



## **Evaluation Tool\***

# **Clinical Standards ~ March 2010 Chronic Obstructive Pulmonary Disease\*\* Services**

\*Formerly known as Self-Assessment Framework

\*\* **Chronic Obstructive Pulmonary Disease (COPD)**

## Standard 1: Organisation and delivery of COPD services

<b>Standard statement 1a:</b> <b>There is an effective, co-ordinated COPD service provided by the NHS board.</b>	
<b>Rationale:</b>	<p>COPD is a major health issue in Scotland which impacts on the individuals with the disease, their family, and NHSScotland.</p> <p>To help address the health issues, and in line with national policy, enhanced COPD services and respiratory MCNs are being established in local NHS boards.</p>

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
1a.1 There is an MCN (or equivalent) within the NHS board which plans, co-ordinates, quality assures and evaluates COPD services.	1. Please provide the objectives for the MCN <sup>1</sup> .		
	2. Please provide the MCN <sup>1</sup> organisational structure and management arrangements.		
	3. Please provide the MCN <sup>1</sup> membership.		
	4. Please provide the most up-to-date MCN <sup>1</sup> annual report.		
	5. Please provide the MCN <sup>1</sup> quality assurance programme.		
1a.2 The configuration of COPD services within the NHS board reflects the needs of the local population.	1. Please provide the most up-to -date needs assessment.		
	2. Please provide your COPD service configuration, specifying how it is based on the needs assessment.		

<sup>1</sup> Or equivalent.

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
	3. Please provide evidence of the service evaluation.		
	4. Please demonstrate how recommended changes have been implemented.		
1a.3 People with COPD are assessed by relevant members of the multidisciplinary COPD service when clinically indicated.	1. Who makes up the multidisciplinary COPD service in your NHS board?	Description of multidisciplinary COPD service	
	2. Please provide the pathway(s) to members of the multidisciplinary team.	Also see criterion 1a.3 question 1	
	3. Please provide evidence that patients admitted with COPD are reviewed by a member of the respiratory team.		
1a.4 The MCN (or equivalent) has a COPD action plan for education and training.	1. Please provide the education and ongoing training needs assessment of staff.		
	2. Please outline the identified resources to deliver the action plan.		
	3. Please provide evidence of an induction process for new staff delivering COPD services, including mentoring arrangements.		
	4. Please provide evidence of continuing professional development (CPD) for staff delivering COPD services.		

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
	5. Please provide evidence of monitoring arrangements for the uptake of induction and CPD programmes.		
1a.5 Accurate information on healthcare and non-statutory services, including points of contact, are available to healthcare professionals, people with COPD, their carers and the public.	1. Please provide evidence of how the MCN <sup>1</sup> is addressing these information needs.		
1a.6 People with COPD, and their carers, receive consistent and specific information regarding management of their COPD.	1. Please provide evidence of how the MCN <sup>1</sup> is addressing this specific information need.		
1a.7 Relevant patient-specific clinical information is available to all members of the multidisciplinary team at point of contact.	1. How do you ensure that patient-specific clinical information is accessible to all members of the multidisciplinary team at point of contact?	Description of evidence sharing policy in primary and secondary care	
1a.8 Personal clinical information is available to people with COPD and, with agreement, their carers.	1. Please provide evidence of how the MCN <sup>1</sup> supports information sharing.		
1a.9 COPD services are monitored and evaluated.	1. What is the prevalence of COPD in your NHS board?	Quality and Outcomes Framework (QOF) data	
	2. With regard to COPD – what is the 90-day mortality rate after hospital admission for your NHS board?	ISD data	

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
	3. With regard to COPD – please specify the re-admission rates for your NHS board.	ISD data	
	4. With regard to COPD – please specify the death in hospital rate for your NHS board.	ISD data	
	5. With regard to COPD – what is the number of patient bed days?	ISD data	
	6. With regard to COPD – what is the number of admissions?	ISD data	
	7. Please provide the evaluation report and action plan.		
1a.10 The MCN (or equivalent) collects and acts upon feedback from clinicians, people with COPD and their carers.	1. Please provide evidence that any feedback that has been received has been acted upon.		

