Joint working with the NHS on Long Term Conditions

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DH/ ABPI criteria for successful joint working

TO PATIENTS

Care closer to home
Fewer hospital admissions
More equitable and consistent care and access to care
Better information on conditions and treatment options
Clearer and improved care pathways
Better experience of the healthcare system

TO THE NHS

Higher quality, more consistent care achieved more rapidly
Services configured around patients' needs
Better health outcomes
Better use of resources
More people treated appropriately
Lower costs of hospital admissions
Support towards achievement of performance targets
More creative approaches to problems
Better cross-sectoral working
Better skilled personnel

TO INDUSTRY

More people treated appropriately, including better use of medicines
Better customer understanding
Improved reputation

Taken from *'Moving Beyond Sponsorship: joint working between the NHS and pharmaceutical industry'*: DH / ABPI 2008

Its about applying the AstraZeneca convictions

Making the most meaningful difference to patient health through great medicines

Valued Medicines	Customer Centric Mindset	Lean and Agile Organisation	Responsible Leaders who make everything count

Our Convictions

AstraZeneca Joint Working Vision:

AstraZeneca stands out from all other pharmaceutical companies as the one we want to work with to achieve our joint principle goal

Joint principle goal:

Improving patient outcomes

Why do we work with AZ?

- **Win/win/win:** all parties achieve their stated goals
- **Innovation:** they think differently
- **Trust:** integrity throughout the organisation
- **Value:** in services and therapeutic offerings
- **Support:** sharing of capability, expertise and ideas. Generating sustainable solutions

How do we work with AZ?

- **True partnership:** equivalent contribution with a common goal
- **Transparency:** open and honest interaction
- **Commitment**: a joint commitment to deliver the initiative
- **Measurable outcomes**: projects measured against goals

AstraZeneca

But what's the benefit for AstraZeneca?

In our increasingly challenging healthcare environment, it is essential to align ourselves to better engage with the NHS as a customer:

AstraZeneca strongly believes that by applying its resources and expertise toward meeting NHS targets and goals, it can deliver better outcomes for patients and the NHS, alongside strong performance as a business

Joint working should mean that more patients are treated appropriately with medicines, in turn increasing the market for innovative therapies so, our medicines may be used better and more appropriately, in more patients

Joint working should mean more effective use of limited resources creating headroom for innovation

AstraZeneca expertise and capability

Disease Area Expertise

AstraZeneca has extensive knowledge base in

- CHD & Diabetes
- Respiratory
- GI
- Oncology
- Mental Health

Clinical Services

- Registered Healthcare Professionals
- Patient Facing
- Expert in Clinical Project Design, Set Up and Delivery
- Measure Clinical and Patient Outcomes

Healthcare Outcomes

- Systematic review and meta-analysis
- Audit design and tools
- Data analysis and presentation
- Modelling cost and outcomes of alternative strategies, eg Budget Impact Models

Financial Acumen/ Business Analytics

- Financial planning and analytics expertise
- Commercial acumen

Training & Development

- Learning and development capability on disease areas patient types and products
- Development programmes on organisational skills eg Develop Your Organisation

Skills & Capabilities

- Project management
- Change management
- Leadership capabilities
- Marketing capabilities

Communications

- Account managers facilitating communications across Primary and Secondary care HCPs
- Nationwide field force delivering communications/messages
- Communication and marketing expertise

Joint Working:
Merton Health Alliance & Epsom & St.Helier NHS Trust and AstraZeneca

COPD pathway redesign

Dr Farooq Ahmad GP

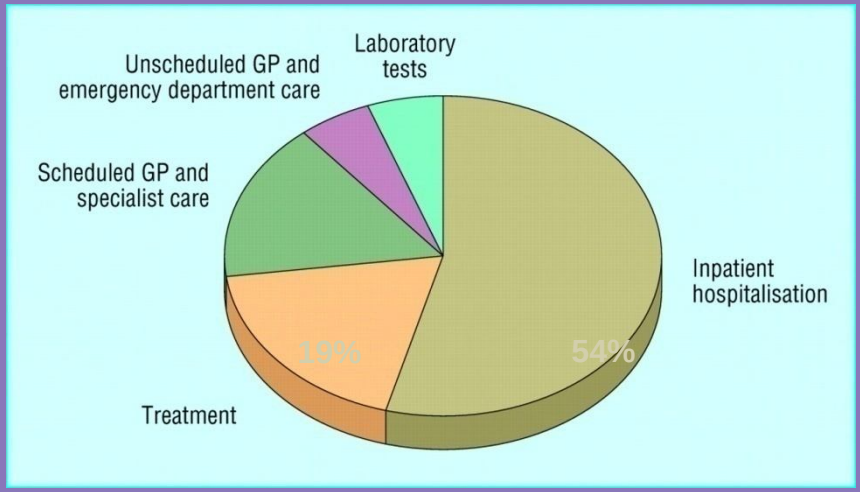
Dr Veronica Varney Respiratory Consultant

A primary & secondary care collaboration to improve COPD care

Smoking kills?

