



Developing an Oxygen Business case: The Harrogate Story

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Current oxygen provision

Patients currently receiving long-term oxygen therapy

- Currently 137 patients on LTOT
- Follow up of patients six monthly at home
- Not following RCP guidelines for follow up
- Ambulatory and short burst oxygen assessments not being offered as no service provision as yet
- 98 patients on waiting list for ambulatory assessments



Story so far!

- Oxygen prescribed by GP on FP10 for past 50 years
- Report produced by Royal College of Physicians in 1999 on clinical guidelines for the provision of home oxygen
- 2005: Meeting with the SHA re the proposed changes in home oxygen service
- Following a central tender process, the DoH commissioned specific contractors to cover geographical areas of England and Wales
- February 2006 Introduction of integrated oxygen service. LTOT, ambulatory and short burst oxygen available via prescription from a registered doctor or nurse



Notes from NEY SHA Oxygen meeting

‘Trusts will need to work with their PCTs to build a business case for increased assessment service required. The service may need pump priming to enable employment of staff to do clinical assessments. The view of the DH is that the new service will eventually be cost neutral to the NHS. Savings made from establishing more efficient supply chains and from carefully reviewing patients is expected to offset additional costs of assessment process. There will be no central business case – this needs to be handled locally’



When?

19th October 2005!



2006-2008

- Several meetings with managers in acute setting and in Harrogate and Craven PCT
- Oxygen business case written and updated x 2
- Never any outcomes from these meetings other than acute frustration!



October 2008

- Integrated Care Pathway meeting
- Large attendance including CEO of Trust and PCT (NYYPCT), GPs, hospital consultants, PCT Commissioners and Providers, nurses across primary, secondary and intermediate care.
- Discussed the development of a nurse-led integrated respiratory team crossing all three services.