## Standard 2: Case finding

<b>Standard statement 2a:</b>	<b>People with COPD are diagnosed in the early stages of the disease.</b>
<b>Rationale:</b>	<p>There are an estimated 3.7 million people with COPD in the UK. However, only 900,000 people have been diagnosed with the disease. There are approximately 100,000 people in Scotland diagnosed with COPD.</p> <p>Early diagnosis of COPD could lead to earlier intervention which might help improve symptoms, increase activities of daily living and quality of life, reduce exacerbations and even, through smoking cessation, limit disease progression.</p> <p>Studies have reported pick-up rates of COPD in smokers of between 10–20%. These have been reported to be achieved at modest cost and use of clinician time.</p>

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
2a.1 There is a strategy and implementation plan to identify people with undiagnosed COPD.	1. Please provide the current strategy document and implementation plan to increase COPD diagnosis rates.		
2a.2 The effectiveness of the case finding programme is monitored and evaluated.	1. Please provide an evaluation of diagnosis strategies including the number of those diagnosed as a percentage of those targeted.		

### Standard 3: Diagnosis and periodic review of COPD

<b>Standard statement 3a:</b>	<b>People suspected of having COPD have an accurate diagnosis.</b>
<b>Rationale:</b>	<p>The accurate diagnosis of COPD relies on clinical judgement based on a combination of history taking, physical examination and the confirmation of the presence of chronic airways obstruction using spirometry.</p> <p>Spirometry is the accepted method of measuring the airways obstruction in people with COPD and should be performed by staff who have undergone appropriate training and who keep their skills up to date.</p>

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
<p>3a.1 The clinical assessment and investigation of people suspected of having COPD includes:</p> <ul style="list-style-type: none"> <li>- smoking status/history</li> <li>- occupational history (in particular history of contact with noxious fumes and dusts, and/or working in a polluted environment)</li> <li>- Medical Research Council (MRC) dyspnoea scale</li> <li>- body mass index (BMI)</li> <li>- spirometry, and</li> <li>- chest X-ray.</li> </ul>	<p>1. Please provide the clinical protocols for diagnosing COPD.</p> <p>2. Please provide data from a case note audit.</p>		
<p>3a.2 The diagnosis of COPD is confirmed by spirometry.</p>	<p>1. Please provide data from a case note audit.</p>	<p>Also see criterion 3a.1 question 2</p>	

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
3a.3 The FEV1 is recorded as a percentage of the normal predicted value.	1. Please provide data from a case note audit.	Also see criterion 3a.1 question 2	
3a.4 Staff carrying out spirometry testing are trained and their competency assessed.	1. Please give examples of the education and/or training programmes undertaken by staff.	Also see criterion 1a.4	
	2. Please provide evidence of attendance at these education and/or training programmes.	Also see criterion 1a.4	
3a.5 The competence of staff carrying out spirometry testing is maintained.	1. How is the ongoing competence of staff assessed and recorded?	Protocol for, and records of, staff training Also see criterion 1a.4	
3a.6 Staff interpreting spirometry test results are trained and their competency assessed.	1. Please give examples of the education and/or training programme undertaken by staff.	Also see criterion 1a.4	
	2. Please provide evidence of attendance at these education and/or training programmes.	Also see criterion 1a.4	
3a.7 The competence of staff interpreting spirometry test results is maintained.	1. How is the ongoing competence of staff assessed and recorded?	Protocol for, and records of, staff training Also see criterion 1a.4	

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
3a.8 All spirometers are verified and/or calibrated in line with the manufacturer's recommendations.	1. Please provide evidence of the system used/or register to ensure verification and/or calibration of all spirometers.		
	2. Please show evidence of how this system is implemented across the NHS board.		
3a.9 Spirometers used for the diagnosis of COPD have a visual display of volume/time and/or the flow/volume loop.	1. Please provide evidence that all spirometers (on the register) have a visual display.	List of spirometers with note of visual display	

<b>Standard statement 3b:</b>	<b>People with COPD are offered a periodic review.</b>
<b>Rationale:</b>	<p>COPD is a chronic condition and it is reasonable to have a periodic review to assess whether the condition has changed and to intervene if appropriate.</p> <p>Anecdotal reports suggest widespread variation in the content and delivery of a periodic review of people with COPD.</p> <p>Standardised review in primary care is promoted through the General Medical Services Contract QOF.</p>

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
3b.1 People with COPD are offered a periodic review in accordance with the timescales specified in current national guidance.	1. What percentage of patients had a periodic review in the past 15 months?	Numerator: Number receiving a review Denominator: Number with COPD (QOF data)	
3b.2 The periodic review of people with COPD includes: <ul style="list-style-type: none"> <li>- smoking status</li> <li>- immunisation status</li> <li>- assessment of MRC dyspnoea scale</li> <li>- medication review</li> <li>- inhaler technique</li> <li>- education</li> <li>- BMI</li> <li>- self-management</li> <li>- identification of co-morbidities</li> <li>- identification of psychological and social co-morbidity, and</li> <li>- an opportunity for anticipatory care planning.</li> </ul>	1. Please provide the clinical protocols for the periodic review of people with COPD.		