Direct costs of COPD to the NHS[1]

- Currently 6th leading cause of death
- By 2020 will be 3rd commonest
- 80% of COPD will stay with the GP until moderately severe symptoms
- 1 in 8 emergency admissions stay 9-10 days.
- 2003 data shows £500 million direct costs, 50% in-patient
- UK 3million cases, Av GP surgery has 200 Pt.



Reference:
1. Devereux G *et al.* *BMJ* 2006;**332**:1142-1144.

Breaking the Cycle of Inequalities in Sutton and Merton: Lifestyle Choices – Smoking

Figure 76

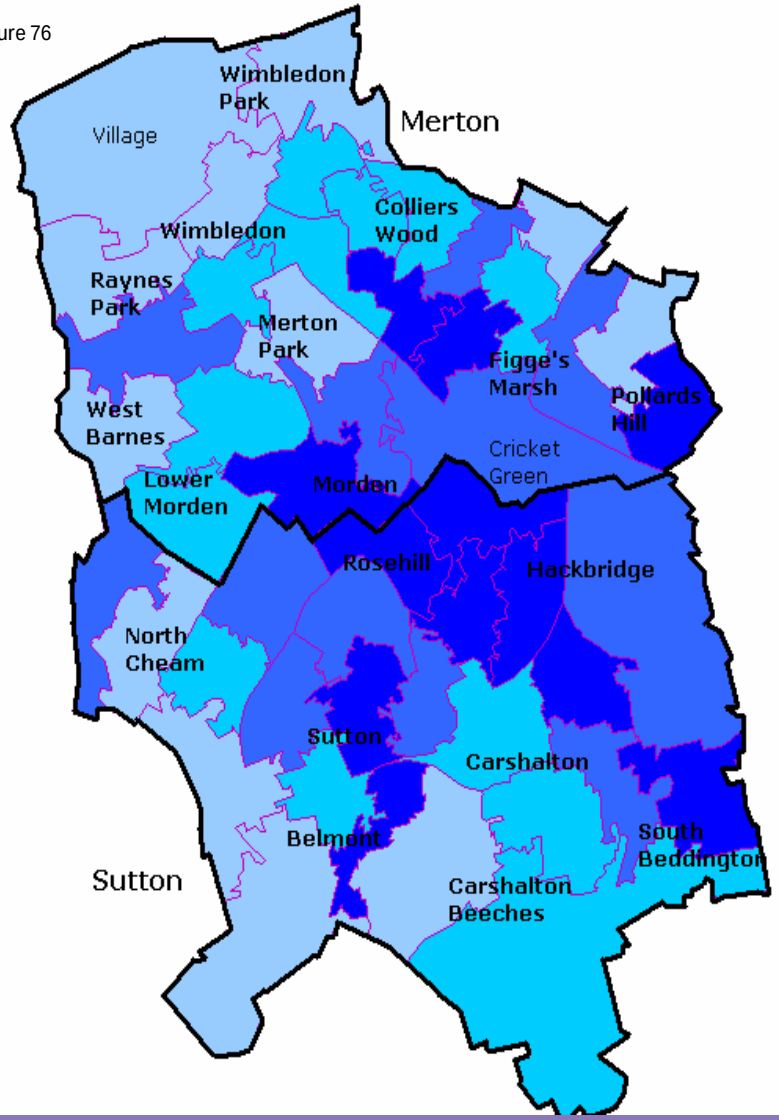
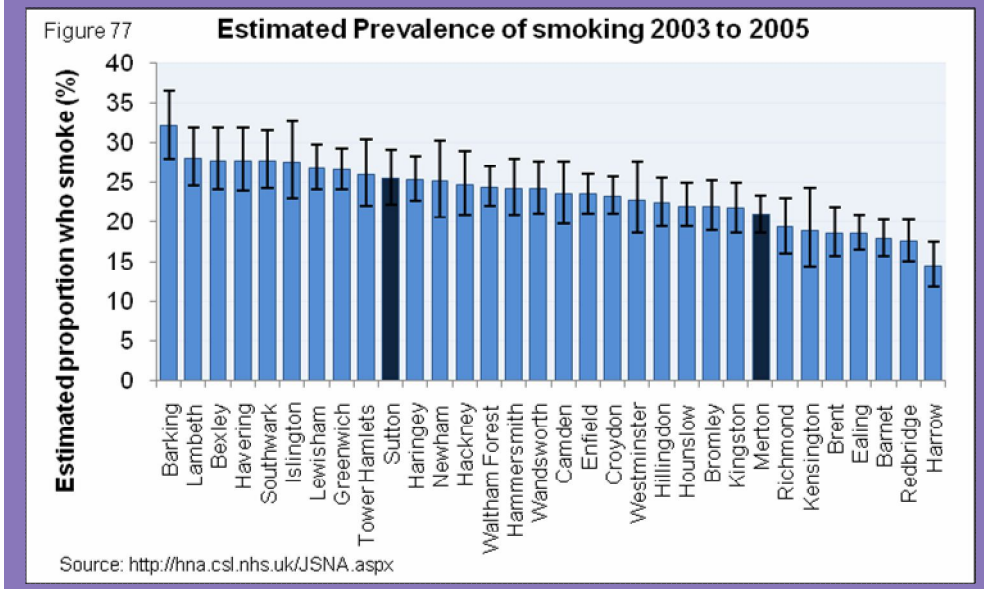