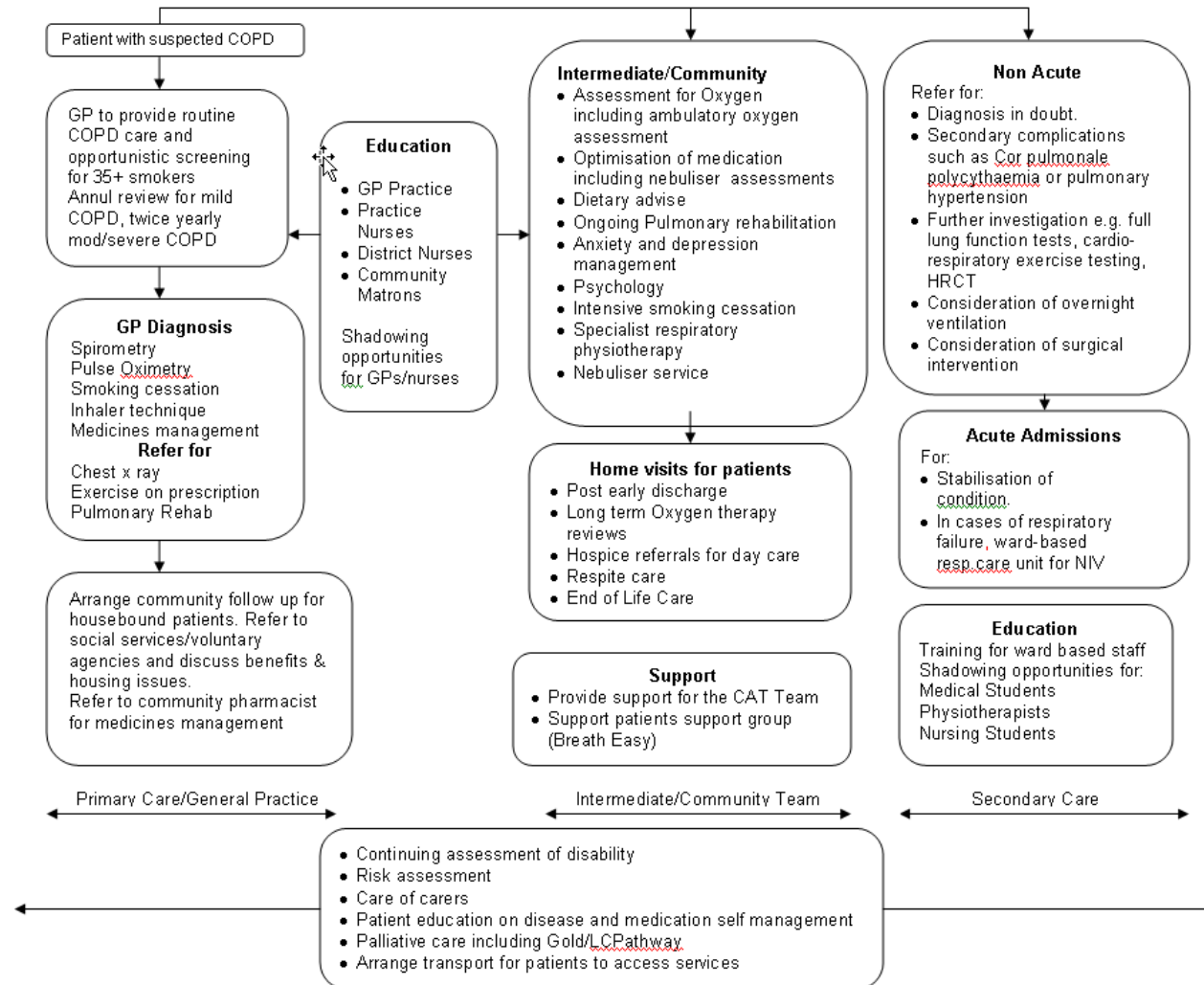
Integrated Care Pathway meeting

Focus of respiratory integrated team was to provide patients, carers and health professionals with easy access to the right person, in the right place at the right time.



Proposed Service for Harrogate District

Harrogate Service for Patients with COPD





Feedback: What kind of service do the GPs want?

- Referral to an expert rather than general team
- Single point of access to the team
- Common register of at risk patients
- Shared protocols/ pathways
- Regular contact with the team eg informal monthly meetings to discuss patients problem (possibly linking with Gold standard meetings) or even practice based clinics
- Patient held records/self management plans
- Presence in nursing/residential homes
- Development of shared palliative care pathways
- Links with out –of- hours service (shared registers/patient held records/educational input)
- Development of Oxygen service, nebuliser service, psychological support, dietetics
- Links with other services eg palliative care, social work



Feedback: What do patients want?

- The national COPD audit 2008 sent questions to all patients admitted to hospital over the 4 month audit period (Harrogate was included in the audit). The numerous suggestions for service improvements fell into the following broad categories:
- Need for care and help at home
- Need to access respiratory nurses
- Need for a good home oxygen service
- Need for nebulisers to be available to patients



- What happened next?



- Nothing!



Severe depression sets in!

- Brain storming meeting during leadership course with Nicky Hollowood February 2009
- Advised to reconsider pathway and focus on achievable parts of it



4 short-term targets

- Community clinics
- Oxygen assessment service
- Unified nebuliser service
- Educational support for health care practitioners and patients



2009

- Clinical and Service Strategy Group formed
- Members include Commissioners and service providers from PCT and Trust, GPs, community nurses, Trust managers, Respiratory Consultant and Me!



Oxygen Business Case

- Business case re-written and one WTE band 6 nurse requested
- i-STAT[®] blood gas analyser included in case
- Additional nurse to be included in respiratory nursing team and would rotate every 3 months
- Assessment to include optimisation of therapies and consideration of end of life issues
- i-STAT[®] blood gas analyser also to be used acutely as part of assessment in AECOPD



Further developments

- Service specification written
- Decision by PCT to include other 4 acute Trusts within the PCT making 5 assessment teams in total
- Harrogate to be pilot site before initiating service in the other 4 areas
- Aim for service to be cost neutral



Current Situation

- Business case passed by the Integrated Commissioning Executive (ICE) committee in principle
- Need to see further costings before approval to appoint is granted
- Going to next ICE meeting May 2010
- Hope to appoint this summer



Other advances

- New local COPD Guidelines for NYYPCT including when to refer for an oxygen assessment
- Self management plans for all patients with COPD
- COPD strategy about to be launched advocating oxygen assessment teams



Lessons learnt

- Perseverance
- Endurance
- Patience
- Speak to others, most of them want to help you!
- Learn the terminology



Over to Nicky.....

- POCT and community services manager in Pathology.
- Initial contact with Terry was regarding the POCT gas analysers
- Reviewed devices available and the i-STAT[®] device most suitable
- Full costs were included in business case



Next step

- Leadership development course
- Terry approached me frustrated that it wasn't being moved forward and also as the business plan was cost neutral.
- Looked at the business plan with my manager (head of clinical strategy) and breaking into separate projects looked more feasible.



Then...

- I started working for the PCT part time and became more familiar with strategic plans and the commissioning process.
- Raised awareness where possible with commissioning managers and workstream leads about the benefits of the proposed service.
- Main role has been to support Terry when she has needed it.



Recommendations

- **Evidence**- have demonstrable evidence to support the benefits of the service. Be clear about what you want to achieve.
- **Relevance**-the PCT will be more inclined to commission a service if it meets their strategic criteria.
- **Language**- learn more about the commissioning drivers in the PCT. This project was taken on under the Value for Money workstream
- **Support**-The more clinical support the better, consultants, GPs, specialist nurses
- **Responsibility**-ensure that you minute the meetings and assign responsibility to people. Generally agreeing on points will not progress the project



Most importantly...

- Don't give up! Things often work slowly in the PCT, timeframes and priorities are different.