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
	2. Please provide data from a case note audit.		

## Standard 4: Pulmonary rehabilitation

<b>Standard statement 4a:</b>	<b>Pulmonary rehabilitation is available within the NHS board to people with COPD.</b>
<b>Rationale:</b>	<p>Pulmonary rehabilitation has been shown to be an effective treatment for people with COPD.</p> <p>When delivered by a multidisciplinary team, pulmonary rehabilitation can improve the health-related quality of life, exercise capacity and breathlessness of people with COPD. There is good evidence to support the benefits of pulmonary rehabilitation post-exacerbation.</p>

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
4a.1 Pulmonary rehabilitation is offered to people with COPD with an MRC dyspnoea scale of 3 or more.	1. What percentage of people with an MRC score of 3 or more are referred to pulmonary rehabilitation?	Numerator: Number with an MRC score of 3 or more Denominator: Number with COPD (QOF data)	
4a.2 Pulmonary rehabilitation is made accessible to people with COPD with an MRC dyspnoea scale of 3 or more.	1. Please outline by locality where the pulmonary rehabilitation services are for people with COPD.	Also see criterion 1a.2	
	2. What is the average waiting time for entry into pulmonary rehabilitation services?		
	3. Please indicate by locality the percentage of people with an MRC score of 3 or more who are offered pulmonary rehabilitation services.	Break down of 4a.1 question 2 by locality	
	4. Please indicate by locality the percentage of people who failed to complete the pulmonary rehabilitation programmes.	By locality – Numerator: Number completing pulmonary rehabilitation Denominator: Number referred	

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
4a.3 Pulmonary rehabilitation is offered to people with COPD post-exacerbation.	1. Please indicate by locality the percentage of people referred to, and attending, pulmonary rehabilitation post-exacerbation.		
4a.4 Pulmonary rehabilitation incorporates: - upper and lower body physical training, and - disease education (including smoking cessation) and medication use.	1. Please specify the content of the pulmonary rehabilitation programme(s).		
<b>Desirable criterion</b>			
4a.5 Pulmonary rehabilitation incorporates: - medication management - nutritional advice - psychological and behavioural interventions, and - occupational therapy.	1. Please specify the content of the pulmonary rehabilitation programme(s).		

## Standard 5: Oxygen therapy

<b>Standard statement 5a:</b>	<b>There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board.</b>
<b>Rationale:</b>	<p>Long-term oxygen therapy improves survival in people with COPD who have severe hypoxaemia. It reduces the progression of pulmonary hypertension.</p> <p>The supply of oxygen should be prescribed, dispensed and used according to national guidelines and standards.</p>

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
5a.1 People with COPD with an FEV1 of less than 50% predicted have an oxygen saturation measurement taken periodically and when clinically stable.	1. Please provide a case note audit of spirometry and pulse oximetry records in primary care.		
5a.2 People with COPD with an oxygen saturation of less than 92% on air in a stable state are referred for further respiratory assessment.	1. Please provide your NHS board referral pathway.		
	2. Please provide data from a case note audit.	Also see criterion 5a.1 question 1	
5a.3 People with COPD are prescribed domiciliary oxygen only after formal assessment.	1. Please provide an anonymised list of people on domiciliary oxygen and evidence of assessment.		
	2. Please provide evidence of which guidelines are being followed.		

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
5a.4 People with COPD who receive domiciliary oxygen receive a respiratory assessment at least annually.	1. Please provide evidence from a case note audit that people receive respiratory assessment annually.		
	2. Who undertakes the respiratory assessment?	Description of service Also see criterion 1 a.3	
	3. Please provide the number of people who receive cylinder oxygen.		
5a.5 People with COPD who receive domiciliary oxygen therapy have access to a wide range of oxygen delivery products based on their clinical needs.	1. Please specify the range of products that are available for people with COPD.		
	2. How do you ensure that people with COPD receive the oxygen delivery product commensurate with their clinical need?	Description of service	
5a.6 Oxygen is provided in accordance with environmental national safety guidelines.	1. How do you ensure that oxygen is provided in accordance with national safety guidelines?	Description of service	

<b>Standard statement 5b:</b>	<b>People with an exacerbation of COPD have access to oxygen therapy and supportive ventilation where clinically indicated.</b>
<b>Rationale:</b>	The goal of administering oxygen therapy to those with acute illness is to achieve a target saturation. A more detailed assessment with blood gas analysis is required for people with COPD (at risk of hypercapnia). Supportive ventilation is administered according to clinical need and techniques include non-invasive ventilation.