Figure 77



Key	Range
	0% to 17.6%
	17.7% to 21.4%
	21.5% to 26.1%
	26.2% and over

Higher levels of smoking in more deprived areas

Source: Healthy Lifestyle Behaviours: Model Based Estimates, 2003-2005 ONS Data

Respiratory Care Planning Tool (RCPT) developed from AstraZeneca

Highlights areas with high asthma and COPD admission rates, down to practice level.

The tool captures:

- Admissions
- Length of Stay
- Outpatient attendances
- Admission rates
- QOF populations

Select PCT: NHS Sutton and Merton

	Disease Prevalence	Admissions per 100 QOF registered patients (2008-9)	PCT Rank within SHA	PCT Rank within England
Asthma	5.0%	2.28	4/31	44/152
COPD	1.1%	13.85	17/31	125/152

Respiratory Inpatient Admissions

	2004-5		2005-6		2006-7		2007-8		2008-9	
	Admissions	LOS	Admissions	LOS	Admissions	LOS	Admissions	LOS	Admissions	LOS
Asthma	495	2.8	403	2.4	469	2.2	386	3.1	469	2.9
COPD	163	7.0	504	8.1	485	7.1	529	7.3	613	6.5

Respiratory Outpatient Appointments

Recording of outpatients data has improved in recent years. This may explain some of the increases in numbers seen.

	2004-5		2005-6		2006-7		2007-8		2008-9	
	Att	App	Att	App	Att	App	Att	App	Att	App
Respiratory/ Thoracic Medicine	386	989	932	1,734	1,768	4,311	4,621	5,812	N/A	N/A

KEY: LOS = Mean length of stay, Att = Attendances, App = Appointments

PCT QOF Data | View Practice Level

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Our Project with 3 GP surgery's

1. December 2009 met to discuss treating COPD differently to reduce costs & provide cost effective treatment.
2. Created "COPD Project" with flow chart for treatment for all medical & nursing staff in the surgery's, as **"a proof of concept".**
3. Weekly teleconference to discuss any respiratory cases & report on admissions
4. Find the **"missing millions"** in the surgery via lung function screening.
5. Re-assess all known COPD cases & form a data base, check treatments.
6. Intercept all patients with exacerbations last year ± hospital admissions & treat aggressively to abort further admission in 2010

