in the system.</p>	<p>Implement respiratory triage across Manchester with MICG.</p>	<p>Engagement with all stakeholders. Sharing of triage criteria</p>	<p>Respiratory Triage has gone live via MICG</p> <p>Volume of patient flows through triage system</p>	<p>Improved quality of referrals. Patients seen in the right clinic first time therefore leading to less appointments i.e. fewer unnecessary appointments.</p> <p>Improved patient experience (being seen in the right place at the right time)</p> <p>Improved engagement and feedback from stakeholders.</p>	<p>MICG data</p> <p>Patient-centred experience measures (to be agreed)</p>	

Working with RightCare	To adhere to NHS England planning guidance and the CCGs assurance framework	Work with RightCare delivery partner to implement best practice models across the system in order to achieve best outcomes for patients and address variation in health outcomes and financial spend as highlighted by RightCare	Involve RightCare delivery partner in Respiratory workstreams to identify opportunities for system change.	Unwarranted variation in clinical and operational practices are reduced.	An improvement in peer and national rating (Manchester has been identified as the worst in the country in some Respiratory related illnesses).	MHCC will have an improved RightCare score in the commissioning for value statistics nationally	
Stop Smoking	Smoking remains a significant contributor to premature deaths and ill-health in Manchester	We will engage with targeted high risk groups e.g. Taxi Drivers to provide 'Specialist Stop Smoking' Services. Engage with Manchester Practices to communicate available pathways and services for patients in different areas of Manchester.	Work with Manchester Tobacco Alliance and align our work programme with the Manchester Tobacco Control Plan and the Greater Manchester Tobacco Plan Use population data to identify high risk groups. Explore RightCare networking opportunities and engage with other areas within GM to learn from best practice.	Reduction of number of smokers within Manchester and increased uptake of Stop Smoking services.	Increased life expectancy and reduction in COPD and Asthma emergency presentations.	Through GP data and hospital data.	
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Respiratory End of Life Care							
Homelessness							
Children's Respiratory							