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
5b.1 Emergency care contact points have access to pulse oximetry.	1. Please list your emergency care contact points.		
	2. How do you ensure that all emergency care contact points have pulse oximeters?		
5b.2 Oxygen is administered in accordance with the British Thoracic Society (BTS) Guideline for Emergency Oxygen Use in Adult Patients.	1. How do you ensure that all emergency care contact points have the BTS guidelines available?		
	2. Please provide evidence that these guidelines are implemented and their use is monitored.		
5b.3 Non-invasive ventilation is administered when clinically indicated.	1. Please provide the local protocol for the use of non-invasive ventilation, and include an escalation pathway.		
	2. Please provide data from a case note audit.		
	3. Please provide evidence of staff training and competence in the use of non-invasive ventilation.		

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
5b.4 People with COPD with hypercapnic respiratory failure are provided with an oxygen alert card.	1. How do you ensure that people with COPD with prior hypercapnic respiratory failure are given an oxygen alert card?	Description of service	

## Standard 6: Home support, intermediate care and supported discharge services

<b>Standard statement 6a:</b>	<b>People with COPD have access to home support services (including ‘hospital at home’, intermediate care and supported discharge) if clinically indicated.</b>
<b>Rationale:</b>	<p>In clinical studies, there are no significant differences between inpatient and domiciliary care for acute exacerbations of COPD in selected patients, in terms of mortality, re-admission rates, symptom scores or quality of life measures.</p> <p>Alternatives to admission and early supported discharge are popular options for some patients with acute exacerbations.</p>

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board’s progress</b>
6a.1 Home support services are available to people with acute exacerbations of COPD.	1. Please outline the NHS board strategy for reducing bed days for people with COPD.		
	2. Please outline the supported discharge services available for people with COPD within your NHS board.		
6a.2 The additional equipment required to provide ‘hospital at home’ and supported discharge services is available.	1. Please provide evidence that the required equipment is available, with response times.		
6a.3 The effectiveness of home support services is monitored and evaluated.	1. Please provide evidence of the service evaluation including the gross number of people with COPD using home support services and as a percentage of total admissions for AECOPD and re-admission rates.	Also see criteria 1a.9 and 1a.10	

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
	2. Please provide evidence that any service evaluation recommendations have been implemented.	Also see criteria 1a.9 and 1a.10	

## Standard 7: Palliative care services

<b>Standard statement 7a:</b>	<b>People with COPD are managed with anticipatory and palliative approaches, and have access to specialist palliative care if clinically indicated.</b>
<b>Rationale:</b>	Palliative and anticipatory care are integral aspects of the care delivered to those living with, and dying from, any advanced, progressive or incurable condition. COPD is such a condition, with specific issues in respect of symptom control. It is important that each patient has their symptoms, problems and concerns (physical, psychological, social, practical and spiritual) assessed, recorded, discussed and acted upon, according to an agreed process, which includes the use of anticipatory care planning tools.

Essential Criteria	Evaluation questions/ information request	Example evidence	Board's progress
7a.1 People with COPD have access to clinicians trained in general palliative care.	1. Please describe the training packages provided by the NHS board.	Also see criterion 1a.4	
	2. Please describe how palliative care services are provided.		
	3. Please provide your palliative care strategy.		
7a.2 Specialist palliative care is available to patients with complex palliative care needs.	1. What are the written criteria for access to specialist palliative care?		
	2. Please provide the referral pathway.		
7a.3 People with COPD are given the opportunity to discuss anticipatory care planning when clinically appropriate.	1. Please describe how anticipatory care plans and palliative care summaries are developed in conjunction with people with COPD and their carers.		
7a.4 People with COPD are included in the general practice palliative care register when clinically indicated.	1. Please provide evidence that eligible COPD patients are on the palliative care register.		

<b>Essential Criteria</b>	<b>Evaluation questions/ information request</b>	<b>Example evidence</b>	<b>Board's progress</b>
7a.5 Anticipatory care plans and palliative care summaries are shared with unscheduled care services.	1. How does your NHS board share anticipatory care plans and palliative care summaries with unscheduled services?	Description of service	