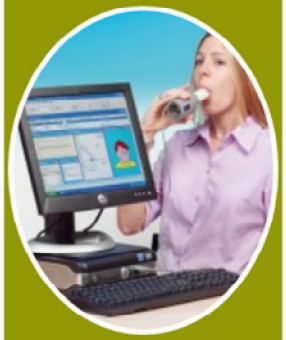
Scope of Project

Clearly defined pathway

Behavioural change workshops

Virtual Ward Round

- telecon

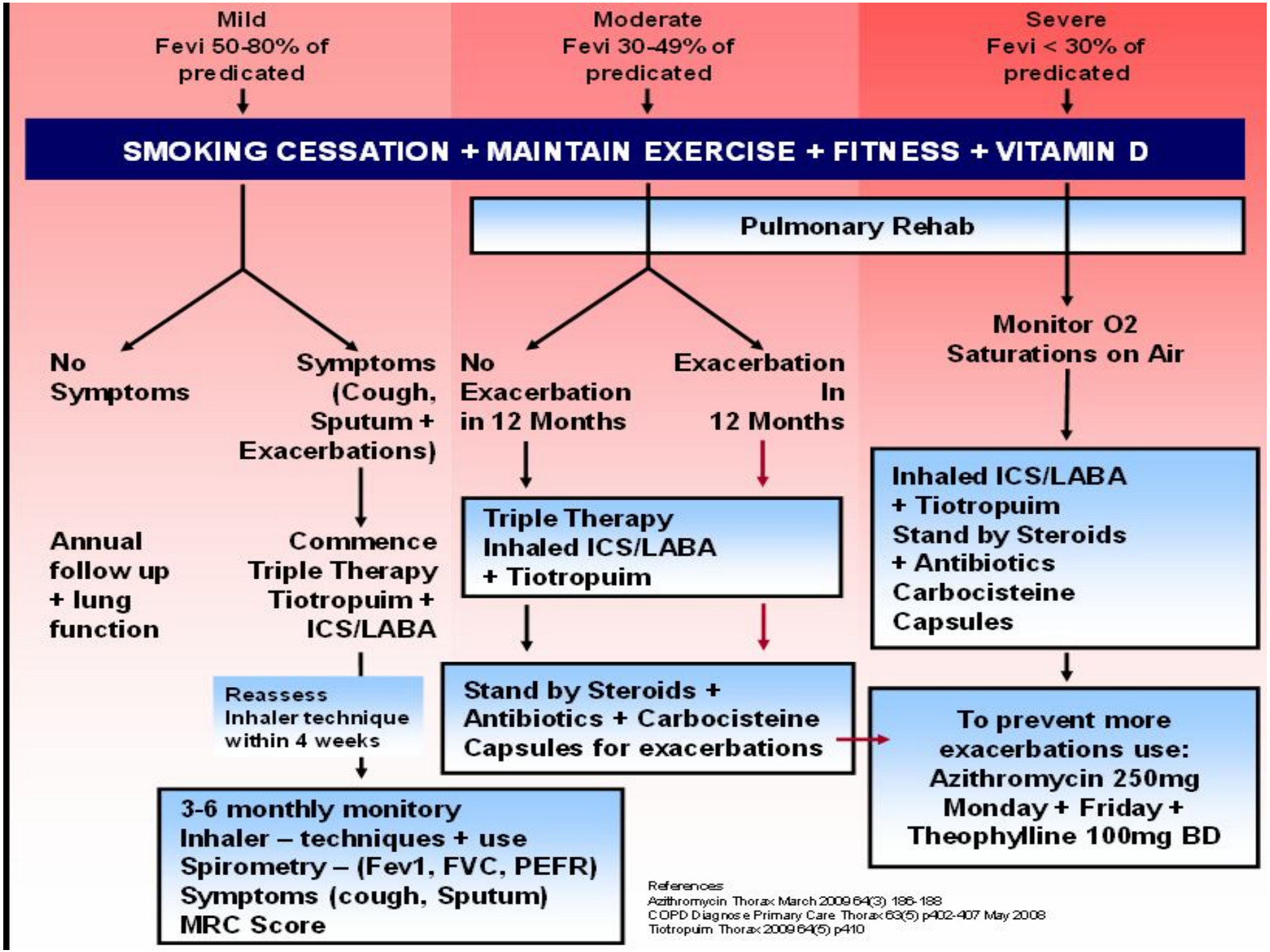


Up skilling & Mentorship of Health Care Professionals

Isabel-Pro Software tool

- Accurate diagnosis

Steering Group



References
Azithromycin Thorax March 2009 64(3) 186-188
COPD Diagnose Primary Care Thorax 63(5) p402-407 May 2008
Tiotropuim Thorax 2009 64(5) p410

Savings Jan-March 2010

- **The project had an ambitious target of £28k over 12months which would represent a 15% reduction.**
- **On 3 months' data (Jan – Mar 2010), Merton Health Alliance saved £34k.**
- **From the above findings of 34K we re-evaluated the 12months savings to:**

£64,000

Merton Health Alliance
planned saving had been £28K for year 2010

Data for coldest winter in 30 yrs	St H Jan--July 2009	Cost(£)	St H Jan-July 2010	Cost(£)
A&E visits	17	1,779	20	£2,353
In-patient	5	26,714	2	5,048
OPA	51	4,239	26	3,143

Merton Health Alliance
planned saving had been £28K for year 2010

	St G Jan-July 2009	Cost(£)	St G Jan-July 2010	Cost(£)
A&E visits	43	£5,338	65	£7,651
In-patients	23	£69,632	17	£46,440
OPA	67	£11,859	33	£5,561

Savings Jan-July /2010

- St Helier Hospital cost savings
- A&E visits↑+£574
- In-patients COPD costs ↓ £21,666
- Outpatient referrals reduced 51% with saving of £1,096

- St Georges Hospital cost saving
- A&E visits↑+£2,313
- In-patient COPD costs ± ↓ £23,192
- Outpatient referrals reduced 49% with saving of £6,298

Annual savings (£)

A&E	**-2,512**
Admissions	**56,312**
Outpatients	**10,801**
Total	**64,601**

Achieving the National Strategy for COPD

Identifying the need
"COPD Strategy1"

- Identified Merton health Alliance respiratory issues
- Utilised AZ informatics to identify the issues
- Allowed a tailored approach

Implementing the solution
"High Quality Care"

- Developed a end-to-end pathway
- Allowed project to meet several recommendations in the COPD strategy

Improving patient care
"Achieving recommendations"

- Gains for the patients
- Gains for Merton Health Alliance and Epsom & St.Helier NHS Trust
- Gains for AstraZeneca

“High Quality Care For All”

A systematic approach

- Improve read coding of COPD registers
- A system that could case find the “Missing Millions”
- Identify dual diagnosis and thus possible misdiagnosis
- Risk stratification and prioritisation of patients for intervention

Delivering high quality care through up skilling

- Benchmark current skills and competency within COPD
- Become experts within primary care management of COPD
- Deliver high quality patient consultations
- Assess Patient Reported Outcome Measures – MRC

Key Learning's

- **All parties involved**
  - 2 Acute trusts, Community Respiratory Nurses, Occupational Therapists, Data Analysts, Pharmacy, Commissioning, AstraZeneca
  - Consultation to reach consensus/agreed joint/shared plan...
- **Clinical Coding**
  - Accurate Disease registers
  - Hospital coding for A&E admissions
- **Pulmonary Rehabilitation**
  - Long term conditions and Mental health
- **AstraZeneca-Merton Health Alliance partnership**
  - Extra nurses /pulmonary rehab/mentorship

London SHA - Snap Shot

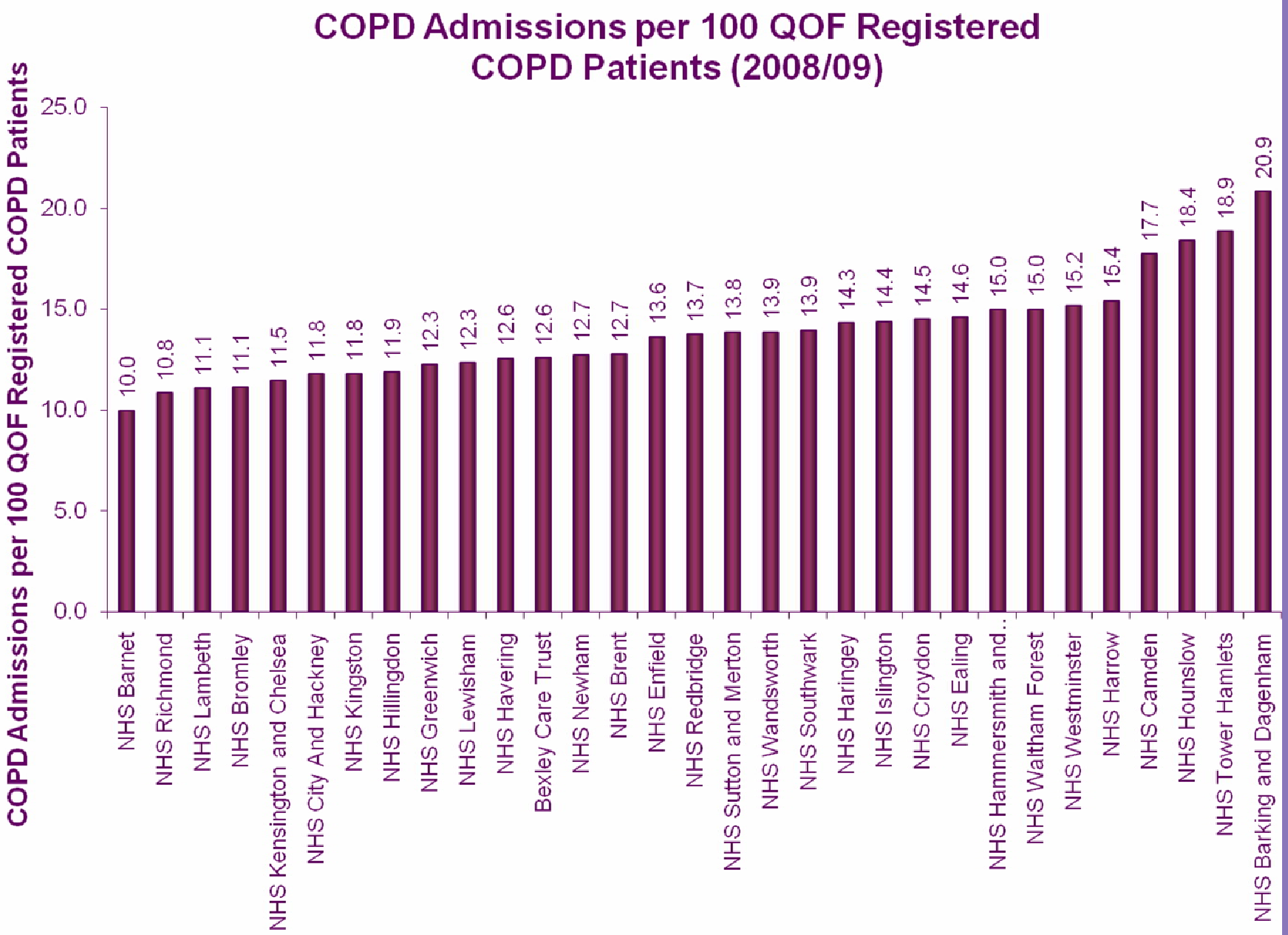
Cost of COPD hospitalisations[7,8]	**£21,048,271***

If a 20% reduction in admissions was achieved across the London SHA, the opportunity cost could deliver:

Pulmonary rehabilitation programmes[6] for 20 patients	**259**
Primary Hip Replacement Cemented[7,8]	**822**
Cataract Extraction and Insertion of Lens[7,8]	**5725**
Coronary Bypass[7,8]	**561**

*Based on an weighted tariff assumption for an non elective COPD hospital admission **6**-Griffiths et al., Cost effectiveness of an outpatient multidisciplinary pulmonary rehabilitation programme . Thorax 2001;56:779-784 **7**-Respiratory review presentation. Data Source: QOF and Hospital Episode Statistics (HES) data were provided by the NHS Information Centre for Health and Social Care and have been re-used with the permission of The Information Centre. All rights reserved. Analysis is from the AstraZeneca Respiratory Care Planning Tool (CZ00541-SYMB June 2009). AstraZeneca are not responsible for the accuracy of the source data. **8**-2008/09 National Tariff

London SHA - Snap Shot



Project achievements for COPD

Patient	• More cost effective patient management close to home • Improved quality of care • Reduction in hospital admissions due to exacerbations • Improved education, self-management and satisfaction
NHS	• Reduction in hospital admissions related to COPD • More timely and consistent management of patients in primary care • Future data may demonstrate an improvement in Respiratory Morbidity and Mortality
AstraZeneca	• More effective and consistent management of COPD patients – better control through prescribing of appropriate medicines and improved adherence to therapy • Clinician adherence to local respiratory guidelines and their implications • Maintaining and improving reputation, relationship and trust between AZ and the NHS

Summary

Quality

- A reduction in COPD hospitalisations, bed days and exacerbations
- An improvement in symptom control and improved patient satisfaction
- Attainment of all COPD QOF targets within Merton Health Alliance
- Achievement of WCC competencies, and COPD Strategy

Innovation

- Working with the Pharmaceutical Industry
- Delivery of education through a mentorship approach

Productivity

- Achieving savings of approximately **£64,000** by 7months through reducing secondary care resource usage
- More appropriate referrals to commissioned services
- Reduction in inappropriate prescribing within respiratory medicine

Prevention

- Case finding of new patients and addressing misdiagnosis

Any Questions.....?

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